DEPARTMENT OF
PUBLIC HEALTH &
HUMAN SERVICES

Child and Family Service Division
Statewide Assessment
June 2025

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

Table of Contents

SECTION 1: GENERAL INFORMATION 5
List of Statewide Assessment Participants 5
Description of Stakeholder Involvement in Statewide Assessment Process 7
State Advisory Council (SAC) 7
Regional Advisory Councils (RAC) 11
Parents Advisory Board 'Connected Voices for Montana Children (CVMC) 11
Children and Youth Engagement 12
Judicial Partners and Engagement 12
Tribal Engagement 12
CFSD Statewide Assessment - Methodology and Data Sources 14
Methodology 14
Data Sources: Internal and External Information Systems, Reports, Focus Groups, Surveys and Evaluations 14
SECTION 2: STATE CONTEXT AFFECTING OVERALL PERFORMANCE 18
Part 1: Vision and Tenets 19
Agency Information 19
Montana's Safety Practice Model Framework 21
Part 2: Cross-System Challenges 21
Part 3: Current Initiatives 23
Comprehensive Child Welfare Information System (CCWIS) 24
Recruitment, Retention, And Training 24
Improving Outcomes for Foster Youth 24
Quality Improvement Center for Youth Permanency 24
SECTION 3: ASSESSMENT OF CHILD AND FAMILY OUTCOMES 25
Safety Outcomes 1 and 2 25
Safety Outcome 1: Children are, first and foremost, protected from abuse and neglect. 25
Safety Outcome 2: Children are maintained in their homes whenever possible and appropriate. 30
Permanency Outcomes 1 and 2 39
Permanency Outcome 1: Children have permanency and stability in their living situations. 39
Permanency Outcome 2: The continuity of family relationships and connections is preserved for children 59
Wellbeing Outcomes 1, 2, and 3 65
Wellbeing Outcome 1: Families have enhanced capacity to provide for their children's needs. 65
Well-Being Outcome 2: Children receive appropriate services to meet their educational needs. 71
Well-Being Outcome 3: Children receive adequate services to address their physical and mental health needs. 75
SECTION IV: Assessment of Systemic Factors 80

A. Statewide Information System 80
Item 19: Statewide Information System 80
B. Case Review System 82
Item 20: Written Case Plan 82
Item 20: Performance Appraisal 92
Item 21: Periodic Review 92
Item 21: Performance Appraisal 99
Item 22: Permanency Hearings 100
Item 22: Performance Appraisal 102
Item 23: Termination of Parental Rights 102
Item 23: Performance Appraisal 104
Item 24: Notice of Hearings and Review to Caregivers 105
Item 24: Performance Appraisal 107
C. Quality Assurance System 108
Item 25: Quality Assurance System 108
Item 25 Performance Appraisal 114
D. Staff and Provider Training 115
Item 26: Initial Staff Training 115
Item 26 Performance Appraisal 132
Item 27: Ongoing Staff Training 133
Item 27: Performance Appraisal 155
Item 28: Foster and Adoptive Parent Training 155
Item 28: Performance Appraisal 184
E. Service Array and Resource Development 185
Item 29: Array of Services 185
Item 29: Performance Appraisal 237
Item 30: Individualizing Services 238
Item 30: Performance Appraisal 244
F. Agency Responsiveness to the Community 245
Item 31: State Engagement and Consultation with Stakeholders Pursuant to CFSP and APSR 245
Item 31: Performance Appraisal 255
Item 32: Coordination of CFSP Services with other Federal Programs 256
Item 32: Performance Appraisal 269
G. Foster and Adoptive Parent Licensing, Recruitment, and Retention 269
Item 33: Standards Applied Equally 269
Item 33: Performance Appraisal 275

Item 34: Requirements for Criminal Background Checks 275
Item 34: Performance Appraisal 278
Item 35: Diligent Recruitment of Foster and Adoptive Homes 278
Item 35: Performance Appraisal 287
Item 36: State Use of Cross-Jurisdictional Resources for Permanent Placements 288
Item 36: Performance Appraisal 288
SWA Appendix A – Acronym List 290
SWA Appendix B – CFSD Organizational Charts 293

SECTION 1: GENERAL INFORMATION

State Child Welfare Agency:
Montana Department of Health and Human Services (DPHHS)
Child and Family Services Division (CFSD)

Contact Person for Statewide Assessment (SWA):
Brandi Loch
Deputy Division Administrator
111 N. Last Chance Gulch| Helena, 59601
(406)-799-1823
BrandiLoch@mt.gov

List of Statewide Assessment Participants

The table below reflects 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.

Table 1: SWA Participants

Name	Affiliation	Role in SWA Process
Michelle Millard	Cascade County Health Department	CWPSS Focus Group
Cheri Jeffs	Anaconda Family Resource Center	CWPSS Focus Group
Terri Magers	Butte 4C's	CWPSS Focus Group
Samantha Larson	Empowering Connections	CWPSS Focus Group
Tami Adams	Missoula County Health Department	CWPSS Focus Group
Craig Sweet	Anaconda Family Resource Center	CWPSS Focus Group
Madison Burnham	Cedar Creek Integrated Health	CWPSS Focus Group
Shelia Doll	Hi-Line Home Program	CWPSS Focus Group
Julie Prigmore	Many Rivers Whole Health	CWPSS Focus Group
Jen Burckhard	Florence Crittenton	CWPSS Focus Group
Melaney Swenson	Family Support Network	CWPSS Focus Group
Rachelle Clark	Growing Together	CWPSS Focus Group
Bianey Caughlan	Parenting Place	CWPSS Focus Group
Aaron Fulwiler	CASA Youth Connections	CWPSS Focus Group
Ida Whitaker	Many Rivers Whole Health	CWPSS Focus Group
Kim Bombard	Missoula County Health Department	CWPSS Focus Group
Samantha Kitzenberg	The Village	CWPSS Focus Group
Bill Neaves	Dan Fox Youth Homes	CWPSS Focus Group
Samantha Stringham	Missoula County Health Department	CWPSS Focus Group
* Anastazia Rutledge	QLC-EY Youth Advisory	QLC-EY Youth Advisory
* Shannell LaVallie	SAC / QLC-EY Youth Advisory	SAC / QLC-EY Youth Advisory
* Latoya Laverdure	QLC-EY Youth Advisory	QLC-EY Youth Advisory
* Amanda (Renie) Noblett	QLC-EY Youth Advisory	QLC-EY Youth Advisory
* Jasmyn (Jaxx) Saunders	QLC-EY Youth Advisory	QLC-EY Youth Advisory
* Nikyla Riddle	QLC-EY Youth Advisory	QLC-EY Youth Advisory
* Gabrielle Wheeler	SAC / QLC-EY Youth Advisory	SAC / QLC-EY Youth Advisory
State Advisory Council Members – See Member List Under Description of Stakeholder Involvement	SAC	SAC
Eric Barnosky	CFSD Region 1 Administrator	M-Team Focus Group Participant
Sahrita Jones-Jessee	CFSD Region 2 Administrator	M-Team Focus Group Participant
Deb Cole	CFSD Region 3 Administrator	M-Team Focus Group Participant
Laura McCullough	CFSD Region 4 Administrator (Helena)	M-Team Focus Group Participant

Name	Affiliation	Role in SWA Process
Jennifer Hoerauf	CFSD Region 4 Administrator (Butte & Bozeman)	M-Team Focus Group Participant
Kate Larcom	CFSD Region 5 Administrator	M-Team Focus Group Participant
Jennifer Blodgett	CFSD Region 6 Administrator	M-Team Focus Group Participant
Mick Leary	Program Bureau Chief	M-Team Focus Group Participant
Connected Voices for Montana Children / Parent Advisory – See Member List Under Description of Stakeholder Involvement	CVMC Parent Advisory Council	CVMC Parent Advisory Council
Brandi Loch	CFSD Deputy Division Administrator	CQI Team Supervisor, SAC Facilitator, M-Team Focus Group Facilitator
Autumn Beattie	CFSD CQI Specialist	SWA Lead and Writer, CWPSS Focus Group Facilitator, Survey Creator,
Natalie Bahnmiller	CFSD CQI Specialist	SWA Reviewer, Section Data Collection
Tracy Hemry	CFSD CQI Specialist	SWA Table and Charts, Section Data Collection
Logan Ward	CFSD CQI Specialist	SWA Data Collection, Case Review Data and Information
Amy Pearson	CFSD CQI Specialist	SWA Section Data Collection, SWA Reviewer
Sarah Liggett	CFSD BA Specialist	SWA Section Data Collection, Table, Quality Assurance Information
Jill Bergan	CFSD Technology Bureau Chief	SWA Section Data Collection, CCWIS Information
Theresa Becker	CFSD Licensing Bureau Chief	SWA Section Data and Information, Survey Creation
Courtney Callaghan	CFSD Training Bureau Chief	SWA Section Data and Information, Survey Creation
Michael Shell	CFSD IV-B Program Manager	SWA Review, Section Data and Information, CWPSS Focus Group
Tonya Shumaker	CFSD Chafee Program Manager	SWA Review, Section Data and Information, Chafee Applicable
Angie Smith	CFSD IV-E Program Manager	SWA Review, Section Data and Information, Tribal IV-E Applicable
Rhonda Huseby	CFSD Program Bureau Supervisor	SWA Review
Brianna Routh	MSU Evaluator	FFPSA Data and Evaluation
Marisa Britton-Bostwick	OPI Foster Care Coordinator	Education Data and Evaluation
Lona Gregor-Martin	Community Response Program Manager	CRP Data and Evaluation
MacKenzie Forbis	Children's Trust Fund Program Manager	CRP Data and Evaluation, Survey Respondent
Aspen and Jake Allen	Foster Parents	Stakeholder Interview Group
Gabe and Melissa Ziler	Foster Parents	Stakeholder Interview Group
Korie Keller-Ramsey	Foster Parent	Stakeholder Interview Group
Julie Burk	CIP Manager	Stakeholder Interview Group
John Guinn	CIP Workgroup	Stakeholder Interview Group
Justice Gustafson	CIP Workgroup-Montana Supreme Court Justice	Stakeholder Interview Group
Tom Billiteen	CIP Workgroup-Montana Juvenile Justice Bureau Chief	Stakeholder Interview Group
Christine Zaedra	CFSD Region 4 Legal	Stakeholder Interview Group
Shannon Hathaway	CFSD Region 5 Legal	Stakeholder Interview Group

Name	Affiliation	Role in SWA Process
Katie Handley	State Legal	Stakeholder Interview Group
Heidi He Does It	CFSD Region 1 Legal	Stakeholder Interview Group
Kelly Driscoll	Montana Family Defense Bureau Chief	Stakeholder Interview Group
Brianne Franklin	State Legal	Stakeholder Interview Group
Cory Harmon	State Legal	Stakeholder Interview Group
Justin Gray Hawk	Fort Peck Tribal Chairman	Stakeholder Interview Group
Stephanie Iron Shooter	Office of American Indian Health Director	Stakeholder Interview Group
Melveen Fisher	Crow Agency Tribal Social Services	Stakeholder Interview Group
Shaneen Hammond	Chippewa Cree Tribal Social Services	Stakeholder Interview Group
Patricia Courchane	CSKT Tribal Social Services	Stakeholder Interview Group
Doris Little Wolf	Northern Cheyenne Social Services	Stakeholder Interview Group
Dustin Sloan	Law Enforcement	Stakeholder Interview Group
Josh VanDyke	Law Enforcement	Stakeholder Interview Group
Jesse Slaughter	Law Enforcement	Stakeholder Interview Group
Jeff Williams	Law Enforcement	Stakeholder Interview Group
Jean Sheldon	Law Enforcement	Stakeholder Interview Group

Description of Stakeholder Involvement in Statewide Assessment Process

SWA: 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.

Montana Department of Public Health and Human Services (DPHHS) Child and Family Services Division's (CFSD) encourages each community to collaborate with local partners who are part of the child welfare system to work to strengthen prevention efforts and to share responsibility for the safety of the communities' children and families. Likewise, CFSD believes that everyone who touches Montana's child welfare system in some way plays an integral role within the system. As such, CFSD collaborates frequently with internal and external stakeholders, as well as individuals with lived experience to ensure Montana's child welfare system includes diversity and shared decision-making as much as possible.

CFSD made strong collaborative efforts with system stakeholders during the Round 3 Child and Family Services Review (CFSR) and throughout the Performance Improvement Plan (PIP) period that followed. CFSD developed ways to engage in meaningful engagement with state agencies, families, children, youth, young adults, and other state and community partners. These engagement efforts were made to work towards shared goals and activities, assess outcomes, and develop strategic plans to increase the safety, permanency, and well-being of children in the child welfare system. These efforts were continued during the interim between the end of the PIP and the beginning of the Round 4 CFSR SWA.

CFSD is committed to improving practices by both participating in and creating opportunities for meaningful collaboration with multiple agencies, and internal and external stakeholders on an ongoing basis to align a shared vision across the broader child welfare system in Montana to support prevention efforts and better outcomes for children and families. Collaborative efforts with stakeholders are not limited to isolated projects. Rather, they are a part of everyday planning, implementation, and monitoring of the child welfare system across Montana.

CFSD engaged various partners to review their current performance data and assess the agency's strengths and areas needing improvement. Below are some of the informal and formal partners that CFSD's Continuous Quality Improvement (CQI) Bureau supported in leveraging engagement and feedback from the following internal and external stakeholders.

State Advisory Council (SAC)

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

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

Currently there are three Youth Advisory Board members who are also SAC members. Additionally, there are seven SAC participants who are Tribally affiliated, two are current members, and the other five will be confirmed in the July SAC meeting. The table below reflects the current SAC members.

Table 2: State Advisory Council Members

Name	State Advisory Council Role/Agency	Location
Rochelle Beley	SAC Chair; Mental Health Therapist	Harlowton
April Barnings	Montana GAL/GAS Association Executive Director	Hamilton (Statewide)
Ben Davis	Friends of the Children - Montana	Missoula
Carrie Krepps	Florence Crittenton	Helena
Christy Hendricks	Programs Manager Reach Higher Montana	Helena
Marisa Britton-Bostwick	OPI – Foster Care	Helena
Justine Guthrie	OPI – Homeless Education	Helena
Dana Toole	Montana Department of Justice	Helena
Kaci Gaub-Bruno	Montana Department of Justice	Helena
Julie Burk	Mt. Court Improvement Program	Helena
Julie Fleck	Sunburst Mental Health Clinics Family Concepts	Northwest Montana
Megan Bailey	Outpatient Therapist; Tribal member	St. Ignatius
Joshua Kendrick	Section Supervisor – Early Childhood and Family Support Division (Part C)	Helena
Lona Gregor-Martin	Montana Children's Trust Fund Specialist – Community Response Program	Helena
MacKenzie Forbis	Montana T Children's Trust Fund/Grant Manager	Helena
Judge Ashley Harada	Judiciary/District Court Judge, Yellowstone County	Roundup
Adam Larsen	Judiciary/District Court Judge, Musselshell County	Billings
Shannon Hathaway	Children's Attorney/Hathaway Law Group	Missoula
Emily Lamson	Managing Public Defender/Office of Public Defenders	Kalispell
Stacie Eckenstein	Kairos Youth Services – Chafee Provider	Great Falls
Stephanie Iron Shooter	American Indian Health Director - DPHHS	Billings
Heidi DeRoche	Programs and Operations Manager-Office of American Indian Health DPHHS	Helena
Brandon Fish	Western Native Voice/Blackfeet Nation	Great Falls/Browning
Melveen Fisher	Acting Director/Apsaalooke Social & Family Services Crow Tribe of Indians	Billings/Crow Agency

Name	State Advisory Council Role/Agency	Location
Rebecca Buffalo	ICWA Specialist/Crow Tribe	Billings/Crow Agency
* Shanell LaVallie	Teacher	Great Falls
* Arielle Cowser	Behavioral Health Court Coordinator	Helena
* Alyssa VanCampen	Lived Experience	Missoula
* Gabrielle Wheeler	Lived Experience	Helena
Jeffrey Ort	Foster/Adoptive Parent-Connected Voices for MT's Children (CVMC)	Kalispell
Dani Erdahl	Foster/Adoptive Parent-Connected Voices for MT's Children (CVMC)	Helena
Emily Weaver	Foster/Adoptive Parent-Connected Voices for MT's Children (CVMC)	
CFSD Staff		
Name	State Advisory Council Role/Agency	Location
Nikki Grossberg	Division Administrator	Helena
Brandi Loch	Deputy Division Administrator, SAC Facilitator	Helena
Mick Leary	Program Bureau Chief	Helena
Sahrita Jones-Jesse	Regional Administrator Region II	Great Falls
Jessica Hanson	Child Protection Specialist Region III	Billings
Tavie Hitchcock	Resource Family Specialist Region II	Great Falls
Ashley Matteson	Child Protection Specialist Supervisor Region IV	Butte
Kate Larcom	Regional Administrator Region V	Missoula
Jill Burgan	Business and Technology Operations Bureau Chief	Missoula
Laura McCullough	Regional Administrator Region IV/Centralized Intake Bureau Chief	Helena
Autumn Beattie	CQI Specialist	Great Falls
Logan Ward	CQI Specialist	Missoula
Natalie Bahnmiller	CQI Specialist	Great Falls
Tracy Hemry	CQI Specialist	Great Falls
Amy Pearson	CQI Specialist	Missoula

Throughout the 2023 and 2024 SAC meetings, CFSD provided information regarding the SWA and the CFSR Round 4 which is scheduled for August 2025. SAC has provided both formal and informal feedback necessary to improve Montana's child welfare system, and their feedback was considered by CFSD when developing the 2025-2029 Child and Family Service Plan (CFSP) goals as follows:

- October 20, 2023
    - Data sharing:
    - Child Protective Services Reports by Year from State Fiscal Year (SFY) 2019-2023
    - Permanency Outcomes in SFY2019 and SFY2023
    - Exploring Participant and System Roles in Improving Permanency Outcomes through the CFSR Process
- January 19, 2024
    - Voices of Lived Experience and the Road to Permanency Panel (Youth and Parents)
    - Understanding and Using Permanency Data to Improve Outcomes
    - Permanency Planning Team Preliminary Data
- April 19, 2024
    - Engaging Communities and Tribes in Child Welfare Planning and Implementation

    - Partnering with Community Partners
    - The Continuum of Engagement
    - Guiding Principles
    - Resources to Support the Journey to Authentic Collaboration
    - Charter Agreements and Development
    - Key Federal Strategic Planning, Review and CQI Processes
        - CFSP
        - APSR
        - CFSR Round 4
    - Creating Opportunities for Meaningful Engagement and Collaboration Between and Among CFSD and Community Partners
- July 19, 2024
    - SAC Charter Approved
        - The Team Vision is: Montana's Child Welfare SAC is viewed as an integral partner in the State's efforts to improve the lives of children and families involved in all aspects of the child welfare system.
        - The Team Mission is: The SAC will provide a space for professionals from across the child welfare system and those with lived experience to improve engagement across systems, identify system strengths, challenges and gaps using quantitative and qualitative data and recommend solutions to the CFSD and other entities that affect outcomes for children and families.
        - The Team Charge is:
            - Create a SAC structure that informs others how decisions are made, makes sure communication and feedback loops are established and used, and provides a clear agenda for the work.
            - Serve as the CAPTA Citizen Review Panel.
        - Explore and identify opportunities for CFSD and other systems involved in child welfare to improve timeliness of permanency for children and youth in foster care.
        - Collaborate with CFSD Regional Advisory Councils (RAC) to impact child welfare outcomes at the regional levels.
        - Include in membership the voices of those with lived experience, tribal communities, and other key partners.
        - Inform CFSD Leadership, Court Leadership, Montana Legislature and the Governor on issues that will help improve the lives of those living in foster care.
        - Establish data collection and analysis opportunities to guide decision-making.
        - Create opportunities for input from partners (i.e., surveys), simple data collection tools.
    - Data Presentation: Disproportionate Outcomes in Child Welfare for Montana's American Indian/Native Alaskan Children and Families
    - CFSP Overview
    - Focused Discussions on CFSP
    - Opportunities to Support CFSP Implementation while connecting it to the CFSR.
- January 17, 2025
    - Re-cap of the upcoming CFSR – Timeline
    - Montana's Child Welfare System Vision
        - CFSR Step #1: SWA Overview Presentation
        - CFSR Step #2: Stakeholder Interviews and Case Review Process
    - Small Group Breakout Session: Preparing for CFSR Round 4 Stakeholder Interviews and Regional Participation
    - SAC's Role in the CFSR
    - How SAC Members Can Support the CFSR
    - Tribal Partner Engagement in SAC and CFSR
- April 18, 2025
    - Re-cap of the upcoming CFSR Timeline
    - Montana's Child Welfare System Vision
    - CFSR Overview

        - CFSR Step #1: SWA Overview Presentation and Preliminary Data Sharing
        - CFSR Step #2: Case Review Process & Stakeholder Interviews Overview
        - CFSR Step #3: Program Improvement Plan (PIP)
    - Statewide Assessment Focus Group: Tribal Collaboration in Child Welfare
        - Question: How does the State or Providers interact with the Tribes in Montana in Child Welfare Cases involving American Indian children and families?
        - Question: How do the Tribes in Montana interact with the State in Child Welfare Cases involving American Indian children and families?
        - Question: What have been some successful Government to Government (Tribal to State) collaborations that have positively impacted outcomes for children and families?
            - What made the collaboration successful?
            - What areas around collaboration could improve?
        - Question: Who else from the Tribes should be around the table?
    - Current Efforts from Across Montana: Working to address the indigenous disparities in child welfare.
    - The Gathering of Strong Hearted Warriors Presentation

SAC has continued to increase their Tribal members, as discussed further in Item 31 of this assessment. SAC is dedicated to improving outcomes for children in foster care in Montana and identifying ways in which Montana can decrease the number of Native American children in foster care, which is an identified disparity in Montana's child welfare system. The SAC members also play an instrumental part in assessing agency strengths and areas needing improvement, and as such, recommending changes and ways the child welfare system might improve.

Regional Advisory Councils (RAC)

In addition to the SAC, over the past year, each of the CFSD's six Regional Administrators (RA) have facilitated at least two Regional Advisory Councils for their assigned region. The RACs are made up of stakeholders, local judicial partners and judges, Connected Voices for Montana's Children (CVMC) members, YAB members, service providers, Tribal members, and other community partners. Currently, there are SAC members participating in RACs to create an intentional feedback loop between work taking place with the SAC and work that is taking place at the RAC's, to ensure alignment.

The RA for each region facilitate their local RAC, and the council members are engaged in robust discussion and share specific community child welfare data (CFSR-Round 4, SWA, applicable PIP), etc.), as well as an emphasis on barriers to achieving timely permanency in supporting the CFSP goals for SFY25-SFY29. Through this collaboration, CFSD engages the council members to partner in developing achievable tasks with the overarching goal to positively impact the child welfare outcomes for their community.

CFSD is committed to ensuring the RACs continue to diversify and serve as a conduit for ensuring the goals in the CFSP are carried out at the local level and are aligned with the SAC, serving the state level.

Parents Advisory Board 'Connected Voices for Montana Children (CVMC)

CFSD Foster Care Licensing Bureau Chief (LBC) and the Adoption Program Supervisor is the CFSD staff liaison to the CFSD developed Parent Advisory Board CVMC. CVMC is comprised of resource families (both kinship and non-kinship), birth parents, and most recently, a youth with lived experience that is also a kinship provider. CVMC is a source of information for families and individuals interested in foster care or adoption and a resource for CFSD.

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

Table 3: Connected Voices for Montana Members

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

Children and Youth Engagement

During SFY24 and SFY25, youth have engaged in their Youth Advisory Board (YAB) meetings, and SAC meetings as regular participants, as well as to create a panel of lived experience experts of youth who are, or have been, in the Montana foster care system. Through their engagement the youth have provided valuable feedback to CFSD regarding their policies and processes that have been utilized to create goals in the SFY25-29 CFSP.

Due to a decrease in YAB members after the pandemic, CFSD has taken part in the Quality Improvement Center (QIC) five-year pilot project (2021-2026) which focuses on authentic engagement of youth. This pilot project is called the Quality Improvement Center Engagement of Youth Project (QIC-EY). Montana recruited eleven individuals of varied and diverse demographics, ranging in age from fifteen to twenty-seven with lived experience as Montana foster youth to participate as a community of practice identified as the QIC-EY Team of Lived Expertise (TLE). Through this project youth have focused on permanency outcomes, and the youth's case plan engagement and development. CFSD has had thirteen participants in the QLC-EY program since it was introduced, and currently there are seven participants remaining.

Youth have had the opportunity to learn about CFSD current performance data and share feedback on their lived experiences and perspective of CFSD strengths and areas needing improvement.

Judicial Partners and Engagement

CFSD partners with the Montana Court Improvement Program (MCIP) as a key stakeholder with the Court to collaborate with the judicial system on child protection. CFSD leadership participates in quarterly MCIP meetings, and the MCIP Coordinator is an active member of SAC where CFSR Round 4 has been discussed in detail, as well as attending the monthly check-in calls with CFSD and the Federal team regarding the CFSR Round 4 process. MCIP and CFSD collaboration is listed throughout this assessment as applicable.

Tribal Engagement

CFSD has partnered in a variety of ways with Montana's seven federally recognized Tribes (Blackfeet Nation, Chippewa Cree Tribe (CCT), Confederated Salish and Kootenai Tribe (CSKT), Fort Belknap Assiniboine and Gros Ventre Tribes, Fort Peck Assiniboine and Sioux Tribes, Crow Nation, Northern Cheyenne Tribe and the Little Shell Tribe of Chippewa Indians (Little Shell Tribe)) both at the field level, with direct service staff, as well as at the state level through ongoing meetings, councils, and events. Some of the ways CFSD has engaged with Tribes specifically around the development of the SWA include:

- SAC: During SFY24, CFSD completed an environmental scan which determined the SAC should include additional Tribal representation from Montana Tribes; as well as should include indigenous individuals with lived experience in Montana's child welfare system both on and off Tribal lands. SAC has recruited three individuals who are Tribal members, including one individual with lived experience both as a child growing up in foster care, as well as a now-

kinship provider.
    - Montana is committed to continuing to recruit additional Tribal individuals for SAC, as this is the group who is dedicated to improving outcomes for children in foster care in Montana and identifying ways in which Montana can decrease the number of Native American children in foster care, which is an identified disparity in Montana's child welfare system. The SAC members will also continue to play an instrumental part in assessing agency strengths and areas needing improvement, and as such, recommending changes and ways the child welfare system might improve.
- RAC: The RAs and other members have invited, and will continue to recruit, various Tribal members from their regions to help inform regional issues around racial disparities.
- Comprehensive Child Welfare Information System (CCWIS): Through the work of CFSD's new CCWIS project development, CFSD has begun the process of inviting Tribal members to be part of the development of the new case management system from the onset, to ensure the system will meet the needs of Tribal workers, children, families, and providers both on and off Tribal lands. Currently the meetings are occurring monthly, and the intentions are for these meetings to increase once the discovery phase starts. This work with Tribal partners will continue over the next five years as both a goal with the CFSP, as well as a goal in CCWIS development.
- Title IV-E Agreements: CFSD staff held in-person 'Task Order' meetings with the seven federally recognized Tribal governments with Title IV-E pass through agreements. These meetings were in-person and were approximately three hours long. The meetings were primarily used to discuss the Title IV-E agreements, and a review of the upcoming CFSR Round 4 process was also discussed. CFSD continues to facilitate monthly staffing's with the Tribes' respective Indian Child Welfare Act (ICWA) agents by holding virtual meetings. The scheduled in-person meetings that were held during SFY24 were as follows:
    - Crow – Friday, April 12, 2024 (Nine Participants)
    - CSKT – Monday, April 29, 2024 (Ten Participants)
    - CCT – Tuesday, April 30, 2024 (Thirteen Participants)
    - Fort Belknap – Wednesday, May 1, 2024 (Eleven Participants)
    - Northern Cheyenne – Thursday, May 2, 2024 (Seven Participants)
    - Fort Peck – Wednesday, May 8, 2024 (Nine Participants)
    - Blackfeet, Wednesday May 14, 2024 (Ten Participants)
- Moving the Dial Conferences: In SFY24, MCIP and CFSD held two 'Moving the Dial' conferences. These conferences brought together teams of judges, Office of Public Defenders, county attorneys, CASA, GAL ,Tribal partners, and CFSD staff from local communities to learn and collaborate on improving the Child Welfare System. The conferences are built around team break-out opportunities to discuss and implement positive changes in each local judicial area. The conferences presentations and discussions were as follows:
    - Training on the disproportionality of Native American children in foster care, both nationally as well as in Montana, and the ICWA, specifically discussing Tribal jurisdiction, notice and transfer of cases from district to Tribal courts.
        - CFSD was deliberate in inviting Tribal partners into the training planning group to increase awareness, and ensure the material shared at the conference aligned with the Tribes.
    - People with lived experience focusing on impacts for permanency.
        - A panel of parents, youth, and kinship providers with lived experience was the highlight of the conference.
        - CFSD shared their current performance data, their identified strengths and areas needing improvement. MCIP shared an assessment of the Courts. The information between CFSD and MCIP was used to solicit feedback to further develop the CFSP goals and bring awareness of the CFSR Round 4 process to the stakeholders. This led to the following collaboration between CFSD, MCIP and Stakeholders:
            - Scheduling and providing training to individuals interested in being determined by the courts as a Qualified Expert Witness (QEW) for the purpose of providing testimony in ICWA cases. The list of prospective QEW can be located on the CFSD website.
            - Courts offering alternative means for Tribal participation, including telephonic and virtual appearances.
            - In Region 3, Yellowstone County, a second track of ICWA Court, the ICWA Family Recovery Court (ICWA-FRC), launched and inducted its first participant.
            - In Region 5, Missoula County, ICWA Court was implemented similar, but not identical to, the ICWA Court process in Yellowstone County.

- State and Tribal relationships continue to improve in both tracks of ICWA Court with most cases being assigned to CFSD caseworkers in two specialty ICWA units. Early indications are the court is being successful in improving ICWA compliance and engaging Tribes and families in the child protection process.

CFSD Statewide Assessment - Methodology and Data Sources

Methodology

CFSD's work on the SWA has been ongoing through SFY24 into SFY25. CFSD's CQI unit has largely been tasked with developing a process to engage external and internal stakeholders. Initially the CQI unit met with the Administration of Children and Families - Children's Bureau (ACF-CB) Technical Assistance group 'Center for States Child Welfare Capacity Building Collaborative' (CSCWCBC) on a weekly to bi-weekly until September of 2024, when the CSCWCBC contract ended. A new Technical Assistance group contracted with ACF-CB; however, the support for the CFSR process was not reinitiated prior to this SWA being completed.

Independently the CQI unit continued to meet monthly to continue the work of completing the SWA, reviewing the ACF-CB developed 'Assessing System Factor Functioning' guide, and the ACF-CB developed 'Systemic Factor planning Worksheets.' Each CQI unit staff has worked diligently with internal and external stakeholders to identify and gather necessary qualitative and quantitative data needed to address the questions in their assigned systemic factor. When information was not readily available, questions were developed for a survey to obtain the information needed. In addition, focus groups were convened to gather additional data for the assessment. Using the information gathered, the CQI staff have drafted narratives for each of their assigned systemic factor items, and the narratives were compiled into one concise SWA for Montana.

Data Sources: Internal and External Information Systems, Reports, Focus Groups, Surveys and Evaluations

In this section, administrative data, PIP Monitored Case Reviews, supplemental case review data, and Round 4 Data Profile released in February of 2025, are utilized. When including SFY25 data, the data only reflects through March of 2025. The administrative data is taken from CFSD's electronic case management system of record, Child Adult Protective System (CAPS), and imported into Montana's Program for Automating and Transforming Healthcare (MPATH) where Oracle (formerly Cerner) maintains some standard reports that CFSD is able to access at any time. A few users also have access to utilize an Ad Hoc reporting method to build some reports as needed. Additionally, all data that is exported from CAPS and imported to the Data Warehouse is available to a handful of users to access through Structured Query Language (SQL) to build additional custom reports as needed. This is access that was acquired within the past year. To date, no more than five CFSD staff have access to this, with only one that can create data pulls and reports as needed. The others can perform minimal modifications and re-run existing saved reports as needed with updated parameters.

Montana's CQI unit has used various quantitative and qualitative data sources in their analysis of the child and family outcomes and systemic factors, which are referenced throughout this assessment. CFSD performance outcome measures will be based primarily on the following reports, focus groups, survey, and evaluations.

Administrative Data – Electronic Case Record Systems

- Comprehensive Child Welfare Information System (CCWIS) – Currently being built.
- Statewide Automated Child Welfare Information System (SACWIS), which includes the following platforms:
    - Montana Family Safety Information System (MFSIS) – Contains information related to reports and investigations
    - Child Adult Protective System (CAPS) - Contains all data related to ongoing cases.
    - Montana's Program for Automating and Transforming Healthcare (MPATH)

    As discussed further in Item 25 of this assessment, CFSD's MFSIS data syncs to CAPS, however, there are some synchronization issues that are known, monitored, and continue to be focused on fixing. CFSD continues to identify critical areas of synchronization issues that impact federal reporting to ensure accuracy. For routine

internal reports that are run and utilized a minimum of monthly, and partner agency data requests, CFSD extracts data from MFSIS directly to inform progress and improvement.

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

- CFSR Round 3 Statewide Assessment and ACF-CB Final Rating Assessment: Information from previous CFSRs is used to reflect on CFSD's historical data throughout the assessment.
- CFSR Round 3 Program Improvement Plan and Final Progress Report: Information from CFSD's PIP – goals, strategies, and key activities final report to the ACF-CB.
- CFSR Round 4 Data Profile: Report provided by the ACF-CB in March 2025 highlighting CFSD's performance in various outcome measures using state submitted Adoption and Foster Care Analysis and Reporting (AFCARS) and National Child Abuse and Neglect Data System (NCANDS) data. Results used to inform narrative throughout the assessment.
- CFSD's Federal Reports: Various reports and plans were used to inform narrative information throughout the assessment including:
    - Child and Family Services Plan
    - Annual Progress and Services Report
    - Families First Prevention Services Act (FFPSA) IV-E Prevention Plan
    - Foster Care Diligent Recruitment and Retention Plan
    - Training Plan
- CFSD Procedures: Various procedures are listed throughout this assessment CFSD Procedures Hyperlink.
- Administrative Rules of Montana (ARM): The Montana Secretary of State's Administrative Rules Services publishes the administrative rules promulgated by state agencies MT MCA Website Hyperlink.
- Montana Code Annotated: After a legislative bill is signed by the governor, or passed by the Legislature over the governor's veto, it is incorporated into the Montana Code Annotated(MCA) MT MCA Website Hyperlink.
- Intergovernmental Title IV-E Agreements Between the Tribes and the State of Montana: Sets the terms, definitions and conditions by which the parties intend to perform their respective duties and responsibilities in providing Title IV-E payments to all Title IV-E eligible Tribal children.
- Information System Assessment: Comprehensive evaluation of CFSD's technology, processes, and resources, aiming to identify strengths, weaknesses, and areas for improvement to align Information Technology with business goals.
- Fidelity Reviews: Ongoing comprehensive tool focused on the investigation phase of a case.
- Ongoing Regional Case Reviews and CQI Quality Assurance (QA) Reviews: Case reviews are conducted using the federal On Site Review Instrument tool on the CFSR Online Monitoring System (OMS) and a stratified random sample of cases. Though limited, due to CFSD preparing for CFSR Round 4, SFY25 data may be cited during this assessment.
- SFY23 and SFY24 Legislation Committee Reports: CFSD participated in multiple legislative committees throughout SFY23 and SFY24, with a focus on Family Support Teams and Prevention Plans.
- SFY25 Legislation Report: Report shared with legislation regarding an overview of CFSD and their processes.
- Internal Data Collection through Excel Sheets: The spreadsheets are specifically identified throughout the assessment as they apply to data provided.

- Meetings Facilitated by CFSD: Various meeting agendas, schedules, and minutes have been used to inform narrative information throughout this assessment. The meetings include, but are not limited to:
    - State Advisory Council
    - Regional Advisory Council
    - Management Team (M-Team)
    - Moving the Dial – MCIP
    - CFSD Contractor Monthly Meetings
    - Parent Advisory Board – CVMC
    - Youth Advisory Board - QIC-EY project

Surveys

- CFSD's CFSR Round 4 Statewide Assessment Internal and External Survey: An online survey of questions developed for systemic factors sent out to key stakeholders with the roles of: Parent, Youth, Foster Care Alumni, Foster/, Adoptive, Providers, Parent, Caregiver, Tribal Agency Child Welfare Staff and Management, Legal Partner, Community Partners, CFSD staff (field and leadership levels). The number of questions answered by stakeholders varied by their role. The survey recipients total, and participation total is as follows: The survey was sent to approximately:
    - Recipients: The survey was sent to approximately 1150 recipients:
        - 650 External Stakeholders: This included youth, bio-parents, CFSD contractors, court personnel, and Tribal representatives. Stakeholders were encouraged to distribute the survey to other applicable staff, councils, and community stakeholders.
        - 500 CFSD Staff: This included leadership, field, and support staff positions.
    - Participants : The survey was responded to by 367 participants:
        - External Stakeholders: Below tables reflect regional and participant role percentages. (N=219)

External Survey Responses by Region	Count / Percentage
Region 1	31 / 14%
Region 2	37 / 17%
Region 3	32 / 15%
Region 4 - Boz/Butte	28 / 13%
Region 4 - Helena	25 / 11%
Region 5	48 / 22%
Region 6	18 / 8%
Grand Total	219 / 100 %

External Participants by Role	Count / Percentage
Adopted/Guardianship Parent	13 / 6%
Attorney for CFSD	3 / 1%
Attorney for Child	3 / 1%
Attorney for Parent	9 / 4%
CASA / GAL	26 / 12%
Chafee Contracted Provider	13 / 6%
Community Provider/Stakeholder	56 / 26%
Court	8 / 4%
CWPSS Contracted Provider	23 / 11%
Family Member	2 / 1%
Foster Care Review Committee Board Member	9 / 4%
Foster Parent	3 / 1%
Home Visiting/Community Provider/Stakeholder	22 / 10%
Judge	7 / 3%
Parent	13 / 6%
Tribal Judge	1 / 0.0%
Tribal Member (Board, Council, etc.)	4 / 2%
Tribal Social Services Representative	2 / 1%

External Participants by Role	Count / Percentage
Youth	2 / 1%
Grand Total	219 / 100%

- External Stakeholders with Tribal Affiliation or are a Tribal Member. (N=19)

External Tribal Affiliation/Member	Count / Percentage
Assiniboine	1 / 5%
Blackfeet	2 / 11%
Cherokee, Texas Kick a Poo	1 / 5%
Chippewa	1 / 5%
Crow	1 / 5%
Fort Belknap Indian Community-Gros Venture/Assiniboine	1 / 5%
Kootenai	1 / 5%
Little Shell Chippewa	2 / 11%
Northern Cheyenne	1 / 5%
Salish	5 / 27%
Sioux	2 / 11%
Wyandotte	1 / 5%
Grand Total	19 / 100%

- Internal CFSD Staff – Below tables reflect regional and staff type participation percentages. (N=147)

Internal CFSD Staff by Region	Count / Percentage
Region 1	23 / 16%
Region 2	28 / 19%
Region 3	28 / 19%
Region 4 - Boz/Butte	16 / 11%
Region 4 - Helena	9 / 6%
Region 5	21 / 14%
Region 6	22 / 15%
Grand Total	147 / 100%

Internal CFSD Staff Type	Count / Percentage
Admin Support Assistant	6 / 4%
Admin Support Supervisor	1 / 1%
Central Office / Program Staff	15 / 10%
Child Welfare Manager	3 / 2%
Child Protection Specialist	56 /38%
Child Protection Specialist Supervisors	18 / 12%
Meeting Coordinators - (Family Engagement Meetings (FEM), Family Support Team (FST), Planned Permanency Team (PPT), etc.)	5 / 3%
Regional Administrator (RA)	2 / 1%
Resource Family Specialist (RFS)	18 / 12%
Resource Family Specialist Supervisors (RFSS)	4 / 3%
Safety Resource Specialist (SRS)	4 / 3%
Social Service Technicians (SST)	15 / 10%
Grand Total	147 / 100%

- 2023-2025 Training Bureau Initial and Ongoing Child-Facing Training Surveys – These are surveys applicable to Item 26 and Item 27 in partnership with University of Montana Center for Children, Families and Workforce Development (UM-CCFWD) in collaboration with CFSD.
- 2023-2025 Training Bureau Initial and Ongoing Child-Facing Supervisor Training Surveys - These are

surveys applicable to Item 26 and Item 27 in partnership with UM-CCFWD in collaboration with CFSD.
    - 2023 Foster Care Renewal Application Survey – This survey was completed by licensed resource parents (foster care providers).
    - 2024 Connected Voices for Montana Children Survey – This survey was completed by pending and licensed resource parents (foster care providers).

Focus Groups

- Child Welfare Prevention and Support Service (CWPSS) Contractors: SFY25 focus group utilized to assess Item 29 and 30.
- CFSD M-Team: SFY25 focus group utilized to assess Item 25.
- Tribal Stakeholder Meetings: SFY24 and SFY25

Evaluations

Various external partners develop evaluations in collaboration with CFSD regarding resources, training, Title IV-B and Title IV-E initiatives, including but not limited to:

- UM-CCFWD
    - 2022 CFSD Permanency Survey
    - 2023-2025 CFSD's Montana Child Abuse and Neglect Orientation Training (MCAN) Survey and Evaluation
        - SFY 2020-2023 Child Welfare Certification Post-Training Survey: Survey taken by participants at the completion of the Montana Child Protection Services Certification (MT-CPS Certification) training to assess the effectiveness of the training.
    - Resource Family Training and Resource Needs Survey and Evaluation
- Montana State University (MSU)
    - Families First Prevention Services Act:
        - Montana Prevention Plan Evaluation
            - Including 2023 and 2024 Home Visitor Survey Responses
        - Montana Kinship Navigator Evaluation
- QIC-EY Youth Engagement Project Evaluation
- Child Advocacy Centers
    - Annual evaluations for 2023 and 2024.
- Office of Public Instruction (OPI)
    - Evaluation of Foster Youths Access to Education
- Voluntary Home Visiting Program Survey: During SFY24, DPHHS Early Childhood Family Support Division collaborated with CFSD to survey both CFSD staff and Maternal Infant and Early Childhood Home Visiting (MIECHV) staff to assess their knowledge and understanding of each other's programs, roles, limitations, challenges, strengths, and identify collaboration and learning opportunities at the regional level.
- National, State, or Federal Data Reports:
- National Youth in Transition Database (NYTD)
- United States Census Bureau
- Children's Bureau CFSR Data Profile, including the following:
    - Adoption and Foster Care Analysis and Reporting System (AFCARS)
    - National Child Abuse and Neglect Daya System (NCANDS)
    - Risk Adjustment and Risk Standardized Performances (RSP)
    - Children's Bureau National and State Supplemental Data
- National Electronic Interstate Compact Enterprise (NEICE)

SECTION 2: STATE CONTEXT AFFECTING OVERALL PERFORMANCE

SWA Guidance: *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 cross-cutting issues not specifically addressed in the outcomes and systemic factor sections of the SWA and finally illustrate how current improvement initiatives provide opportunities to achieve desired outcomes and system change.*

Part 1: Vision and Tenets

SWA Guidance: *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.*

Agency Information

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

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

Keeping Children Safe and Families Strong is the vision that drives CFSD's work in Montana and complements the Division's Statement of Purpose, which is to protect children who have been or are at substantial risk of abuse, neglect, or abandonment. CFSD works to ensure children are safe while striving to achieve high-quality permanency and well-being outcomes for the children and families served. In addition, CFSD strives to assure that all children have a family who will protect them from harm and recognizes the protective capacities of families and incorporates them into assessments, decision-making, and actions with the goal of improving safety, permanency, and well-being for children.

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

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

Child safety is too important to do this work alone. CFSD cases require ongoing communication and interaction among a myriad of stakeholders to achieve safety, permanency, and well-being for children. The CFSD, judicial system, community service providers, and others collaborate to provide a continuum of services that ensure the safety of children. CFSD encourages each community to collaborate with local partners who are part of the child welfare system to work to strengthen prevention efforts and to share responsibility for the safety of the communities' children and families. These community teams work to build upon the strengths of families to increase each family's ability to provide a safe, healthy,

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

Despite the often traumatic and difficult work, CFSD has committed and skilled staff who continue to do this truly life-changing work every day to protect Montana's children from abuse and neglect. CFSD is made up of approximately 500 staff overseen by the Division Administrator. CFSD's Central Office encompasses seven bureaus responsible for various programming efforts to support field services. These Central Office Bureaus include: IV-E Program Bureau; Fiscal Bureau; Licensing Bureau; Training, Recruitment and Retention Bureau; CQI Bureau; Technology Bureau; and the Centralized Intake Bureau (Child Abuse and Neglect Hotline). The designated leadership and staff within each of these Bureaus collaborate with one another and engage with various internal and external partners. Centralized Intake (CI) manages all incoming calls of alleged child abuse and neglect, taking information provided by the reporter and asking in-depth questions to allow for categorization and prioritization of reports.

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

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

- The 4th largest state in the United States by land area. Its land area is 145,547 square miles, ranking it behind Alaska, Texas, and California.
- A population of 1,137,233.
    - 5.1% of people under the age of five.
    - 20.8% of people are under the age of eighteen.
    - 49.3% of persons are female.
    - 88.7% of White (Alone)
    - 0.6% of Black (Alone)
    - 6.4% of American Indian and Alaska Native (Alone)
    - 1.1% of Asian (Alone)
    - 0.1% of Native Hawaiian and Other Pacific Islander (Alone)
    - 3.1% of two or more races
    - 4.7% of Hispanic or Latino
    - 11.7% of the overarching population are living in poverty.

According to the Children's Bureau Supplemental Context Data provided in March of 2025, Montana currently has a corresponding high rate of removal of children from their homes and is ranked nationally as having the second largest foster care entry rates per 1000. The following table reflects the national data for CFSR Round 3 FFY17 and FFY20 – FFY24.

Table 4: Montana Child Population, Foster Care Entries, and National Rankings

Montana Child Data (Ages <1 – 17)	FFY17	FFY20	FFY21	FFY22	FFY23	FFY24
Population	74,283,872	74,823,584	74,175,203	73,743,251	73,330,540	73,330,540
Foster Care Entries	246,457	208,867	196,950	178,609	172,120	166,485
Foster Care Entry Rates per 1000	3.32	2.79	2.66	2.42	2.35	2.27
National Ranking of Largest Foster Care Entry Rates per 1000	2nd	2nd	3rd	3rd	3rd	2nd

Montana's Safety Practice Model Framework

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

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

In addition to receiving and investigating reports of child abuse and neglect, CFSD also provides:

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

Part 2: Cross-System Challenges

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

Despite CFSD's ongoing efforts of system redesign to enhance outcomes for children and families, challenges remain. These challenges consist of:

- Workforce Issues: CFSD has continued to have a high rate of staff turnover since the last CSFR. With this turnover comes challenges in training staff to a higher level of competency, than just the basic new caseworker training programming. These issues impact service provision statewide. High employee turnover has resulted in a less-experienced workforce. A point-in-time analysis (11/1/2024) revealed that 30% of all child welfare workforce have

less than two years, and 65% of those individuals makes up child-facing case workers. CFSD has strived to ensure that caseworkers are not given caseloads on their own before receiving their child welfare certification training; however, this stretches supervisors thin in order to mentor a young workforce while maintaining their own caseloads at times or are tasked with overseeing multiple new caseworkers at any given time. Lack of resources in many communities' places has even greater strain on workers having to identify and coordinate services, as further discussed in Item 29. Additionally, since the last CFSR there have been significant changes in applying the safety model, with the implementation of new initiatives such the policy and procedure re-write that took place in 2022-2023, and implantation of the Family Case Plan (FCP) in October of 2024, discussed further in Item 3 of this assessment. The Legislative sessions also impact policy and practice change. These changes have improved case work and efficiency in many ways; however, change is difficult and occasionally can result in a tendency to revert back to previous practice which can impact implementation and the long-term sustainment of initiatives across the state.

Staff turnover across the child welfare system in Montana creates increasing demands for child welfare certification training. Turnover impacts increased class sizes and provides challenges when considering scheduling additional cohorts throughout the calendar year to meet the demand of the continuous onboarding of new CPS employees in a timely manner. The initial training course is a four-week course and cannot be offered more frequently or monthly, due to capacity within the Training Bureau. The face-to-face training for three weeks is imperative because this learning is best done collectively as a group and includes hands-on learning activities that are interactive and require collaborative work between participants. This method also helps to develop peer bonds that can be enhanced as CPS begin work in their field offices.

In 2024, the Training Bureau facilitated five MCAN sessions and will utilize similar structures for 2025. The table below reflects the breakdown of Regional MCAN participants across the five cohorts in 2024 for a total of sixty-three CPS participants.

Table 5: 2024 MCAN Participants by Region (N=63)

Region	MCAN Participant Total and Percentage
Region 1	7 / 11%
Region 2	12 / 19%
Region 3	8 / 13%
Region 4	15 / 24%
Region 5	15 / 24%
Region 6	6 / 10%
Grand Total	**63 / 100%**

CPSSs have expressed concerns about the amount of time they must dedicate to supporting their new CPS staff, as well as the time their new hires must spend on training, and the amount of time that a new CPS must wait to be able to independently contribute to investigative or case management responsibilities. Requiring new CPS staff to be out of the office for training and/or the time expended prior to a new CPS staff's ability to independently manage a caseload, often places a burden on the agency if they are unable to provide adequate back-up support while the worker is attending training and meeting training requirements. These burdens are exacerbated by staffing patterns associated with the number of CPS vacancies.

- 2022 Vacancies:
  - The highest CPS vacancies were in July 2022 with forty-three vacancies.
    - The annual highest vacancy average was 34.83.
  - The lowest number was December 2022 with twenty-five vacancies.
    - The annual lowest vacancy average was 26.17.
- 2023 Vacancies:
  - The highest CPS vacancies were in February 2023 with twenty-eight vacancies.
    - The annual highest vacancy average was 15.33.
  - The lowest number of CPS vacancies was in June and October 2023 with seven vacancies.
    - The annual lowest vacancy average was 11.92
- 2024 Vacancies:
  - The highest CPS vacancies were in November 2024 with twenty vacancies.

        - The annual highest vacancy average was 17.75.
    - The lowest number of CPS vacancies was in April and June with thirteen vacancies.
        - The annual lowest vacancy average was 15.25.

Despite improvements in retention and time to hire as reflected in Item 26 of this assessment, CFSD has been unsuccessful in sustaining the lower vacancy rates achieved over the course of 2023 and 2024. New CPS staff can provide a meaningful contribution to the workload prior to being assigned independent investigations or cases through their assistance with administrative duties, processing of referrals, Interstate Compact on the Placement of Children (ICPC) applications, parent or child transportation, light monitoring of in-office parent child interactions, mining files, etc.

- Racial Disparity: This is an ongoing issue in the child welfare system nationally, as well as in Montana. CFSD recognizes the issue of racial disparity as a multisystemic challenge that requires ongoing, collaborative work by many agencies and groups. CFSD also recognized that the American Indian population is the population with the highest over-representation in Montana's Foster Care System. The chart, below, highlights this. There are a number of collaborative efforts taking place to address this identified concern throughout the SWA and is addressed ongoing in APSR; to include collaboration with the Office of American Indian Health, which is housed within the Director's Office.

Table 6: Montana Population and CFSD Administrative Race Data as of March 2025

Race	Montana Child Population Count / Percentage	Children in Foster Care Count / Percentage
American Indian and Alaska Native	20,477 / 8.7%	779 / 37.9%
Asian	1,967 / 0.8%	6 / 0.3%
Black	1,494 / 0.6%	11 / 0.5%
Hispanic or Latino	18,182 / 7.7%	147/ 7.1%
Native Hawaiian and Other Pacific Islander	238 / 0.1%	1 / 0%
White	181,832 / 77.2%	917 / 44.6%
Multiple	11,461 / 4.9%	192 / 9.3%
Other	20,477 / 8.7%	5 / 0.2%

Part 3: Current Initiatives

SWA Guidance: *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.*

CFSD completed their CFSR Round 3 Federal Review in 2017 and met substantial conformity on only two Child and Family Outcomes (Item 7 and 16).

CFSD's CFSR Round 3 PIP Monitored Review Period went into effect February 1, 2020. CFSD completed federally monitored case reviews through 2022, ending in June of 2023. Each review period was six months long, and each review period included a minimum of forty Foster Care cases. Both review periods in 2022 included twenty-five In-Home Cases. No In-Home cases were reviewed in 2023.

Since the end of the PIP-Monitored Case Reviews, CFSD has been focusing on developing a different plan of approach to completing CQI reviews and future PIP-Monitored reviews, as the method utilized through Round 3 created a significant strain on staff and was determined to be unsustainable. Due to this, a limited number of reviews have been conducted, and all review information included is from the most recent review periods of the PIP-Monitored Case Reviews completed in 2022 and 2023.

CFSD is continuing efforts to bolster internal knowledge of the case review system and the utilization of the On-Site Review Instrument (OSRI). These efforts have been ongoing since July 2024. The goals of these efforts are to ensure familiarity

with the case review process for leadership across CFSD and begin developing the process of how reviews will be conducted for PIP-monitored reviews for Round 4 of the CFSR. As of March of 2025, forty-four cases have been reviewed through this process. The details surrounding the overall process with be further discussed in Item 25 of this SWA.

Comprehensive Child Welfare Information System (CCWIS)

DPHHS's CFSD, Technology Services Division, and Procurement and Legal teams are working toward entirely replacing Montana's legacy child welfare systems. The department currently uses several systems and applications to complete its work, including the primary system, CAPS, which was built over thirty years ago. In the summer of 2023, the team began with a request for information (RFI) and reviewed over twenty vendor responses detailing the latest technology available in the marketplace. They also participated in national think tanks and one-on-one calls to learn how other states approached the CCWIS challenge. This is discussed further in Item 19.

Recruitment, Retention, And Training

CFSD has improved the recruitment and retention of employees through increased salaries, enhancements in training, and a focus on employee wellness. Employee departures dropped from 134 in calendar year 2022 to 108 in 2024. Time to fill positions fell from ninety-two days in calendar year 2022 to approximately sixty days in calendar year 2024. In addition, the number of CPS for less than two years decreased by 18% between 2022 and 2024, while the number of CPS for more than five years increased by 37% between 2022 and 2024.

Improving Outcomes for Foster Youth

DPHHS's CFSD and Disability Employment and Transitions Divisions teamed up to develop a streamlined referral process for foster youth and parents who may benefit from Vocational Rehabilitation and Blind Services (VRBS).

The team has met and surpassed the initial goal of increasing enrollment of foster children into VRBS Pre-Employment Transition Services by 50%; to date, enrollment has increased by 109%.

This partnership enhances community integration, connectivity, and self-reliance opportunities for fostering youth. The consistent presence and connection with VRBS staff help foster youth receive uninterrupted services as they prepare for and enter the adult workforce.

Quality Improvement Center for Youth Permanency

Montana was selected as one of eight sites across the United States to partner with the National QIC-EY. Established in 2021, the new center is expected to bring about systemic changes in how child welfare professionals authentically engage children and youth, as reflected in intentional policy, practice, and culture shifts within the pilot sites.

Since October 2022, CFSD has received support and resources through a federal grant provided by the Children's Bureau, Administration for Children & Families of the United States DPHHS, to produce a multifaceted system of successful models of youth engagement. The goal is to embrace the voice of youth in all aspects of the care system. The information gained through evaluation of the work being done in all the QIC-EY pilot sites will help to transform how children and youth are engaged authentically in child welfare systems throughout the nation.

CFSD will work in partnership with the QIC-EY until September 2026 to achieve the following objectives:

- Identify, implement, and evaluate a program model for authentic child and youth engagement.
- Implement child welfare training and coaching for the workforce.
- Identify and implement systemic changes.
- Partner with the courts to implement training for court professionals and staff.

Being a QIC-EY pilot site has been an excellent opportunity for CFSD to implement a new intervention while developing system capacity to promote and support authentic engagement and empowerment of children and youth. A group of young adults with lived experience in the foster care system developed a Foster Youth Orientation for youth ages fourteen-sixteen.

Currently, the orientation project is being evaluated and is only available in pilot regions. CFSD plans to implement it statewide in 2026.

SECTION 3: ASSESSMENT OF CHILD AND FAMILY OUTCOMES

Upon finishing the CFSR Round 3 PIP-Monitored Case Review period, CFSD restructured their CQI unit, focused on their final APSR of the SFY20-24 CFSP, collaborated with the CSCWCBC in the development of the SFY25-29 CFSP which included engagement efforts with Tribes, youth, parents, and courts, and overall have been preparing for the CFSR Round 4 with a focus on this SWA.

In September of 2024, CFSD started the internal case review training utilizing the OSRI tool to various leadership role staff in all regions.

In January of 2025, the internal case reviews to fidelity were implemented; however, there has not been a significant amount of current internal case review data that has been collected since the end of the PIP-Monitored Case Reviews to impact the rating of this item. Therefore, CFSD utilizes the CFSR Round 3 PIP-Monitored Case Review period data, and other qualitative efforts listed throughout each item assessment to support the rating.

Safety Outcomes 1 and 2

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

During the CFSR Round 3 (2017) SWA, CFSD's State Outcome Performance for Safety Outcome 1 was rated as not in substantial conformity, receiving an overall rating of Area Needing Improvement because the outcome was substantially achieved in only 82% of the thirty-eight applicable cases reviewed at the time.

Item 1

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

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

Item 1 was selected as a priority focus during the CFSR Round 3 PIP Monitored Period, given the performance rating was not improving. CFSD began problem exploration and key findings, and set forth the PIP Goal #2 "Improve Family-Centered Practice through meaningful engagement of parents and children" by focusing on implementations regarding the following strategies and key activities:

- Strategy 2.1: Implement initial and on-going assessments in adherence to the practice model, emphasizing the role of family and children in the process.
    - Key Activities:
        - 2.1.1: Develop a fidelity review tool and process for the practice model.
            - CFSD completed this key activity strategy in January of 2022.
        - 2.1.2: Conduct statewide training with CPSSs, Field Lead Training Specialists (FLTS), CWMs and Workforce Training Consultants (WTC) to ensure uniformity of terminology, application and intent of the safety tools.
            - CFSD completed this key activity strategy in January of 2021.
        - 2.1.3: Using the coaching and mentoring process, coaches will assist workers in prioritizing workload to ensure investigations are initiated within time frames and children are seen face to face.
            - CFSD completed this key activity strategy in January of 2021.
        - 2.1.4: Using the coaching and mentoring process, as outlined in Goal 1, will ensure CPSs and CPSSs are utilizing the safety model tools correctly through eliciting critical thinking and

constructive feedback, and completion of the investigative coaching checklist each time a report is staffed.
    - CFSD completed this key activity strategy in January of 2021.
- 2.1.5: The Training Unit will conduct fidelity reviews with CPSSs, FLTSs, CWMs and WTCs to assist in the development of the requisite skills needed to mentor and coach workers and to reinforce application of the practice model.
    - CFSD completed this key activity strategy in January of 2022.
- 2.1.6: Evaluate the effectiveness of the implementation to ensure the practice model is being utilized as intended.

CFSD completed this key activity strategy in January of 2022. During the CFSR Round 3 PIP-Monitored period, the following occurred:

- Coaching and Mentoring Process: The UM-WTCs carried out the coaching and mentoring process; however, in 2024, it became the immediate supervisor's responsibility to conduct with the staff they are assigned.
- Safety Model Fidelity Reviews: CFSD reconstructed the Safety Committee, which is used to assess and address fidelity to the practice model across the life of the case, identify potential solutions to challenges and determine how to best implement and measure the effectiveness of the solutions. In addition, CFSD uses several methods, including monthly case reviews and subsequent staffing with caseworkers, to discuss what has been found in this regard. CFSD also uses a bi-monthly Statewide Permanency Planning Committee, discussed in Key Activity 3.6.5, which allows for common strengths and challenges to be identified across regions to ensure consistent implementation of practices.

  CFSD developed the Fidelity Tool in October of 2020 for the initial part of the practice model, which is based on the Safety Model. The Fidelity Tool is utilized during the initial part of the investigation process to ensure that supervisors and caseworkers have initial contact with families. The tool is used to measure and ensure fidelity to the family/child engagement aspects of the practice model throughout the life of the case. The tool also addresses if the worker has addressed whether a child may be affiliated with a Tribe and made active efforts to engage the family and maintain the child in the home during the assessment process as required by ICWA. The fidelity tool measures only whether the worker applied the steps in the Safety Model relative to investigation. It does not measure other aspects of the safety model, nor does it measure the effectiveness of the interventions.

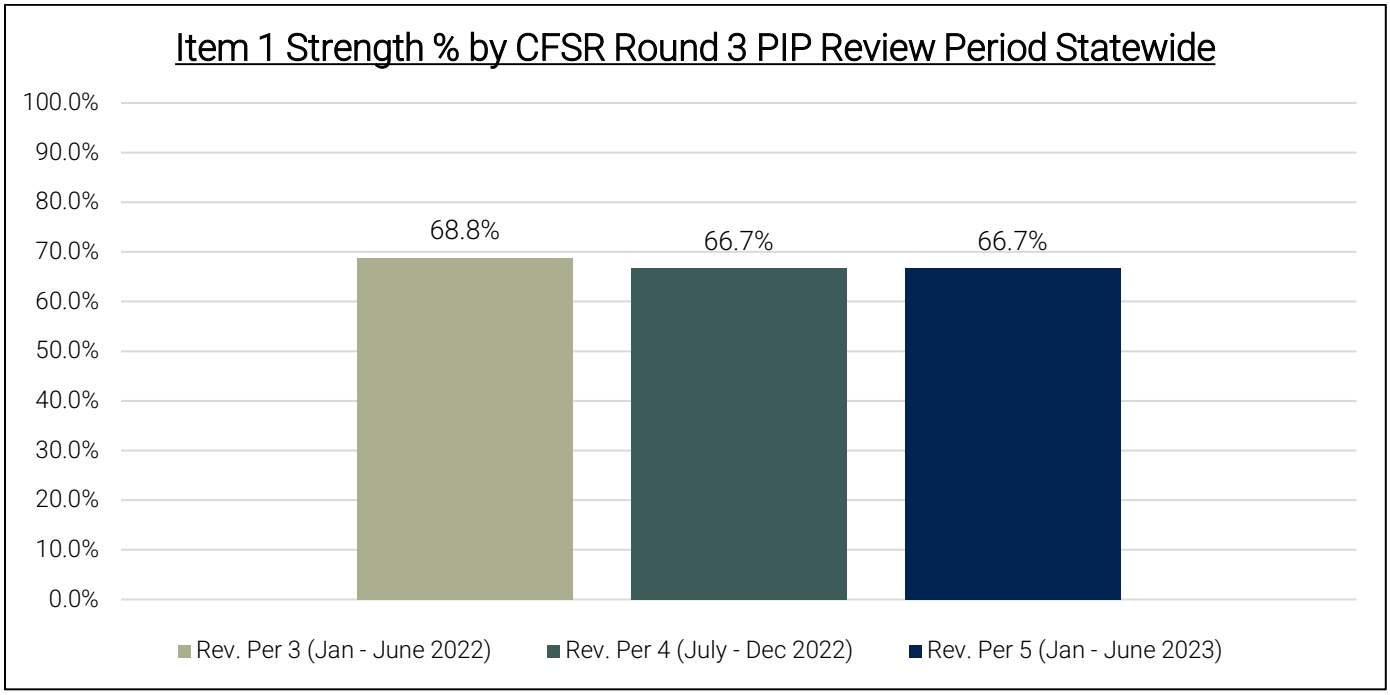
  Additionally, CFSD used data gathered from the monthly case reviews to examine the effectiveness of the implementation of the Safety Model and the Practice Model, specifically regarding family and youth engagement. A critical component being reviewed in the monthly case reviews was determining the effectiveness of family engagement and its impact on permanency and timeliness to permanency. RAs used the results of these case reviews as coaching tools to review with regional staff ensuring consistent implementation of practice.

  In July 2021, CFSD conducted the initial fidelity reviews and provided feedback to caseworkers, supervisors and the RAs, based on these reviews. By ensuring fidelity, we can then look at how the use of this component of the Safety Model helps to improve engagement with families from the earliest involvement, how well we engage a child's Tribe if Tribal affiliation is identified, and whether this leads to maintaining more children in the home or timelier placement back into the home. Of the twenty fidelity reviews conducted, most were from early case reviews prior to the implementation of the Safety Model. CFSD found no significant differences from the initial review of earlier cases to reviews of more recent cases. Some caseworkers keep an abbreviated version fidelity tool with them and use as a checklist to ensure they have met all the expectations and steps in the investigation process.

  In January 2022, CFSD's Division Administrator and Training Supervisor conducted a focus group with supervisors and RAs with a focus on implementation and effectiveness of the fidelity tool.

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

Chart 1: Item 1 CFSR-R3 PIP Monitored Case Reviews Data Review Periods 3 – 5



CI is a responsive unit responsible for the assessment, documentation, and assignment of all reports of abuse and neglect in the state of Montana. CI was designed to improve the consistency and efficiency of documenting reports and to ensure accountability. The following table shows comparison data from SFY16, which was pulled for CFSR Round 3 SWA, and SFY 2024. In SFY16 CI received approximately 35,000 calls. Of those calls, over 18,000 required documentation within our system, 9,000 required investigations, and over 13,000 children were involved in the investigations. In SFY24, CI received approximately 29,000 calls. Of those calls, over 21,000 required documentation within our system, 6,544 required investigations, and 9,702 children were involved in the investigations.

Table 7: CFSD Centralized Intake Report Data

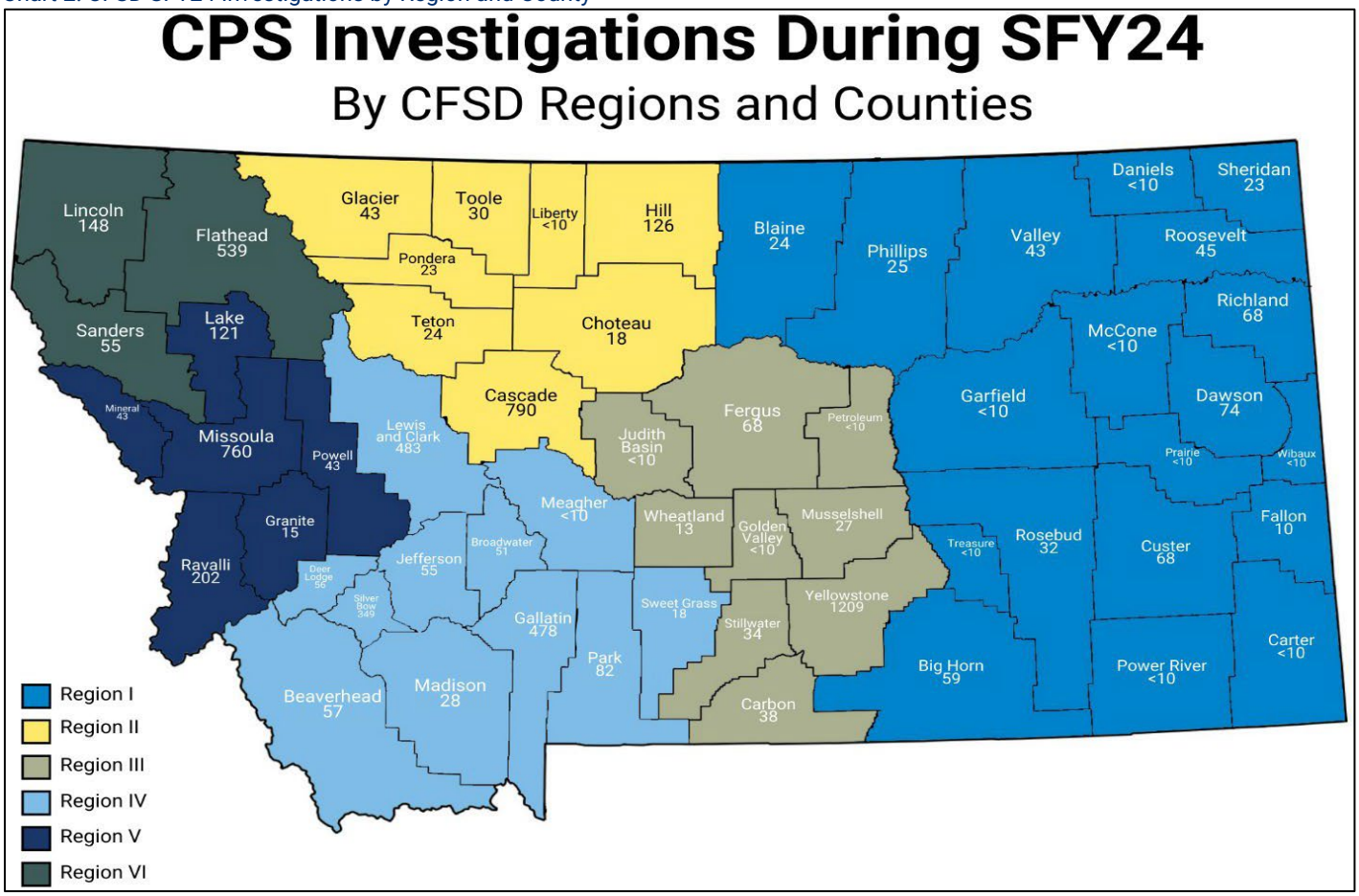
Centralized Intake Report Data	SFY 16 *CFSR R3*	SFY 24
Total of CI Calls Received	35,000	28,812
Total Reports Entered in System	18,000	21,430
Total Reports Requiring Investigation	9,000	6,544
Total Number of Children Involved in Investigations	13,307	9,702

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

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

During SFY24, CFSD conducted the following number of investigations per county as outlined in the chart/map below.

Chart 2: CFSD SFY24 Investigations by Region and County

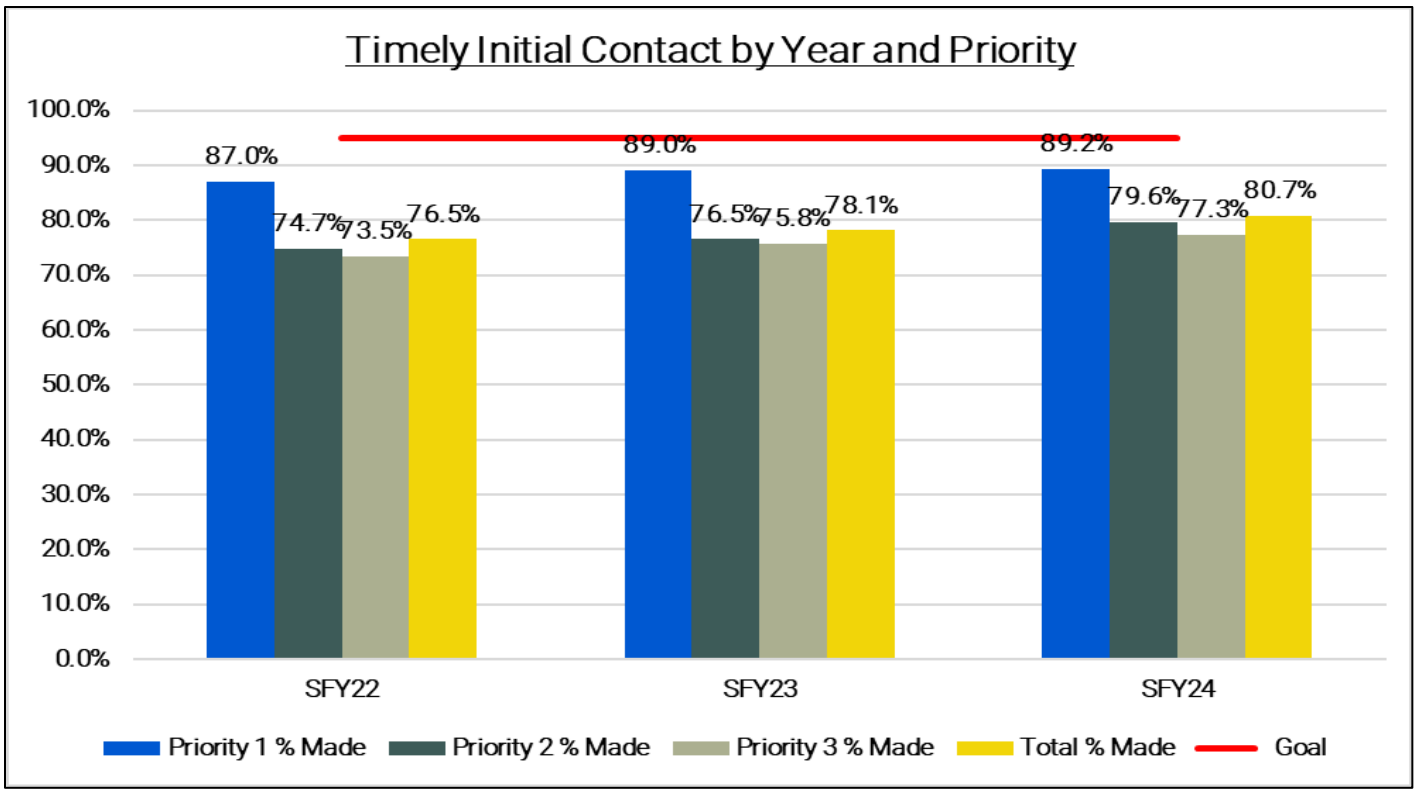


While CFSD has administrative data to reflect timely initial contacts, there are limitations to it. CFSD uses MFSIS for documentation of all investigations. Information within MFSIS is then synchronized to CAPS, from where all data is pulled. Though all contacts are documented in MFSIS, only one contact date and time is synchronized to CAPS, which is identified as the initial contact with the family. Therefore, CFSD's administrative data that identifies timely initial contact is limited to the first contact on each report, regardless of the number of identified alleged victims. CFSD has identified improving the timeliness of initial contacts on investigation as part of Goal 1 within the SFY25-SFY29 CFSP.

Additionally, during recent internal case reviews there have been times that Item 1 has been rated an Area Needing Improvement strictly due to policy not being followed regarding the approval and documentation of exceptions to timely contact when there are reasons beyond agency control.

The overarching goal of Item 1 is that the state will complete the initial face-to-face contact with victims of a maltreatment report within the agencies required timeframes at least 95% of the time. As shown in the chart below from CFSD's MPATH administrative data, CFSD did not reach this goal in SFY22 CFSD 76.5% (18.5% less than goal), in SFY23 CFSD met the goal 78.1% (16.9% less than the goal), and SFY24 80.7% (14.3% less than the goal). Even though CFSD received an overall rating of 65.9% there was an 11.53% increase over the past three SFYs. This rising trend indicates investigations are being initiated in a timelier manner.

Chart 3: Initial Investigation Contacts Per Priority.



Montana's Safety Committee was re-formed in 2022 to meet monthly with an initial focus on safety assessment and outcomes, and any changes that may need to occur systemically to support improved outcomes. This committee helped develop the Fidelity Review Tool and spent time reviewing cases for fidelity purposes. Currently there are twenty fidelity reviews being completed monthly by the Safety Committee, as well as some are facilitated by each region every month. There is an effort to have reviews completed by each region, and to try and match percentage of reviews by region to the percentage of investigations done by each. Some regions request randomly selected investigations to review, while others choose them on their own. Of those that are randomly selected, a BA manages the selection to ensure there is not over-representation of any one caseworker/supervisor by those completed. Data from these reviews is being compiled using Microsoft Forms for further analysis, as more are completed to form a baseline impression, and then plan to address specific areas of practice concern. As the reviews are completed, certain demographic data, such as caseworkers, county, and region, are all included to help identify any trends. fromAs CFSD nears having a total of 359 Fidelity Reviews completed, CFSD is beginning to identify what specific elements to focus on and working towards establishing a sufficient baseline with the data collected.

CFSD continues to use the Fidelity Review Tool, focusing on the investigation phase of a case. Initially, this process focused only on the initial investigation portion of the case and stopped at the point cases would be transferred to ongoing case management. Copies of all completed Fidelity Reviews are provided to CFSDs M-Team monthly.

CFSD continues to use the coaching and mentoring process as listed above to assist caseworkers in prioritizing workload to ensure investigations are initiated within timeframes and children are seen face-to-face. In addition, CFSD is exploring options for more real time reports to the field on timely initiation of investigations through developing pivot tables; however, the data is inconsistent due to multiple issues impacting how the data is entered and pulled:

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

CFSD will continue to address ways to enhance the reporting abilities within the state's electronic record system to reflect more accurate data regarding timeliness of contact at investigation through Goal 1 of the current SFY25-SFY29 CFSP.

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

During the CFSR Round 3 (2017) SWA, CFSD's State Outcome Performance Safety Outcome 2 (Items 1 and 2) was rated as not in substantial conformity, receiving an overall rating of Area Needing Improvement because the outcome was substantially achieved in only 48% of the sixty-five cases reviewed at the time.

Item 2

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

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

CFSD found during the CFSR Round 3 SWA that they reviewed the initial court order of sixty-seven cases to determine what services were provided to prevent removal of children. The findings supported that all the cases either indicated what services were provided to keep the child(ren) from being removed or provided a clear reason as to why services would not be adequate to maintain the child in the home. However, the reviews also indicated that children were being removed who may have been able to remain in the home with more appropriate services and safety plans. CFSD's Family Functioning Assessment (FFA) is designed to assist caseworkers in determining whether an in-home or out-of-home safety plan would be necessary to maintain the safety of children while providing services to families; however, it appeared that the caseworkers did not utilize the part of the assessment tool adequately.

Safety Outcome 2 was selected as a priority focus during the CFSR Round 3 PIP Measurement Period, given the performance rate and the findings of the internal review that the FFA tool was not being utilized adequately by caseworkers to properly as stated above. The state's CQI program (described in detail in System Factor 25) began problem exploration and key findings. Montana's CFSR Round 3 PIP Final Report provided to the Children's Bureau contains a complete summary of these efforts. CFSD set forth the following goals, strategies and key activities to support better safety outcomes:

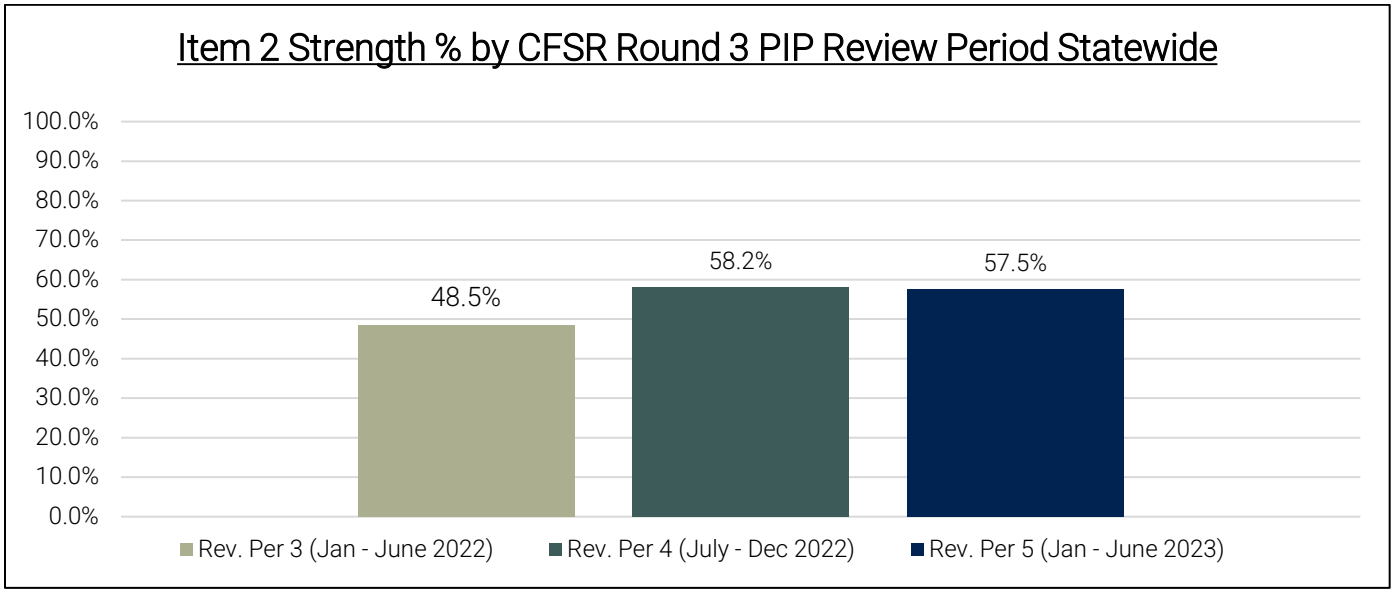
- Performance Improvement Goal #2 "Improve Family-Centered Practice through meaningful engagement of parents and children" by focusing on implementations regarding the following strategies and key activities:
    - Strategy 2.2: Ensure children are safely maintained in their home whenever possible and appropriate.
        - Key Activities:
            - 2.2.1: Revise the Safety Plan Determination worksheet to ensure alignment with the practice model to clearly delineate when a child can remain in their home once the assessment has been completed, and the child has been found to be unsafe.
                - CFSD completed this key activity strategy in August of 2020.
            - 2.2.2: Utilize the coaching/mentoring process as defined in Goal 1 to ensure workers understand and are using the worksheet correctly.
                - CFSD completed this key activity strategy in November of 2020.
            - 2.2.3: Develop partnerships with service providers to ensure availability of in-home services for at risk families.
                - This activity encompasses work completed for PIP Goal 3 Improve service array through partnerships with service providers to increase reunification rates and decrease time to permanency specifically Strategy 3.2 – Development of Family Support Teams which is discussed further in Item 29.
                - CFSD completed this key activity strategy in January 2021.
            - 2.2.4: Provide training on the practice model and ensure safety services are part of the contract expectations.
                - CFSD completed this key activity strategy in January 2021.
            - 2.2.5: Use data from fidelity reviews in Strategy 2.1 to evaluate the use of Safety Plan

Determination worksheet to determine whether the intervention resulted in the desired outcomes.

- Performance Improvement Goal #3 "Improve service array through partnerships with service providers to increase reunification rates and decrease time to permanency."
    - Strategy 3.2: Develop Family Support Teams to improve timely safety and support services to ensure children remain in the home or are reunified in a timely manner.
        - Key Activities:
            - 3.2.1: Gather data to evaluate adaptation, implementation and project efficacy in Cascade County.
                - CFSD completed this key activity strategy in July 2020.
            - 3.2.2: Develop a safety monitoring protocol between the agency and providers for Cascade and Yellowstone Counties.
                - CFSD completed this key activity strategy in August of 2020.
            - 3.2.3: Develop policy for Family Support Teams
                - CFSD completed this key activity strategy in August of 2020.
            - 3.2.4: Train CFSD staff and community providers in Yellowstone County on the Family Support Team and how these teams support CFSD Safety model for in-home services and/or reunification.
                - CFSD completed this key activity strategy in October of 2020.
            - 3.2.5: Implement Family Support Team Structure in Yellowstone County.
                - CFSD completed this key activity strategy in January of 2021.
            - 3.2.6: Conduct thorough reviews of qualitative and quantitative data in Cascade and Yellowstone Counties to determine effectiveness of FSTs and make modifications where necessary to continue to increase the number of in-home cases and decrease the time to reunification.
                - CFSD completed this key activity strategy in January 2022.

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

Chart 4: Item 2 CFSR-R3 PIP Monitored Case Review Data Review Periods 3-5



During the CFSR Round 3 PIP-Monitored Case Reviews, and for some time thereafter, CFSD completed an internal policy and procedure overhaul with technical assistance from the Center for Capacity Building support. CFSD's procedures specific to Item 2 requirements were updated and are as follows:

- Family Functioning Assessment Procedure: Instructs CFSD staff to immediately respond to situations in which children are in danger through a well-defined safety response while information collection and assessment occurs. Further, agencies are to intervene in the least intrusive manner, keeping children with their families whenever possible and appropriate. CFSD Family Functioning Assessment Procedure Hyperlink
- Safety Plan Determination and Conditions for Return Procedure: Instructs CFSD staff to seek resources within the family's network to maintain children in their home, or provide temporary care of children, during the assessment timeframe or until which time it is determined the children can safely return home. CFSD Safety Plan Determination and Conditions of Return Procedure Hyperlink
- Case Management Procedure: Instructs CFSD staff on how to provide ongoing support to parents, children, and resource parents while they are involved with the child welfare system (both through Prevention Plans and Court-Ordered Intervention). This occurs through effective case management, which is a dynamic and ongoing process focusing on assessing, monitoring, and supporting child safety, permanency, and well-being. Case management is the active engagement of the child and family to assist them in meeting permanency goals and to ensure services are being provided in a timely and effective manner. It further instructs CFSD staff on their responsibility to engage parents and children to create and establish individualized goals while partnering with community stakeholders, resources, and natural supports to help meet the identified needs and goals of the family. This procedure also instructs CFSD staff to assess alternate caregivers individualized needs when providing placement of a child in the child welfare foster care system. CFSD Case Management Procedure Hyperlink
- Family Support Team (FST) Procedure: Instructs CFSD staff of the meeting referral and overarching process, which is used as a tool to engage families, community partners, natural supports and CFSD staff. The purpose of the FST meetings is intended to keep children in their home, or to reunify families in a timely manner by implementing support services while engaging parents in the process of assessment, service planning and their individualized FCP when applicable. CFSD Family Support Team Procedure Hyperlink
- Prevention Plan Procedure: Instructs CFSD staff on the agency's commitment efforts to identify, increase and implement evidence-based prevention models through Prevention Plans. Prevention Plans are utilized to support parent(s) in being able to safely care for their child(ren) in their homes, or with Kinship, thus preventing removal and their child(ren) being placed in the child welfare foster care system. CFSD Prevention Plan Procedure Hyperlink

In 2020, CFSD made significant efforts to identify, increase, and implement evidence-based prevention models and updated their prevention process to engage and support families through what is now called a 'Prevention Plan'. These efforts are further discussed in Item 29.

Part of Item 2 assessment is to ensure CFSD is maintaining children in their homes whenever safe to do so and preventing removal and placement into the child welfare foster care system. In cases when children have been removed, placed in the child welfare foster care system, and reunified with their parent, it is important to ensure that services were wrapped around the family to prevent the child from re-entering the child welfare foster care system in the future.

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

During the investigation, the caseworker uses the FFA used to assess risk and determine if children are safe from abuse/ neglect or if agency involvement is required to ensure the safety of children. As discussed in Item 1, CFSD has continued to use the Fidelity Review Tool to:

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

Since implementation of FST in August of 2018, CFSD has reported on the FST implementation process and expansion across Montana in the submitted PIP Progress Reports and APSRs. CFSD created FSTs as a tool to fully engage families, community partners, natural supports, and internal staff. These meetings are intended to keep children in their home, or to reunify families in a timely manner by implementing support services, while engaging parents in the process of assessment, service planning and their individualized case plans.

- Success of FSTs are measured by when parents, natural supports, community providers and children, when appropriate, are engaged in their case to the extent that they are indicating they feel valued as a team member; opportunities have been created for meaningful engagement with parents to advocate for the needs of their children and themselves; collaboration with community providers has been strengthened as reported by CFSD staff and community providers; and, appropriate services, including targeted evidenced-based programs that meet the specific needs and characteristics of the parent and those necessary to help prevent children from coming back into state care, are identified and implemented.

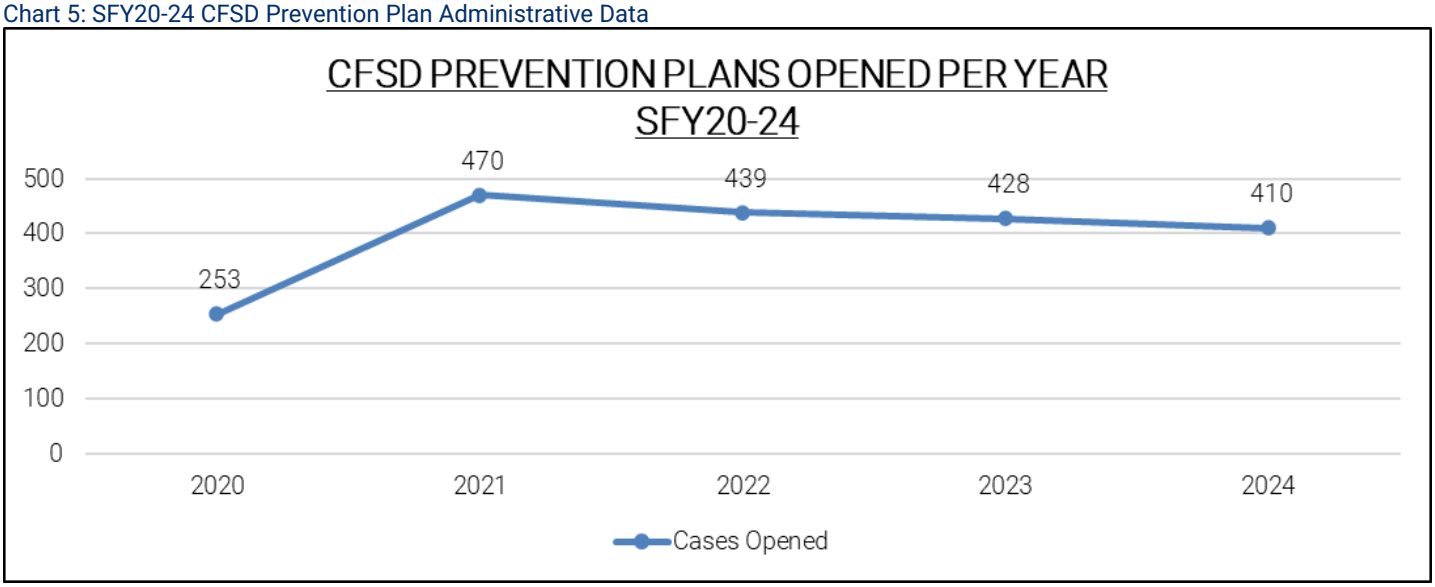
Currently CFSD utilizes FST meetings in several regions to help identify services that are beneficial to the family as soon as safety concerns are identified, to help maintain children in their homes when safe to do so. CFSD's tracked FST data is further outlined in Item 29.

CFSD is responsible for program administration of Montana's Family First Prevention Service Act - Title IV-E Prevention Services Plan, which was approved on January 5, 2022, by ACF-CB. This includes determining eligibility, monitoring agreements with approved providers, meeting federal requirements, completing Quality Assurance reviews, and funding Title IV-E prevention services. Montana's Prevention Services Plan provides access to federal Title IV-E funding for approved evidence-based mental/behavioral health and substance abuse treatment and recovery support services and in-home parent skill-based programs. Montana's approved prevention services are Healthy Families America (HFA), Parents as Teachers (PAT), Nurse-Family Partnership (NFP), and Parent-Child Interaction Therapy (PCIT).

CFSD administrative data of open IH Prevention Plan cases statewide from SFY20-SFY24 is reflected in the chart below, showing that within the first SFY of implementing the FFPSA Prevention Plans there was a 67.26% increase in utilizing Prevention Plans and since implementation there has only been a slight decrease of 12.77% as of SFY24. CFSD's CQI Unit oversees each region's manually tracked data, as well as collaborates with MSU in their evaluation of CFSD's FFPSA Prevention Plan efforts. CFSD completed a quality assurance and validation review of this report generated from the administrative data and found accuracy issues statewide of caseworkers not consistently applying the correct code in the system for prevention cases. Additionally, similar accuracy issues being present for the manually tracked data, as the

individual tracking the regional information is usually based out of one specific county office within the region and they tend to heavily report only Prevention Plans within that county instead of reflecting all Prevention Plans occurring throughout the entire region. CFSD FFPSA efforts and MSU's evaluation data are outlined further in Item 29.

Chart 5: SFY20-24 CFSD Prevention Plan Administrative Data



As discussed previously in Section 2, there are challenges confronting CFSD in addressing the disparity for the American Indian child population entering care and being reunified with their families. Data in the chart reflects the AFCARS reporting population (children in the custody of a state agency placed in foster care or foster children in custody of a tribal agency pursuant to a Title IV-E State-Tribal Agreement.) This number does not include children in foster care under the custody of a Tribal nation who are not eligible for Title IV-E services. This data depicts an accurate yet minimal representation of the disparity that exists for the American Indian population because Tribal children in non-Title IV-E tribal custody are not included. Furthermore, children whose race is listed as "unable to determine" or American Indian children who may be of two races, may not be counted in the overall American Indian group.

CFSD's most recent ACF-CB Data Profile report reflects the following population numbers per race of children ages zero-seventeen in the table below, indicating the white child population is 68.5% larger than that of the American Indian/Alaska Native (AI/AN) child population.

Table 8: ACF-CB State Data Profile

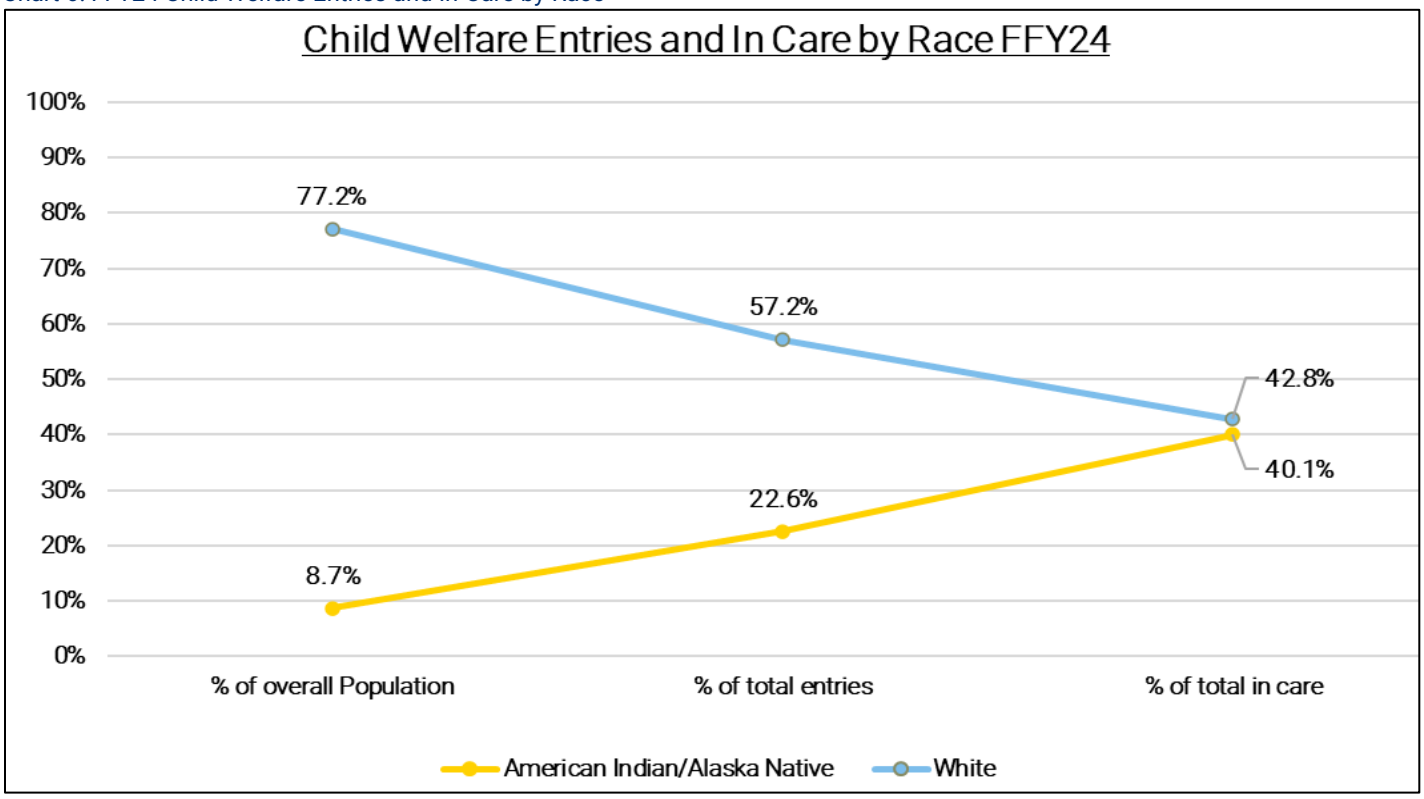
American Indian / Alaska Native	Asian	Black / African American	Hispanic	Native Hawaiian / Other Pacific Islander	White	Two or More
20,477	1,967	1,494	18,182	238	181,832	11,461

CFSD's most recent Data Profile report shows that in FFY24, the population entry rates per 1000 were as follows:

- AI/AN children were 8.7% of the overall population of Montana; however, they made up 22.6% of the population that entered the child welfare foster care system.
- White children were 77.2% of the overall population in Montana; however, they made up 57.2% of the population that entered the child welfare foster care system.

Though the entry rate per 1000 per race reflects disparity, the most concerning disparity is the high percentage of AI/AN children who remain in foster care after their initial entry. The percentage of AI/AN children who remain in foster care is less than a 2% decrease from the white population, as shown in the chart below for FFY24 according to CFSDs most recent Data Profile report.

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



CFSD used the SAC meeting held on July 19, 2024, as a focus group, and presented Montana's foster care disparity data. Tribal participants, as well as others, shared that they believed the numbers were a low representation of the number of AI/AN children in foster care. The state agrees there are limitations within the data available, while also asserting the data that does exist indicates a disparity at key decision points that influence Safety Outcome 2 for our AI/AN children. The state is confronting this challenge on many fronts that are addressed throughout this assessment and CFSD's SFY25-29 CFSP.

CFSD believes the implementation of the FSTs, the Fidelity Review Tool, and FFPSA Prevention Plans have contributed toward this trend yet cannot draw a clear correlation due to the lack of empirical research.

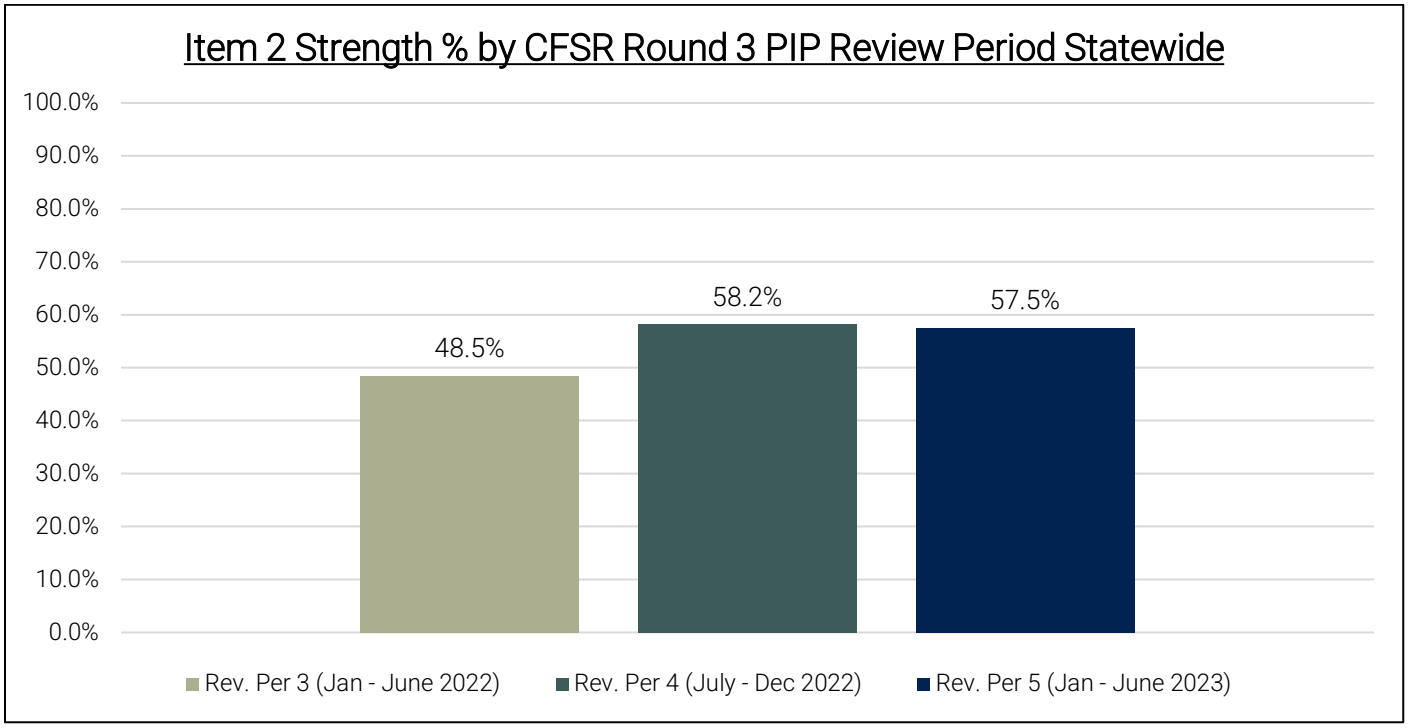
Item 3

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

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

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

Chart 7: Item 2 CFSR-R3 PIP Monitored Case Reviews Data Review Periods 3-5



CFSR Round 3 PIP-Monitored Case Review period showed that CFSD initial assessments of safety and risk were more consistently comprehensive and accurate than ongoing assessments. Historically, CFSD focused their attention on training around the investigation phase, identification of immediate danger, impending danger, and completing the FFA. However, there had been minimal training and minimal formal tools utilized on an ongoing basis for assessment of safety.

The data below includes both the SWDI from the *February 2025 CFSR National Data Indicators and Data Profile* and CFSD's administrative data. The data reflects the percentage of maltreatment in foster care in Montana whether by substitute care provider, or a parent. One thing to note is that the percentages do differ some from those in the supplemental context data. At the time of the CFSR Round 4 SWA, Montana's Risk Standardized Performance (RSP) on both SWDI is significantly higher than the National Performance for both Safety Items as shown in the charts (8 -10) below.

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

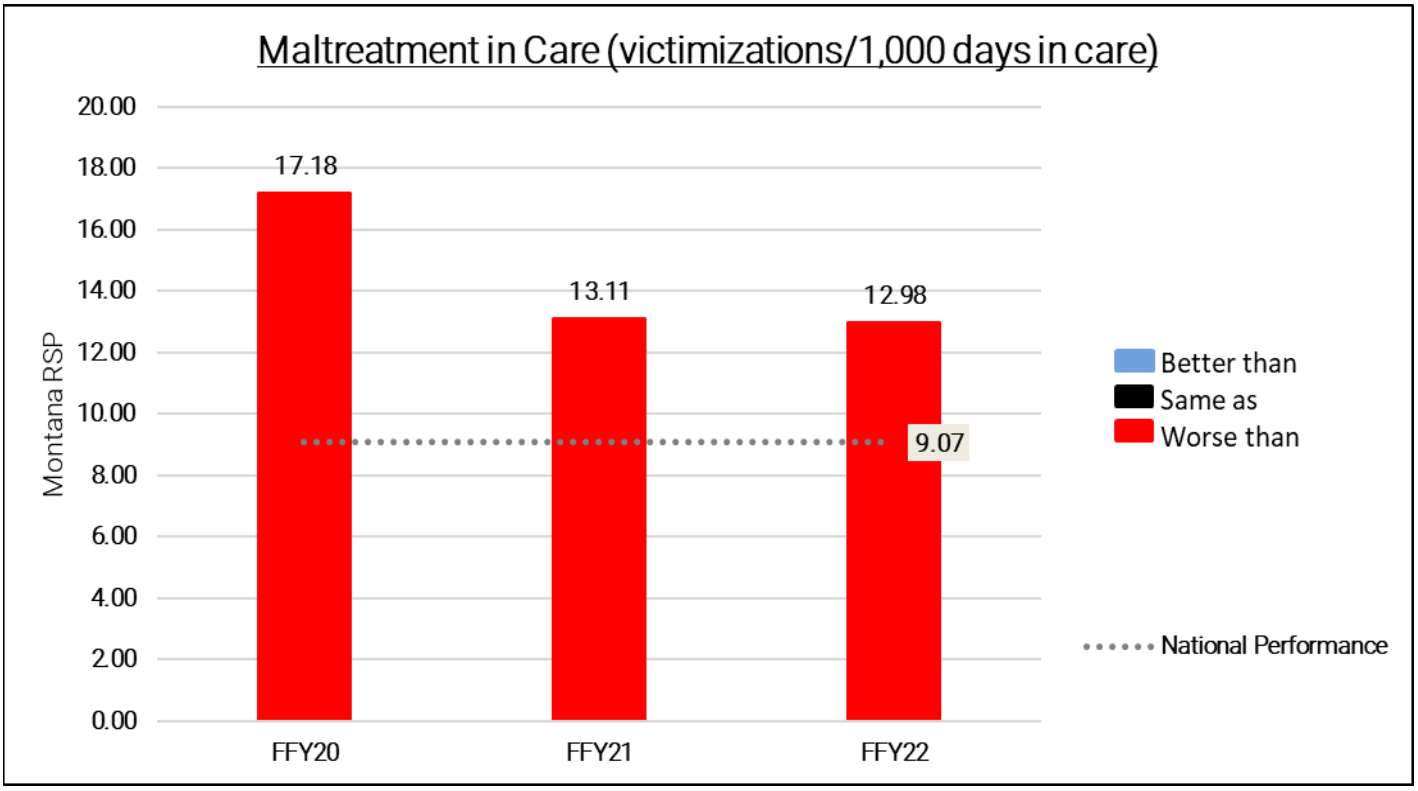


Chart 9: SWDI Data Profile Maltreatment in Care, Administrative Data

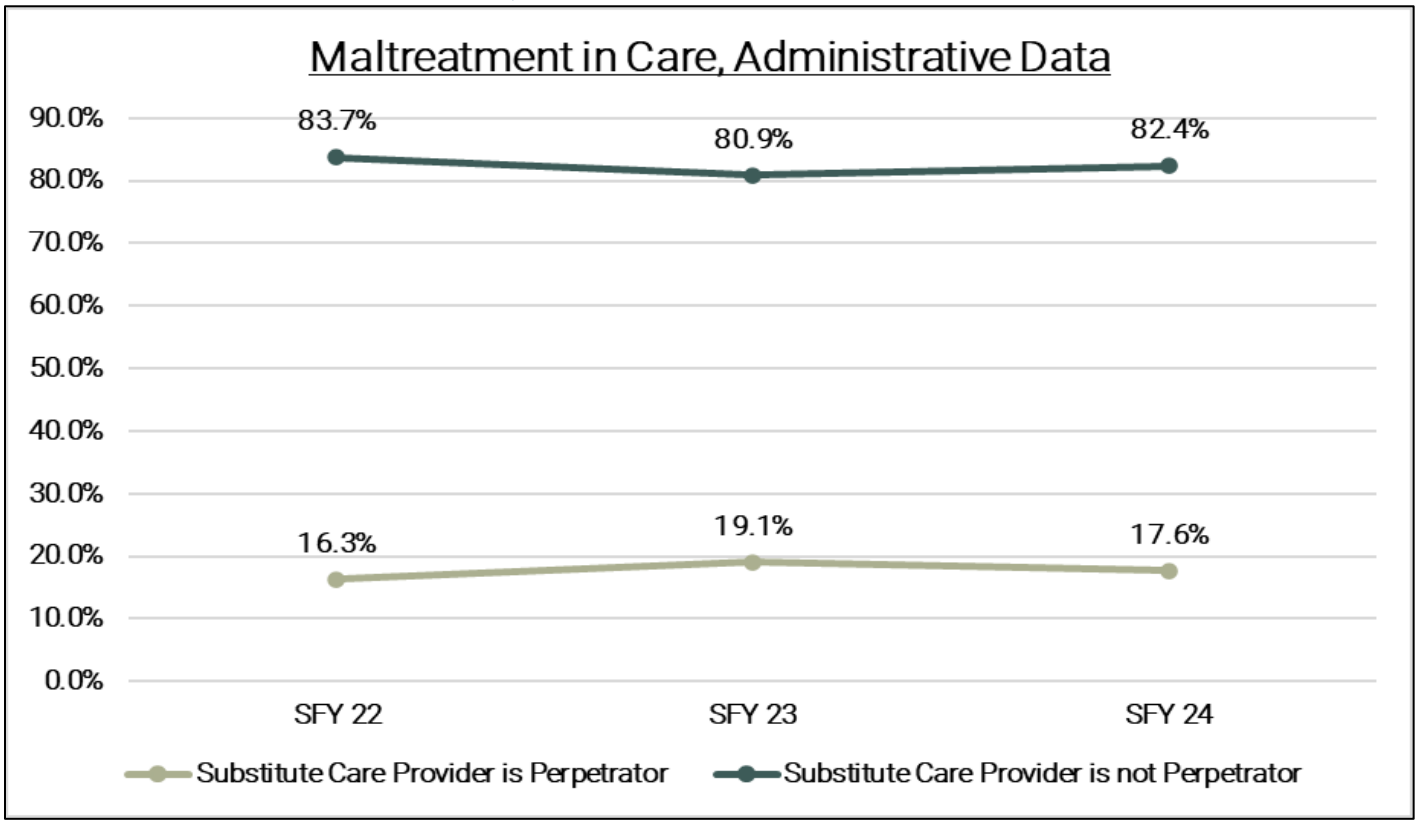
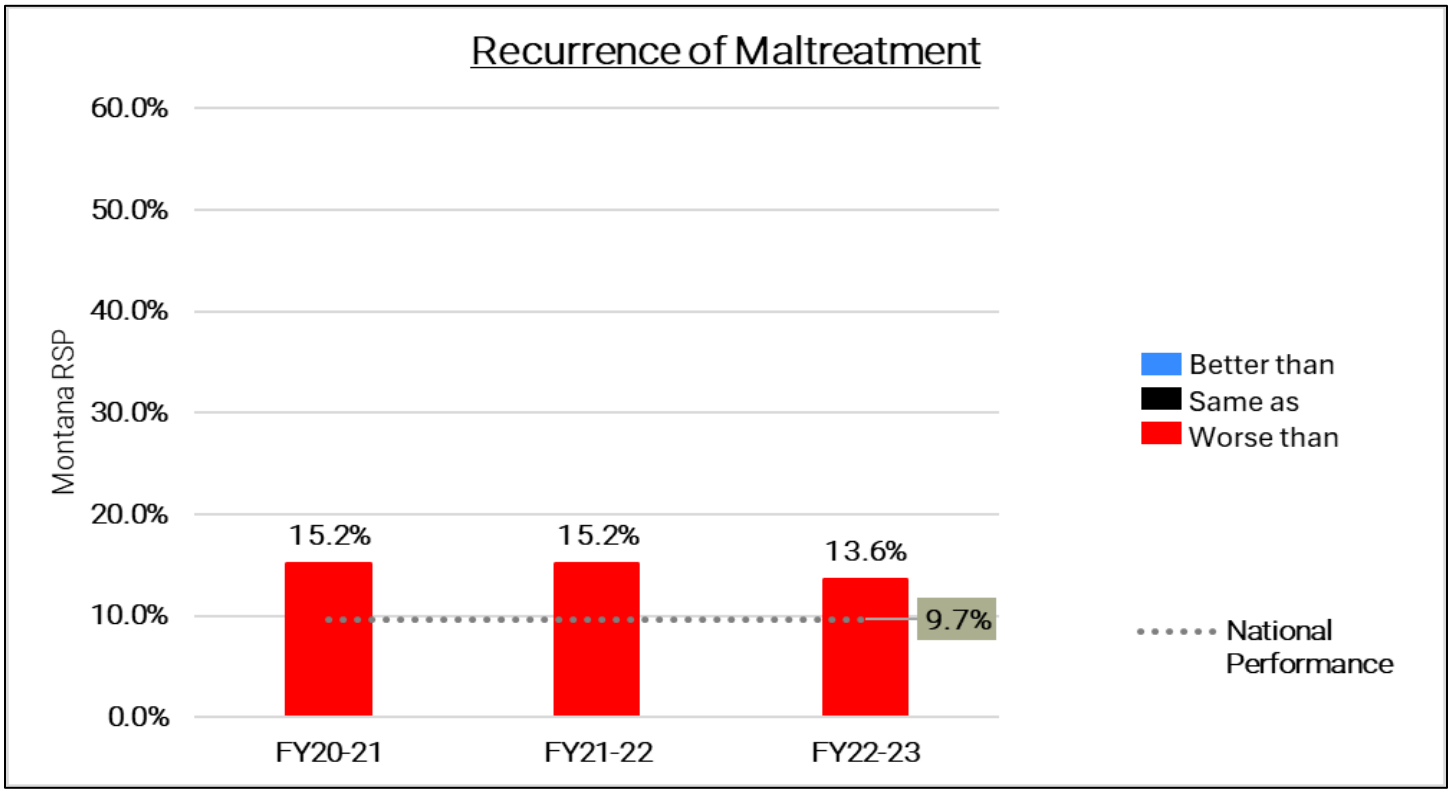


Chart 10: SWDI Data Profile Recurrence of Maltreatment



A comparison of CFSD's supplemental context data to National Supplemental Context Data indicates that CFSD's rate of maltreatment in care in which the substitute care provider is the perpetrator, is lower than that of the nation. In the case of Maltreatment in Foster Care, a small percentage of substantiations (for the purposes of this section, references to substantiations will also include reports closed as founded) on children in foster care are by their substitute caregivers. Most of these substantiations are from parents, and due to data limitations within the electronic case record system, it is unknown if this occurs while the children are on Trial Home Visits (THV), or if it is due to incidents that occur while the child is in a placement setting. Staff participating in CFSD's Safety Committee reported that when new incidents occur concerning behavior or actions by parents, they are unable to address it legally unless there is a new intake with an adverse finding. This may lead to additional substantiations in which children are not in harm's way but would be if returned home, which may increase both repeated maltreatment rates and rates of maltreatment in foster care. A deeper dive into supplemental context data shows that the rate of maltreatment in care for white children is slightly less than twice that of AI/AN, and the rate of maltreatment in care for two or more races is nearly identical to white children. Numbers for other racial/ethnic groups are so small that comparisons were not conducted. For recurrence of maltreatment, the rates for white children were 10.9% and AI/AN children were 9%, with the rate of those that are two or more races being 11.8%. However, in the case of both indicators, only investigations/substantiations of maltreatment by the State are included. Those investigations and any subsequent substantiations that are under Tribal jurisdiction are documented differently and would not be included. However, Montana's administrative data also shows that for FFY24 among state-managed cases, white children had a higher rate 9.22% of maltreatment in foster care than AI/AN children 5.24%. For State led investigations, CFSD's administrative data shows an overall rate of repeat maltreatment of 10%, which includes rate of 9% for white children and 8.7% of AI/AN children.

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

The fidelity reviews, previously mentioned in Item 1 of this assessment, have also been expanded to include a review of the ongoing comprehensive assessment through the utilization of the FCP. At the time of this assessment, there is not enough data from the fidelity reviews pursuant to the FCP to determine whether this ongoing assessment is improving outcomes related to Item 3.

Permanency Outcomes 1 and 2

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

During the CFSR Round 3 (2017) SWA, CFSD's State Outcome Performance Permanency Outcome 1 (Items 4, 5, and 6) was rated as not in substantial conformity, receiving a rating of Area Needing Improvement because the outcome was substantially achieved in only 23% of the forty cases reviewed at the time.

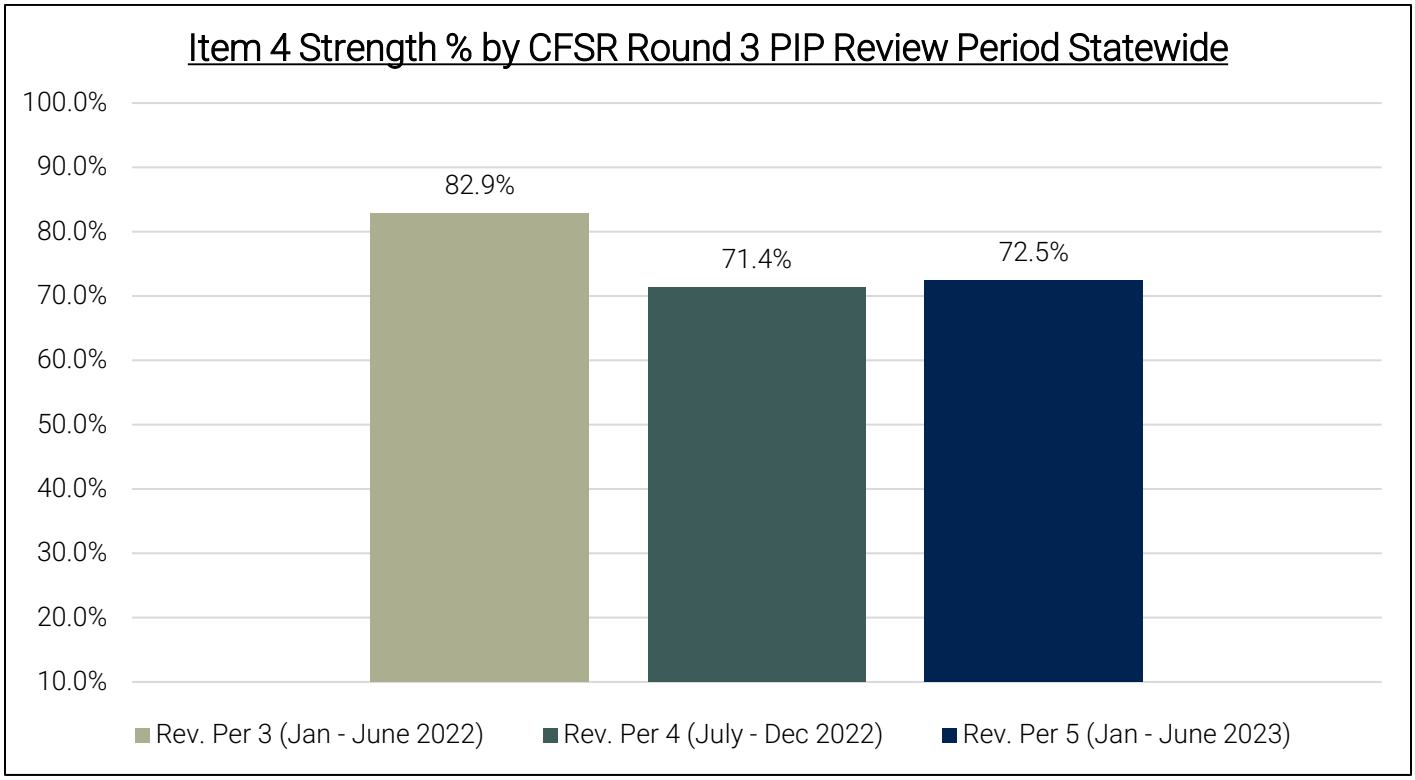
Item 4

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

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

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

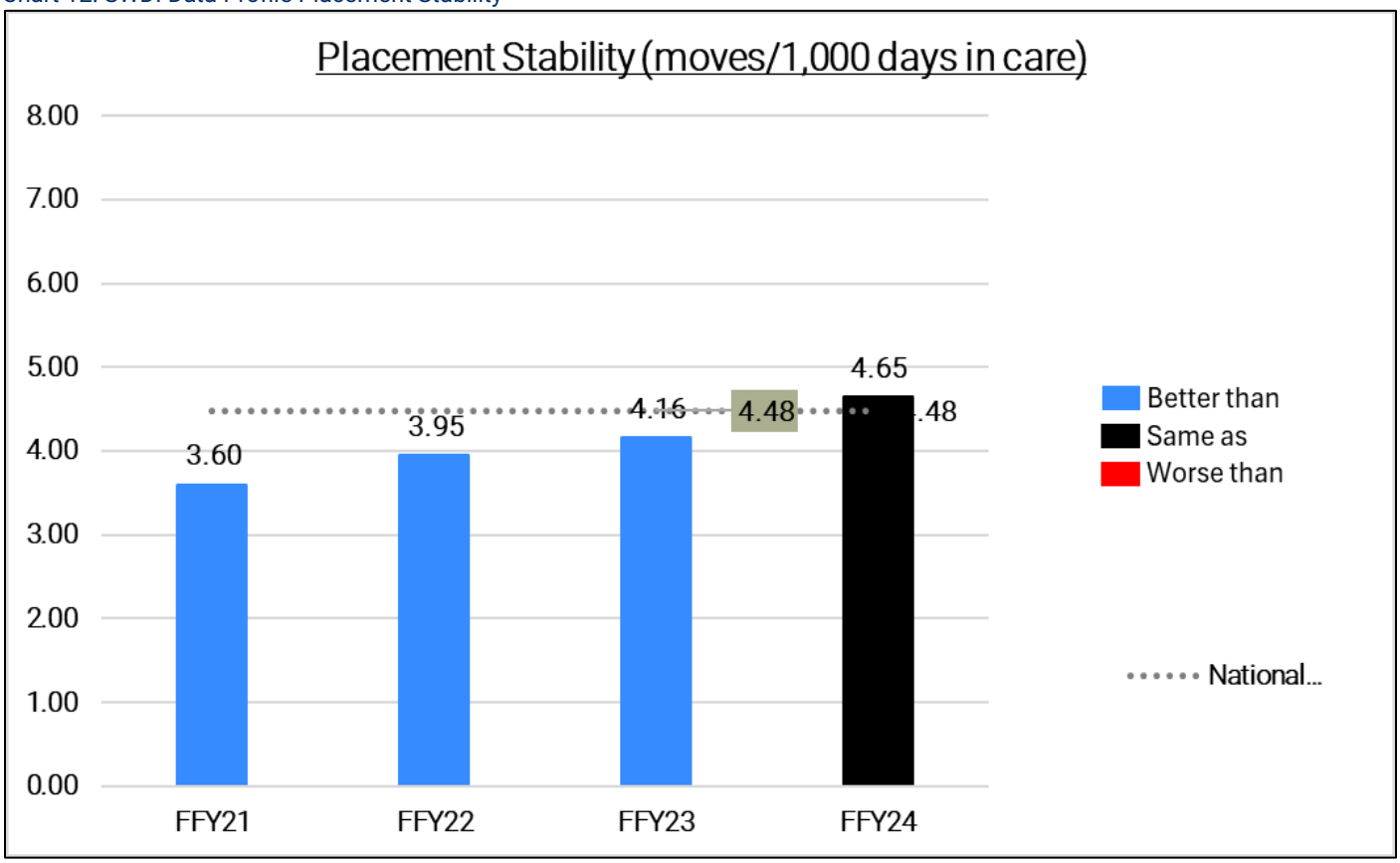
Chart 11: Item 4 CFSR-R3 PIP Monitored Case Review Data Review Periods 3-5



Throughout CFSR Round 3 PIP-Monitored Case Review period, CFSD performed better on this item than any other items specific to this outcome. However, both case review, administrative, and SWDI data indicate that while CFSD is performing

well on this item, CFSD is also trending in the wrong direction as reflected in the chart below.

Chart 12: SWDI Data Profile Placement Stability



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

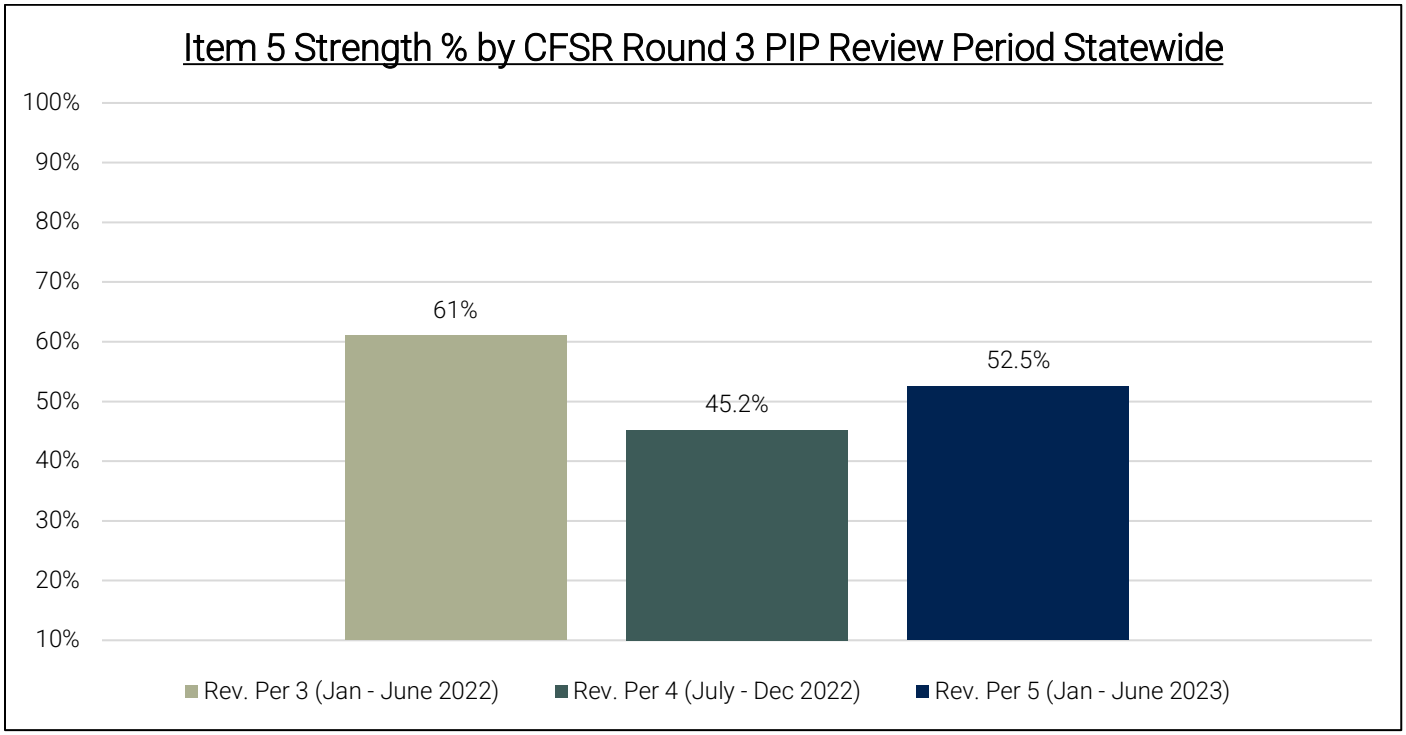
Item 5

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

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

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

Chart 13: Item 5 CFSR-R3 PIP Monitored Case Reviews Data Review Period 3-5



Item 5 was selected as a priority focus during the CFSR Round 3 PIP Measurement Period. CFSD began problem exploration and key findings, and set forth the following goals by focusing on implementations regarding the following strategies and key activities:

- Performance Improvement Goal #3: Improve service array through partnerships with service providers to increase reunification rates and decrease time to permanency.
    - Strategy 3.4: Improve service array through partnerships with service providers to increase reunification rates and decrease time to permanency.
        - Key Activities:
            - 3.4.1: Survey CFSD caseworkers and court personnel regarding concurrent planning and development of permanency goals to assess current understanding of the process.
                - CFSD completed this key activity strategy in December of 2020.
            - 3.4.2: Review and revise current policy and training curriculum to ensure materials adequately prepare caseworkers to develop, implement and document primary and concurrent goals and plans.
                - CFSD completed this key activity strategy in April of 2021.
            - 3.4.3: Create module for supervisor training (Strategy 1.2) specific to concurrent planning including staffing process and oversight by RA.
                - CFSD completed this key activity strategy in January of 2021.
            - 3.4.4: Utilizing the coaching/mentoring program as described in Strategy 1.3, UM-WTCs and CFSD FLTSs will walk staff through development and documentation of concurrent plans with an emphasis on ensuring permanency goals are in the best interest of the child and family.
                - CFSD completed this key activity strategy in January of 2022.
            - 3.4.5: UM-WTCs and FLTS will work with staff on updating CAPS to ensure the current permanency goals are reflected as well as how and where to document the steps being taken to achieve these goals.
                - CFSD completed this key activity strategy in January of 2022.
            - 3.46: Develop a process for PPS to identify cases without an active concurrent plan and schedule permanency staffing for those cases. Concurrent plans will be identified in the

case plan along with steps to achieve the plan by the end of the staffing.
    - CFSD completed this key activity strategy in January of 2022.
- 3.4.7: Train court personnel on the use of concurrent planning to ensure both plans (primary and concurrent) are discussed at every hearing to ensure they are appropriate and being worked on so that permanency can be achieved timely.
    - CFSD completed this key activity strategy in July of 2021.
- 3.4.8: Monitor and evaluate the effectiveness of these interventions to determine whether there is a reduction in time to permanency that correlates with concurrent planning and adjust where indicated.
    - CFSD completed this key activity strategy in January of 2022.

In April of 2021, CFSD updated their procedure 'Concurrent Planning: Preserving Connections while Defining Permanency Options' which can be found: CFSD Concurrent Planning Procedure Hyperlink. This procedure focused on:

- Enhancing the internal permanency staffing CFSD conducted on every child in care, which are called PPT meetings.
- Expanding the team members invited to the PPT meetings (such as parents, youth when age and developmentally appropriate, Tribal Social Services Reps when applicable, etc.).
- Requiring the PPT meetings to occur within ninety days of a removal, and every six months thereafter until the child has reached court order permanency (reunification, adoption, guardianship, etc.), or aged out of care. This practice allows for oversight by the team to ensure the concurrent plans are appropriate based on the status of the case to support timely permanency.

CFSD staff were then trained in this procedure focusing on CFSD staff taking a concurrent planning approach when a child has been removed and placed into foster care, including but not limited to:

- Conducting diligent searches for unidentified parents and relatives who may be options for achieving permanent placement options for the child; and,
- Preserving relationships and connections for children in foster care.

CFSD established a process for tracking the PPT meetings to ensure they are taking place within the scheduled timelines with the goal of permanency moving forward in a transparent and timely manner. The regional PPS, or other assigned staff, who are responsible for hosting PPT meetings, send updated tracking sheets to the CQI unit monthly. The tracking sheet was developed by the CQI unit in collaboration with PPT facilitators. The tracking sheet has dual purposes; to assist those facilitating these meetings in tracking relevant data to timely permanency and as a means to help establish discussion pieces to take place at these meetings that are relevant to permanency. Some of the relevant data that is tracked through these sheets are primary and concurrent permanency goals, court barriers, legal status of the case, whether or not the child is in a concurrent placement, if an ICPC is needed, etc. There are a total of 19 factors related to permanency that are being tracked through this process. These sheets are hand counted and tracked through excel. The tracking sheet also prompts and supports the PPS to review concurrent goals of the child during meetings, and ensure the goals are appropriate and applicable to the case at the time of the PPT.

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

Throughout the initial focused key activities of the PIP-Monitored period, UM-WTCs and FLTS focused their coaching on modeling effective documentation by providing written examples of efforts in which field staff are involved. This was in addition to working with individual staff to effectively document their case specific efforts centered on concurrent planning. CFSD continued to see growth in caseworkers becoming more competent due to training that clearly explained the concurrent planning process more as a holistic approach, encompassing both the legal and relational permanency components. FLTS and UM-WTC reported there being an observable better understanding in caseworkers around the importance of making quality and repeated contacts with identified permanency connections and on documenting these contacts accurately. CFSD added more information about concurrent planning and goals to the initial orientation training for caseworkers, and ongoing training for established caseworkers and leadership positions. These training efforts are

discussed further in Item 26 and 27 of this assessment.

In 2022, CFSD expanded their case pulls to include cases with extensions of Temporary Legal Custody status, or who had a TPR granted, but did not have a concurrent plan identified (like aforementioned practice review of cases open for twelve or more months with no TPR and no concurrent plan identified). CFSD recognized through this process, as well as key implementations mentioned above, that staff often reported being confused in their case practice regarding concurrent 'Goal' setting and concurrent 'Placement' planning. CFSD believed this to be due to historically using these two terms interchangeably.

2022 CFSD Permanency Survey (UM-CCFWD Collaboration)

In September of 2022, CFSD partnered with the UM-CCFWD to survey and evaluate caseworker knowledge and understanding of permanency and concurrent planning, as well as to help identify both internal and external barriers impacting timeliness to permanency for children in foster care. There survey was sent to over 300 CFSD caseworkers, and 131 of them responded as laid out in the tables below.

- The 131 participants were asked to specify their length of employment with CFSD, their roles at CFSD, and their region in which they are assigned to.

Table 9: Length of Employment (N=131)

Timeframe Employed at CFSD	Respondents Count/Percentage
Five or More Years	59 / 45%
Two to Four Years	33 / 25%
Less than Two Years	39 / 30%
Grand Total	131 / 100%

- Of the thirty-nine participants that had indicated they had been employed for less than two years, five of them (or 12%) indicated they had been employed for less than six months.

Table 10: Roles at CFSD (N=131)

Employee Roles at CFSD	Respondents Count/Percentage
CPS (Ongoing, Intake, or One-case-one-worker)	79 / 60%
CPSS	24 / 18%
RFS	24 / 18%
RFSS	4 / 3%
Grand Total	131 / 100%

Table 11: CPS Regional Breakdown – Licensing staff provide cross-region support; therefore they did not participate. (N=79)

Employee Roles at CFSD	Respondents Count/Percentage
Region 1	12 / 9%
Region 2	15 / 11%
Region 3	13 / 10%
Region 4	14 / 11%
Region 5	15 / 11%
Region 6	10 / 8%
Grand Total	79 / 100%

- The 131 participants were asked, "*Define Permanency in your own words.*" There were 100 respondents who wrote definitions that were coded using Taguette, an open-source qualitative analysis tool. This process involved

searching across the responses to identify, analyze and report repeated themes. This process allowed for multiple categorized types to be mentioned by one worker. Only one respondent defined permanency as "working on two plans 'concurrent planning' in which there is one plan to reunify with parents and the other is to find an alternate placement." The rest of the participants Taguette responses were categorized into the nine top answers as follows in the table below.

Table 12: 2022 Survey Define Permanency (N=100)

Define Permanency	Respondents Percentage
Working With Parents	2%
The Plan That Supports Youth Aging Out	2%
Closure of Case/End of Involvement with the Department	10%
What is In the Best Interest of Child(ren)	12%
Building Relationships/Family for Children	22%
Reunification, Adoption or Guardianship of the Child(ren)	27%
A Home for the Child(ren)	41%
Safety and Well-Being of the Child(ren)	43%
Long Term Placement For Children	55%

- The 131 participants were asked a caseload specific question, which only seventy-seven of them were applicable to answer because of their role type of either a caseworker (or direct supervisor) or a licensing worker (RFS or direct supervisor). These role types were asked, ***"Report the average months it takes for a child on your caseload to achieve permanency through returning to their parent(s), guardianship, or adoption."*** There were sixty-four field workers, and thirteen licensing staff who responded.

  The chart provided by UM-CCFWD did not have data labels and would not be beneficial to add into this assessment; however, their analytics of the responses were as follows. (N=77, Field=64, RFS=13)
  - Reunification with Parent(s)
    - 62% of field workers stated when reunification is met it occurs between 7-18 months.
    - 42% of licensing staff stated when reunification is met it occurs between 13-18 months.
    - 33% of licensing staff stated when reunification is met it occurs between 25-30 months.
  - Guardianship
    - 67% of field workers stated when guardianship is met it occurs between 13-24 months.
      - 31% within 12-18 months
      - 36% within 19-24 months
    - 42% of licensing staff stated when guardianship is met it occurs between 19-24 months.
  - Adoption
    - 90% of field workers stated when adoption is met it occurs between 18-30+ months.
      - 36% within 19-24 months
      - 34% within 25-30 months
      - 20% more than 30 months
    - 38% of licensing staff stated when adoption is met it occurs between 19-24 months.
    - 33% of licensing staff stated when adoption is met it occurs between 0-6 months.
      - One possible explanation for the response of 0-6 months is that the licensing staff believed to be reporting on months it took to achieve permanency once the case has been transferred to them from a field worker.

- The 131 participants were asked, ***"Report the agency's expected timeline for standard post-removal procedures, such as timeline for sending notification letters to families and beginning concurrent planning."*** The following table indicates the respondent's answers by percentage.

Table 13: 2022 Survey Expected Notification Timelines (N-96)

Expected Timelines	Upon Removal Count;/Percentage	30 Days Post Removal Count/Percentage	Case Transfer to Ongoing Count/Percentage	90+ Days Count/Percentage
Notification Letter Sent to Families	81 / 84%	8 / 8%	2 / 2%	5 / 5%
Concurrent Planning Begins	51 / 53%	27 / 28%	4 / 4%	14 / 15%

- The seventy-nine CPS were asked, ***"Reflect on resources used when implementing concurrent planning in the field."*** They could select all that apply from the list provided. The rankings by percentage were then put in order by how many times they were selected, as reflected in the table below. There were seventy-six respondents.

Table 14: 2022 Survey Resources for Concurrent Planning (N=76)

Resources Used when Implementing Concurrent Planning	Respondents Count/Percentage
Kinship or Parent's Network	63 / 83%
Diligent Search	65 / 86%
My Supervisor	66 / 87%
Family Engagement Meeting	67 / 88%
Parents/Families	75 / 99%

- The 103 field workers (CPS/CPSS) participants were asked, ***"Reflect on the barriers they have experienced when executing permanency through concurrent planning."*** Barriers were broken into two areas: 1) internal barriers and 2) external barriers. Participants were provided with a list to choose from, and they were permitted to select all that applied. Their responses were ranked by percentage, then ranked in order by how many times they were selected/ There were ninety-nine participants who responded, and they could select as many barriers as possible that applied to them as reflected in the tables (15 and 16) below.

Table 15: 2022 Survey Internal Barriers (N=99)

Internal Barriers when Executing Permanency through Concurrent Planning	Respondents Count/Percentage
I Have Been Unclear on the Steps of Concurrent Planning	7 / 7%
I've Struggled to Define Concurrent Planning for Families (Bio, Kinship, Foster)	10 / 10%
I've Lacked Knowledge About Permanency	17 / 17%
I Left MCAN Aware of Permanency, and I Needed More Support to Implement in the Field	22 / 22%
I Lack Time to Develop/Foster Relationships with Community Resources for Referrals	25 / 25%
I've Struggled to Document Permanency Actions in CAPS	25 / 25%
I've Struggled to Find Support Services I Can Refer Families (Bio, Kinship, Foster)	36 / 36%
I've Struggled Supporting Families to Manage Child Behaviors Before Placement Disruption	39 /39%

Table 16: 2022 Survey External Barriers (N=99)

External Barriers when Executing Permanency through Concurrent Planning	Respondents Count/Percentage
Challenges with Child and Families	37 / 37%
Challenges Working With Tribes	43 / 43%
Length of Time to Work Through Court Process	47 / 47%
Barriers to Families Completing Treatment Plans	51 / 51%
Foster/Kinship Placement Challenges	64 / 64%

- Depending on how the ninety-nine field workers (CPS/CPSS) participants answered the external barriers to the concurrent planning question, they were then prompted to expand their answers, as follows, in the tables (17-21) below.

  - Foster/Kinship Placement Challenges: Sixty-four respondents were prompted to provide additional information. The respondents could list multiple barriers, and their responses were then categorized as shown below. Two participants did not respond.

Table 17: 2022 Survey Foster/Kinship Placement Challenges (N=62)

External Barriers – Foster/Kinship Placement Challenges	Respondents Count/Percentage
Interstate Compact Placement of Children Delays	41 / 66%
Child Placed in Foster Care that was Never Meant to Serve as Permanent Placement	43 / 69%
Resource Families Lack Skills to Manage Difficult Behaviors or Special Needs	51 / 82%
Lack of Therapeutic Foster Placements	52 / 84%
Lack of Available Placements to Serve as Permanent Placements	57 / 92%

  - Parent(s) Completing Treatment Plans: Fifty-one respondents were prompted to provide additional information. The respondents could list multiple barriers, and their responses were then categorized as shown below. Two participants did not respond.

Table 18: 2022 Survey Parents Treatment Plan Challenges (N=49)

External Barriers – Parent(s) Completing Treatment Plans	Respondents Count/Percentage
Lack of Understanding of Services that are Available to Parents and Resource Parents	10 / 20%
Treatment Facililties Don't Follow Through Connecting With Parents	14 / 29%
Financial Barriers for Parents to Access Treatment Options	19 / 39%
Lack of Available Treatment Services For Families	35 / 71%
Parent Not Willing/Don't Follow Through Participating In Treatment	47 / 96%

  - Court Specific: Forty-seven respondents were prompted to provide additional information. The respondents could list multiple barriers, and their responses were then categorized as shown below. Five participants did not respond.

Table 19: 2022 Survey Court Challenges (N=41)

External Barriers – Court Specific	Respondents Count/Percentage
Motions for Good Cause Not to Petition the Court Not Filed	4 / 10%
Supreme Court Not Ruling on Appeals	8 / 20%
Defense Attorney Advised Parents Not to Begin Treatment Plan	16 / 40%
Appeals	17 / 41%
Changes in Legal Counsel	19 / 46%
Attorneys Not Assigned in a Timely Manner	20 / 49%
Court Not Issuing Orders in a Timely Manner	27 / 66%
Court Continuation of TPR Hearings	29 / 71%

- Tribal Specific: Forty-three respondents were prompted to provide additional information. The respondents could list multiple barriers, and their responses were then categorized as shown below. Six participants did not respond.

Table 20: 2022 Survey Tribal Challenges (N=37)

External Barriers – Tribal Specific	Respondents Count/Percentage
Refusal to Take Over Cases but Dictate what Work Should be Done	2 / 5%
Other: Tribal Court is Slower; Lack of Electronic Records	2 / 5%
Delay Taking Initial Jurisdiction/ Lack of Clarity if they Will Take Over a Case Leading to Delays	6 / 16%
Multiple Placement Movements of Children/Lack of Permanency (From State to ICWA Placement)/Opposed to CFSD Permanency Plan (Guardianship/Adoption by Non-ICWA Families, Opposed to TPR)	9 / 24%
Not Clear Whom to Contact Due to Turnover	10 / 27%
Delays Providing Necessary Information to CFSD (Approvals of Permanency Placements, Kinship Reports, Verification)	16 / 43%
Lack of Response to Communication from CFSD (Not Showing Up for Meetings)	18 / 49%

- Child and Family Needs Specific: Thirty-seven respondents were prompted to provide additional information. The respondents could list multiple barriers, and their responses were then categorized as shown below.

Table 21: 2022 Survey Child and Family Needs Challenges (N=37)

External Barriers – Child and Family Needs Specific	Respondents Count/Percentage
General Lack of Services for Parents	23 / 62%
Parents have Challenges Finding and Maintaining Housing	28 /76%
Lack of Parental Engagement in Case	32 / 86%
Child Behaviors Escalate Leading to Placement Disruptions/Need Placement in Higher-Level of Care	36 / 97%

CFSD identified through the above survey and meeting with staff of different regions that there were both internal and external forces that affect permanency timeliness and outcomes. Some staff reported this included judges in various courts and jurisdictions demanding that reunification remains an identified goal until TPR has been ordered. This sometimes results in reunification remaining as a goal, despite significant indications that reunification is no longer in the best interest of the child(ren). CFSD recognized they could not achieve a better permanency outcome without engaging their Judicial system partners – courts, defense attorneys, county attorneys and the MCIP, in their efforts. Engagement with these partners helped to increase their understanding of the role concurrent planning takes in improving permanency outcomes. Though there is always room to grow, CFSD believes they have partnered with the right judicial champions throughout the state, partnered with their ongoing collaboration with the MCIP and other judicial collaborations, will help CFSD continue to move forward in improving outcomes related to Item 5.

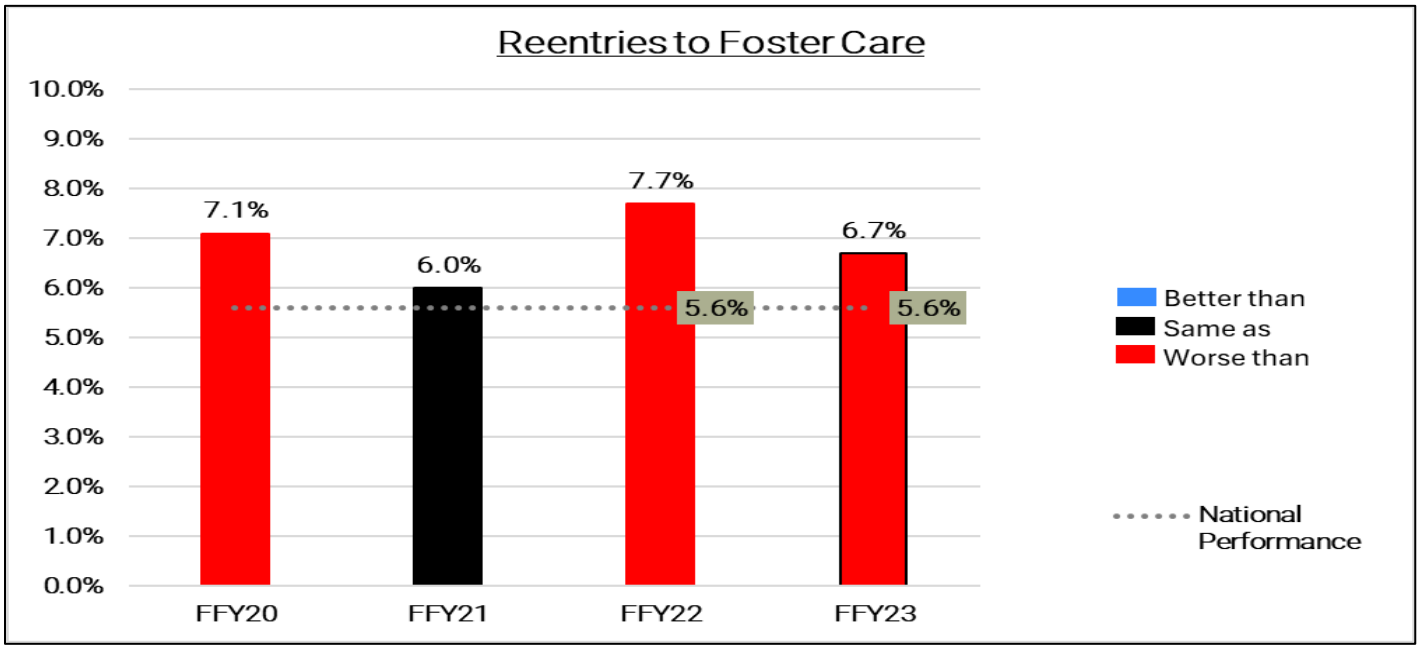
In March 2023, CFSD's CQI team rolled out a training to RAs, Administrative Support Supervisors, CPSS, and CWM specific to appropriate goal setting, documentation, and concurrent planning to improve the appropriate identification of goals. CFSD created a "Permanency Goal Documentation Quick Tip Guide." However, since this was done in the last review period, there has not been a substantial number of reviews to gauge improvement in this area.

Towards the end of the PIP-Monitored Case Review period, CFSD reviewed specific cases that TPR had been granted but the child had not been adopted, to determine if the new concurrent planning procedure was reducing the time to permanency through adoption. From the initial first quarter of data pulled, CFSD was able to determine a reduction of seventy-eight days from TPR to permanency since the institution of the concurrent planning procedure. Without a larger sample to determine if there was direct correlation to this reduction from the implementation of the new procedure, CFSD believed that the new procedure was at least 'in part' helping to reduce the time from TPR to permanency.

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

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

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



Currently, CFSD has had no consistent way of tracking when TPR filing is due, and no way to measure if TPR is filed timely or if exceptions exist due to limitations within the CAPS system. CFSD is addressing this through their SFY25-29 CFSP in Goal 2, and more about these efforts are addressed in Item 23 of this assessment.

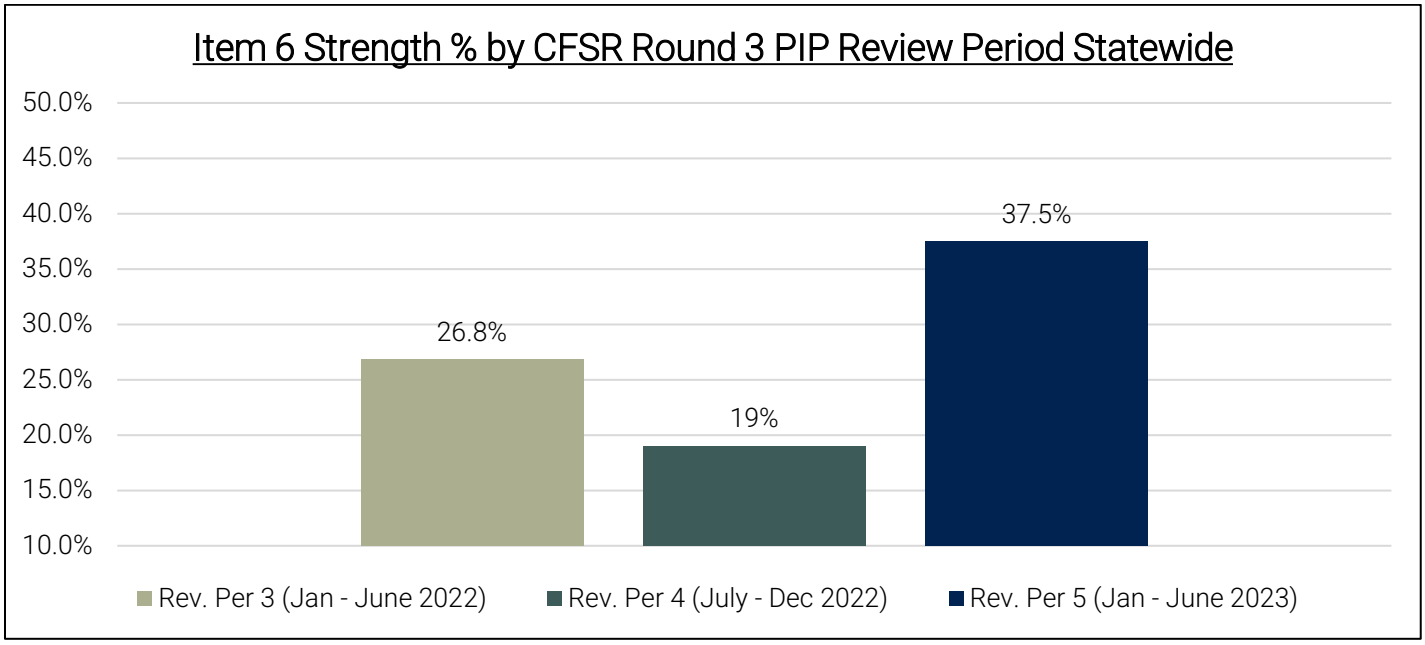
Item 6

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

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

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

Chart 15: Item 6 CFSR-R3 PIP Monitored Case Reviews Data Review Periods 3-5



CFSD's review of administrative data is indicative that on average, CFSD meets the goal of reunification within twelve months or is quite close to that. However, CFSD's timelines for achieving both guardianship and adoption far exceed the standards of eighteen and twenty-four months identified within the OSRI. Because of this, CFSD has continued to focus on barriers to achieving timely permanency and will continue to focus on this, as outlined in CFSD's SFY25-29 CFSP Goal 2. Both supplemental context data and administrative data indicate that rates of achieving permanency within twelve months for entries, children in care twelve-twenty-three months, and those in care twenty-four+ months are higher for white children than AI/AN children. Looking at entry rates combined with kids remaining in care by race, as well as this data, indicates that AI/AN children tend to stay in care longer than white children. Administrative data supports the opinion that this is true for both Tribally managed and State managed cases. Because CFSD has no way to extract ICWA eligibility from CAPS and utilize it within this analysis, CFSD is unable to confirm if this affects children who are ICWA eligible at a higher rate than those who are not, but it is believed to be based on anecdotal evidence through case reviews and other information provided by field staff.

Chart 16: SWDI Data Profile Median Length of Time to Permanency by Outcome SFY22-SFY24

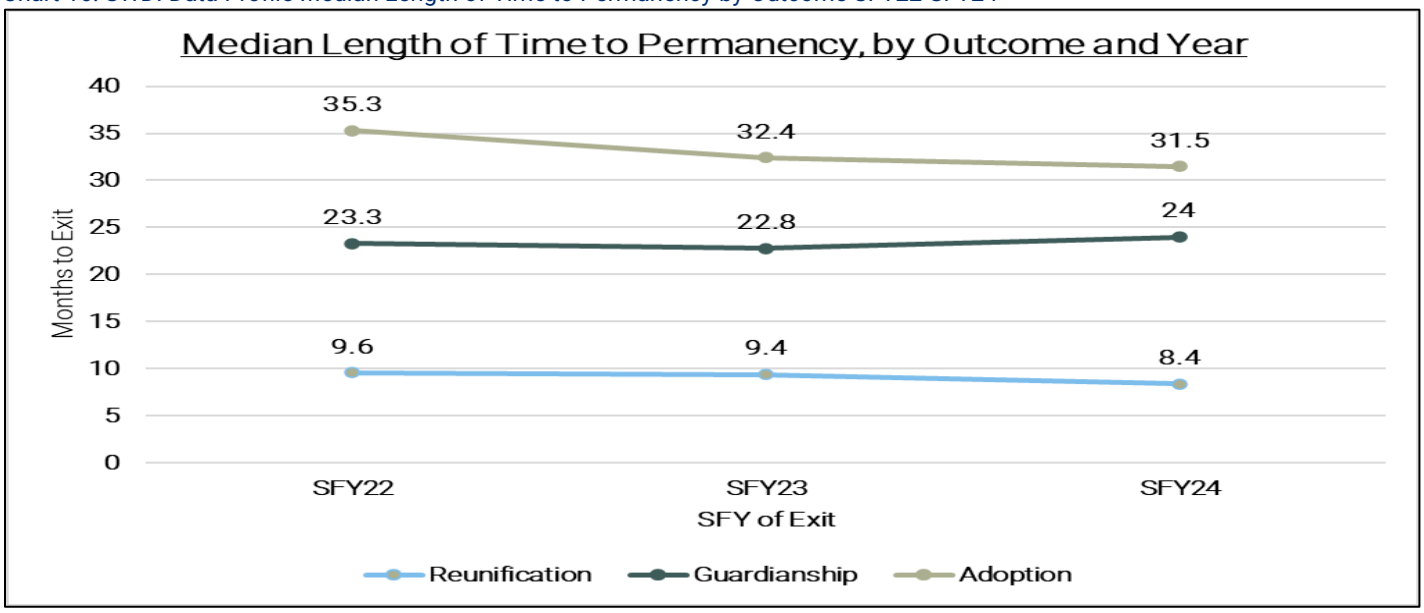


Chart 17: SWDI Data Profile Permanency in 12 Months

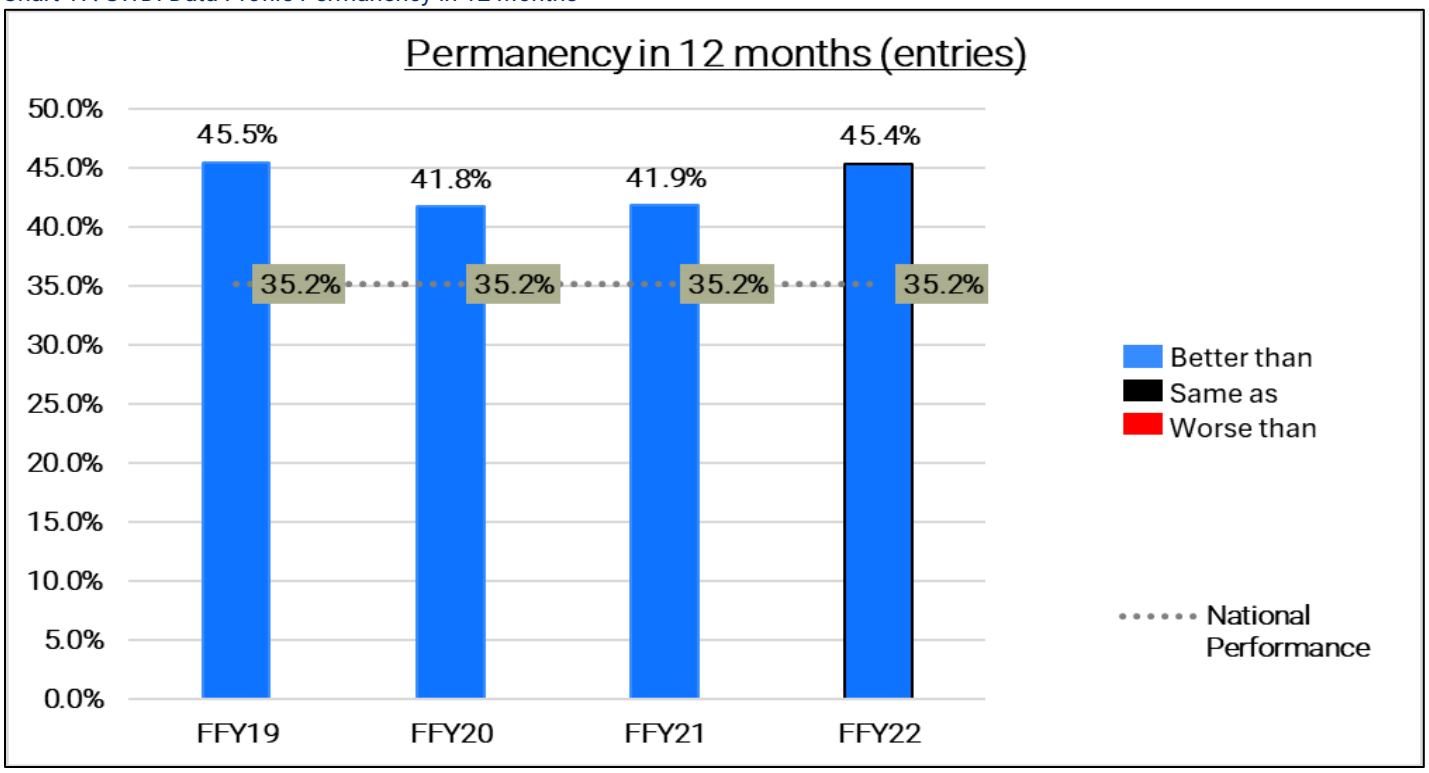


Chart 18: SWDI Data Profile Permanency in 12 Months (12-23 Months)

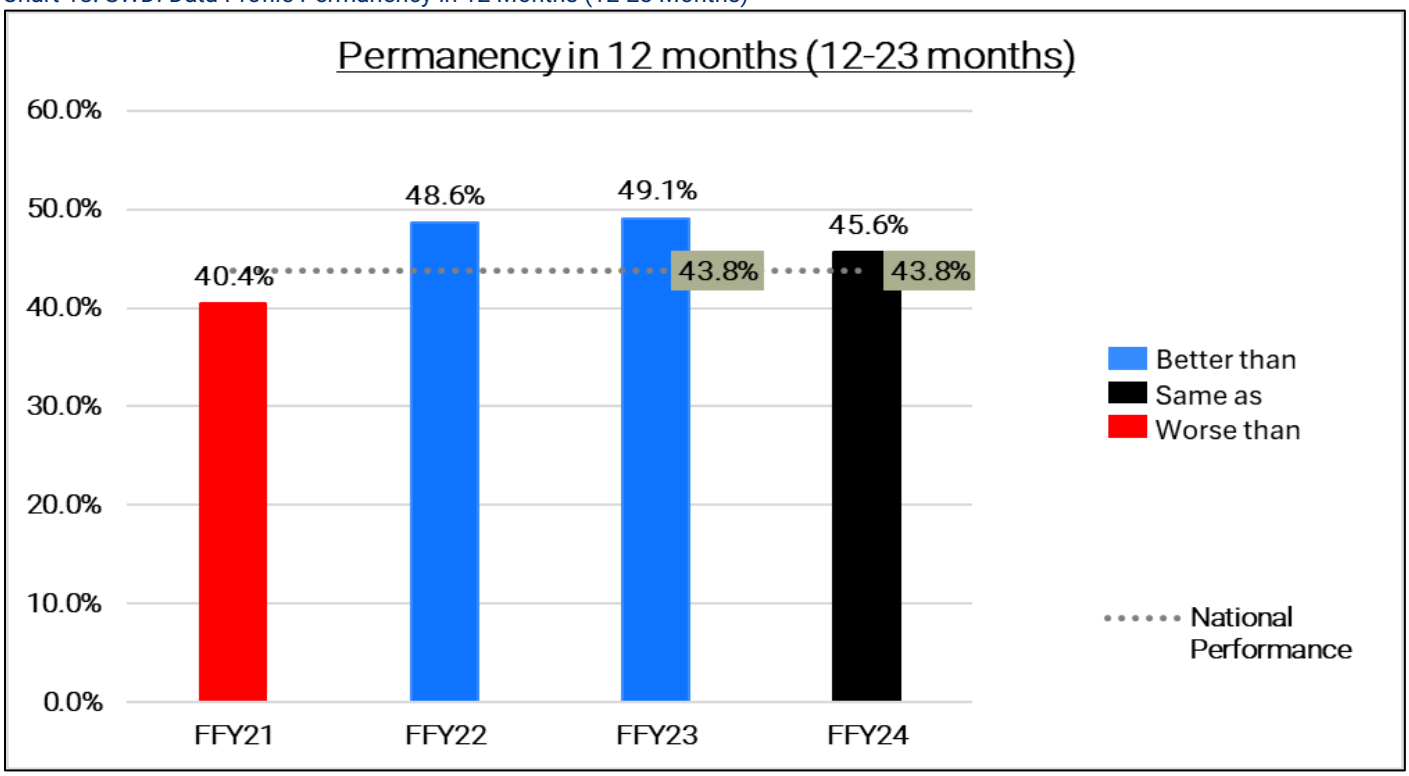
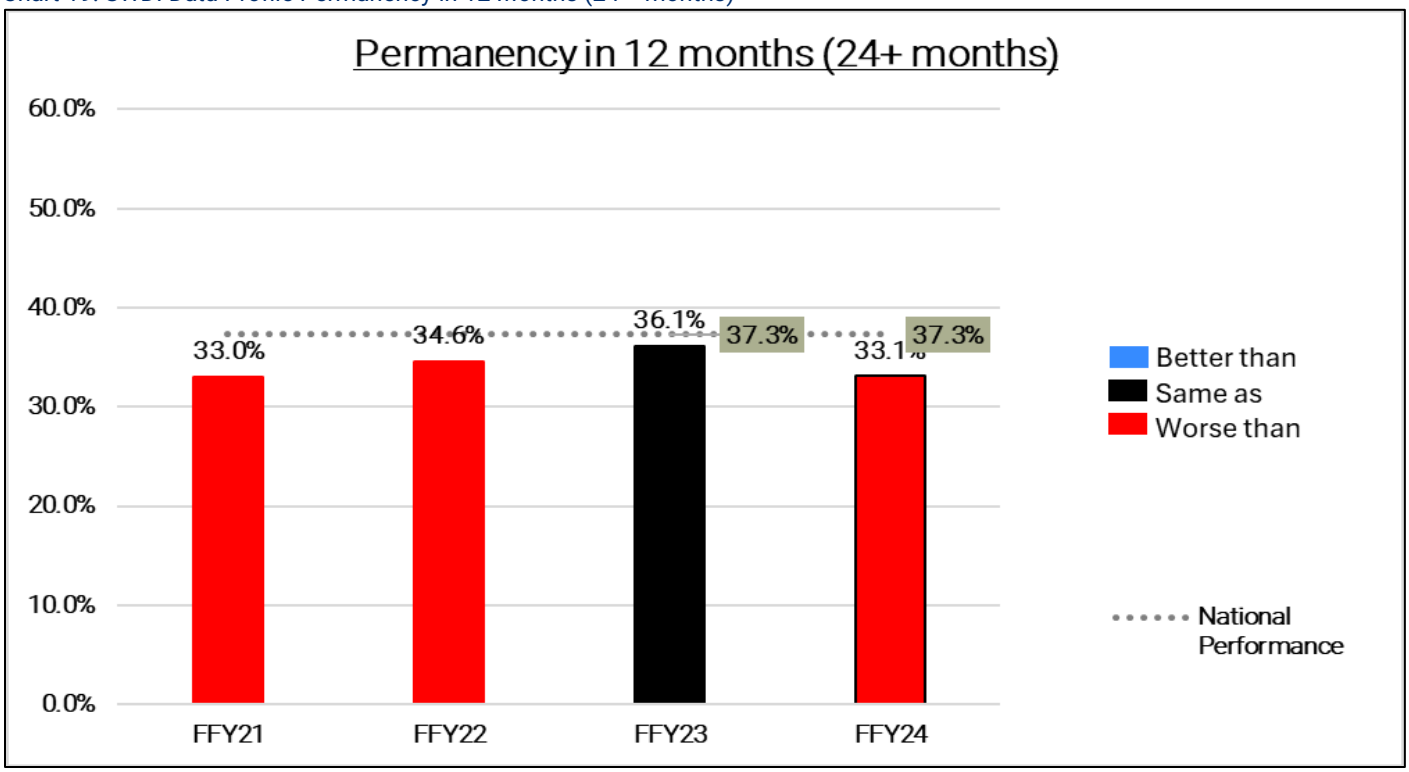


Chart 19: SWDI Data Profile Permanency in 12 Months (24 + months)



2025 CFSD CFSR Round 4 SWA Internal and External Survey

In March of 2025, CFSD surveyed both internal staff and external stakeholders. The following questions were specific to CFSD's internal staff regarding permanency. The survey responses applied to both Item 5 and Item 6 of this assessment. The questions were developed in conjunction with the past 2022 UM-CCFWD Permanency Survey, mentioned previously in Item 5 assessment. These questions were asked by CFSD's internal staff.

- The 147 participants were asked ***"Define permanency in your own words."*** Like the 2022 UM-CCFWD Permanency Survey, CFSD's CQI unit staff categorized the responses. There were two responses that were listed as "Not applicable to their role," and those were left out of the table below.

Table 22: Define Permanency (N=145)

Define Permanency in Your Own Words	Respondents Count/Percentage
A Home for the Child(ren)	29 / 20%
Building Relationships/Family for Child(ren)	19 / 13%
Closure of Case/End of Involvement with the Department	12 / 8%
Long-Term Placement for Child(ren)	17 / 12%
Reunification, Adoption, or Guardianship of the Child(ren)	23 / 16%
Safety and Well-Being of the Child(ren)	17 / 12%
What is in the Best Interest of the Child(ren)	28 / 19%
Grand Total	**145 / 100%**

- The 147 participants were asked, ***"What is the average number of months to achieve permanency, based on categories listed."*** Participants could select from 0-6 months, 7-12 months, 13-18 months, 19-24 months, 25-30 months, 30+ months, or Unsure. Results are as follows in the table below.

Table 23: Average Number of Months to Achieve Permanency (N=147)

Months	Reunification Count / Percentage	Adoption Count / Percentage	Guardianship Count / Percentage
0-6 months	6 / 4%	2 / 1%	4 / 3%
13-18 months	55 / 37%	16 / 11%	41 / 28%
19-24 months	30 /20%	55 / 37%	56 / 38%
25-30 months	5 / 3%	35 / 24%	16 / 11%
30+ months	1 / 1%	22 / 15%	6 / 4%
7-12 months	38 / 26%	1 / 1%	8 / 5%
Unsure	12 / 8%	16 / 11%	16 / 11%
Grand Total	**147 / 100%**	**147 / 100 %**	**147 / 100%**

- The 147 participants were asked, ***"Are you aware of a time in the past twelve months in which CFSD kept a permanency goal on file (such as reunification, guardianship, or adoption) that was ruled out as a viable option for the child?*** Results are as follows in the table below.

Table 24: Awareness of Permanency Goals No Longer Viable (N=147)

Internal - Awareness of Permanency Goals No Longer Viable Within Past 12 Months	Respondents Count / Percentage
No	113 / 77%
Yes	34 / 23%
Grand Total	**147 / 100%**

- The respondents who answered "Yes" to the above question, were then asked, ***"Provide an example with a short description of factor(s) leading to CFSD maintaining a non-viable permanency goal on file for a child."*** CFSD CQI staff categorized the answers into the eight categories that best described their open-ended answers. Results are as follows in the table below.

Table 25: Examples of Non-Viable Permanency Goals (N=33)

Internal - Examples of Non-Viable Permanency Goals on File Within the Last 12 Months	Respondents Count / Percentage
Court Barriers/Delays	5 / 15%
Family Unable to Meet Child's Extensive Needs	4 / 12%
Lack of Available Placements	6 / 18%
Lack of Concurrent Planning	5 / 15%
Lack of Parental Engagement in Completion of Treatment Plan	4 / 12%
Reunification Kept as Primary Permanency Goal Even Though Not Viable	4 /12%
Working with Tribes	3 / 9%
Licensing	2 / 6%
Grand Total	**33 / 100%**

- The 147 participants were asked, ***"Reflect on what you consider to be the most pressing internal barrier you have experienced in executing permanency goals/plans in cases?"*** Participants could select from the top eight categories listed in the table below, and the twenty-eight 'Other' responses were categorized by CQI staff and are indicated by the word "Other" listed in the table below. There were eleven responses that were listed as "not applicable to their role" and those were left out of the table below.

Table 26: Internal Barriers in Executing Permanency Goals/Planning (N=136)

Internal – Internal Barriers Experienced in Executing Permanency Goals/Planning in Cases	Respondents Count / Percentage
I've Lacked Knowledge About Permanency	7 / 5%
I Have Been Unclear on the Steps of Concurrent Planning	4 / 3%
I Lack Time to Develop/Foster Relationships with Community Resources for Referrals	9 / 7%
I Left MCAN Aware of Permanency, and I Needed More Support to Implement in the Field	10 / 7%
I've Struggled to Define Permanency to Families (biological/foster/adoptive)	1 / 1%
I've Struggled to Find Support Services I Can Refer Families to (Bio/Kinship/Foster)	48 / 35%
I've Struggled with Supporting Families to Manage Child Behaviors Before Placement Disruptions.	23 / 17%
My Time is Focused Only on Work Towards One Permanency Goal	17 / 13%
Other - Parental Engagement Prior to Court	3 / 2%
Other - Case Variables	2 / 1%
Other - Time Related to Court Process	2 / 1%
Other - Staff Turnover/Manageable Caseloads	4 / 3%
Other - Timely Completion of Paperwork	2 / 1%
Other - All Listed on Initial List	4 / 3%
Grand Total	136 / 100%

- The 147 participants were asked, ***"Reflect on what you consider to be the most pressing external barrier you have experienced in executing permanency goals/plans in cases?"*** Participants could select from the top eight categories listed in the table below, and the twenty-eight 'Other' responses were categorized by CQI staff and are indicated by the word "Other" below. There were nineteen responses that were listed as "not applicable to their role," and those were left out of the table below.

Table 27: External Barriers Experienced in Executing Permanency Goals/Planning (N=128).

Internal - External Barriers Experienced in Executing Permanency Goals/Planning in Cases	Respondents Count / Percentage
After Attending Training, I Lack Time to Get Support, Ask Questions, Review Content, and Practice Skills	2 / 2%
Current Training Does Not Provide Sources to Transfer Learning into the Field	7 / 5%
I Lack Uninterrupted Time to Attend Training to be Present in Learning Opportunities	4 / 3%
My Caseload is too High to Attain all the Needed Skills	8 / 6%
Service Accessibility or Gaps for Children and Families	20 / 16%
Time Related to Court Process	48 / 38%
Working with Children and Families	2 / 2%
Working with Foster/Kinship Placements	6 / 5%
Working with Parent(s) Completing Treatment Plan	15 / 12%

Internal - External Barriers Experienced in Executing Permanency Goals/Planning in Cases	Respondents Count / Percentage
Working with Tribes	14 / 11%
Documentation/Paperwork	1 / 1%
Other - All Listed on Initial List	1 / 1%
Grand Total	128 / 100%

- The 147 participants were prompted to expand upon their categorized answers as they applied to the question above. Participants were asked, ***"As it pertains to permanency, expand upon the barriers specific to the category you selected in the previous question."*** The following tables capture the responses specific to the categories listed in the chart above.

  - Working with Kinship/Foster Placements: Six participants were prompted to choose from: Lack of available foster placements to serve as permanency placements; Lack of therapeutic foster placements; Resource families lack skills to manage difficult behaviors or special needs; Child was placed in foster care never meant to serve as a permanent placement so the child must be moved; ICPC delays; Delays in adoption packet paperwork completion; Length of time for tribal licensed foster homes to be approved for adoption/guardianship; or Other.

Table 28: 2025 Survey Barriers with Kinship/Foster Placements (N=6)

Internal - Barriers to Permanency Goals/Planning Related to Working with Kinship/Foster Placements	Respondents Count / Percentage
Resource Families Lack Skills to Manage Difficult Behaviors or Special Needs	1 / 17%
Delays in Adoption Packet Paperwork Completion	1 / 17%
Lack of Available Foster Placements to Serve as Permanent Placements	4 / 67%
Grand Total	6 / 100%

  - Parents Completing Treatment Plans: The fourteen participants were prompted to choose from: Parent not willing or don't follow through to participate in treatment; Lack of available treatment services for families; Financial barriers to parents to access treatment options; Treatment facilities don't follow through connecting with parents; Lack of understanding of services that are available to parents and resource parents; or Other.

Table 29: 2025 Survey Barriers with Parents Treatment Plan Challenges (N=14)

Internal - Barriers to Permanency Goals/Planning Related to "Parents Completing Treatment Plans"	Respondents Count / Percentage
Financial Barriers to Parents to Access Treatment Options	1 / 7%
Ensuring Parents are Completing Necessary Tasks in a Timely Manner	1 / 7%
Parent Not Willing or Doesn't Follow Through with Treatment	12 / 86%
Grand Total	14 / 100%

  - Court Specific: The forty-one participants were prompted to choose from: Courts continuation of TPR hearings; Court not issuing orders in a timely manner; Attorneys not assigned in a timely manner; Changes in legal counsel; Lack of understanding of services that are available to parents and resource parents; Appeals; Defense attorneys advise parents not to begin treatment plan; Supreme Court not ruling on appeals; Motions for good cause not to petition the court not filed; or Other.

Table 30: 2025 Survey Court Challenges (N=41)

Internal - Barriers to Permanency Goals/Planning Related to Court	Respondents Count / Percentage
Changes in Legal Counsel	1 / 2%
Affidavits/Paperwork Timelines	1 / 2%
Attorneys or Lack of Services/Participation to Address Barriers	1 / 2%
Engagement in Change	1 / 2%
All Listed	1 / 2%

Internal - Barriers to Permanency Goals/Planning Related to Court	Respondents Count / Percentage
Attorneys Not Assigned Timely	1 / 2%
Court Hearing Continuances	2 / 5%
Appeals	3 / 7%
Court Extensions when Case Meets Adoption and Safe Families Act (ASFA) Requirements	4 / 10%
Courts Continuation of TPR Hearings	12 / 29%
Court Not Issuing Orders Timely	14 / 34%
Grand Total	41 / 100%

- Tribal Specific: The twelve participants were prompted to choose from: Lack of response to communication from CFSD; Delays providing necessary information to CFSD (approvals of permanency placements, kinship reports, verification); Not clear whom to contact due to turnover; Multiple placement movements of children/lack of permanency (from state to ICWA placement); Opposed to CFSD permanency plan (guardianship/adoption by non-ICWA families, opposed to TPR; Delay taking initial jurisdiction; Lack of clarity if they will take over a case leading to delays; Not assuming jurisdiction but want decision making authority in cases; Refusal to take over cases but direct what work should be done; Tribal court is slow; Lack of electronic records; or Other.

Table 31: 2025 Survey Tribal Challenges (N=12)

Internal - Barriers to Permanency Goals/Planning Related to Tribal Relations Specific	Respondents Count / Percentage
Delays Providing Necessary Information to CFSD (Approvals of Permanency Placements, Kinship Reports, Verification)	1 / 8%
Not Assuming Jurisdiction but Want Decision Making Authority in the Case	1 / 8%
All Listed	1 / 8%
Multiple Placements of Children/Lack of Permanency (From State to ICWA Placement)	1 / 8%
Lack of Communication from CFSD	1 / 8%
Tribal Court is Slow	1 / 8%
Tribal Staff Turnover	1 / 8%
Opposed to CFSD Permanency Plan (Guardianship/Adoption by Non-ICWA Families, Opposed to Termination of Parental Rights)	5 / 42%
Grand Total	12 / 100%

- Children and Family's Needs Specific: The two participants were prompted to choose from: Children's behaviors escalate leading to placement disruptions/need to be placed in a higher level of care; Lack of parental engagement in case; Parents have challenges finding and maintaining housing; General lack of services for parents; or Other.

Table 32: 2025 Survey Children and Family Needs Challenges (N=2)

Internal - Barriers to Permanency Goals/Planning Related to Children and Family's Needs Specific	Respondents Count / Percentage
Lack of Parental Engagement in Case	1 / 50%
Parents have Challenges Finding and Maintaining Housing	1 / 50%
Grand Total	2 / 100%

- Service Availability and Gaps: The fifteen participants were prompted to choose from: Treatment Services - no immediate openings when parents are ready; No inpatient or outpatient beds; No evaluation services or months of waiting time for an evaluation; No sober living that allows children; Lack of mental health providers -no providers; No providers with openings; Evaluations are booked six months ahead; Providers won't take Medicaid; No medication management services; No case management providers; Rurality - length of time to the provider; No providers in the county (i.e., no parenting class or job training); General lack of services - long waitlists working against the urgency of the situation/parents' need for change; Services not available during hours that work with families' schedules; Housing - lack of affordable housing;

Transportation - families lack transportation; General lack of funding for parent services; Lack of communication between CFSD and service providers, Lack of childcare that accepts best beginnings scholarships, Desire for peer mentors for parents; or Other.

Table 32: Barriers to Service Availability (N=15)

Internal - Barriers to Permanency Goals/Planning Related to Service Availability and Gaps in Services	Respondents Count/ Percentage
Housing	1 / 7%
Treatment Services	1 / 7%
Other	1 / 7%
Lack of Mental Health Providers	2 / 13%
Rurality	5 / 33%
Lack of Services	5 / 33%
Grand Total	**15 / 100%**

- The 147 participants were asked, ***"Do you believe CFSD staff engagement with parents (i.e. monthly contacts, case planning, formal and informal assessments) are contributing to timeliness of permanency for children?*** Results are as follows in the table below.

Table 33: Engagement with Parent(s) Contributing to Permanency (N=147)

Internal - Engagement with Parents Contributes to Timeliness of Permanency for Children	Respondents Count/ Percentage
No	21 / 14%
Yes	126 / 86%
Grand Total	**147 / 100%**

- The 147 participants were asked, ***"What do you believe is the biggest contributing factor to more timely permanency for children?"*** This was an open-ended question, therefore the results were analyzed and categorized by CFSD's CQI unit. There were twelve responses that were listed as "not applicable to their role" and those were not reflected in the table below.

Table 34: Contributing Factors to Permanency (N=135)

Internal - Contributing Factors to Achieving Timely Permanency	Respondents Count / Percentage
Efficiency with Timelines/Documentation	3 / 2%
Placement Availability	4 / 3%
Staff Retention/Training	5 / 4%
Manageable Caseloads	7 / 5%
Communication/Collaboration	8 / 6%
Service Availability	11 / 8%
Concurrent Planning	26 / 19%
Timely Court Hearings, Orders, and Following ASFA Guidelines	27 / 20%
Parental Engagement with Caseworker, Services, and Case Plan	44 / 33%
Grand Total	**135 / 100%**

- The 147 participants were asked, ***"Are you aware of a time when CFSD did not refer a child for an adoptive home search because TPR had not been court ordered?"*** Results are as follows in the table below.

Table 35: Delays in Searching for Adoptive Homes (N=147)

Internal - CFSD Not Searching for Adoptive Home Until TPR Ordered	Respondents Count / Percentage
No	124 / 84%
Yes	23 / 16%
Grand Total	147 / 100%

- The participants who responded "Yes" to the above question, were then asked, ***"Do you believe the policy of CFSD is to not start an adoption home search until TPR has been court ordered?***Results are as follows in the table below.

Table 36: CFSD Policy on Searching for Adoptive Homes (N=23)

Internal – CFSD Policy to Not Search for Adoptive Home Until TPR has been Court Ordered	Respondents Count/ Percentage
No	19 / 83%
Yes	4 / 17%
Grand Total	23 / 100%

- The 147 participants were asked, ***"Are you aware of a time when CFSD did not pursue TPR due to lack of adoptive home resources for a child?"*** Results are as follows in the table below.

Table 37: Not Pursuing TPR Due to Lack of Adoptive Homes (N=147)

Internal - CFSD Not Pursuing TPR Due to Lack of Adoptive Home Resources	Respondents Count/ Percentage
No	118 / 80%
Yes	29 / 20%
Grand Total	147 / 100%

- The 147 participants were asked, ***"Are there additional training, resources, or supports you would like to have to help support your efforts in meeting permanency goals?"*** This was an open-ended question, therefore the results were analyzed and categorized by CFSD's CQI unit, as reflected in the table below.

Table 38: Permanency Goal Training Needs (N=147)

Internal - Additional Training, Resources, and Support Staff Would Like to Support Efforts in Meeting Permanency Goals	Respondents Count/Percentage
Resources: Mediation with Legal Representation	1 / 1%
Resources: More Staff/Positions Focus on Family Finding and Concurrent Planning	1 / 1%
Support: Adoption Circulation/Resources	1 / 1%
Support: Communication between CPS and RFS	1 / 1%
Support: Communication with Courts Regarding How Court Delays Impact Permanency	1 / 1%
Support: Working with Tribes	1 / 1%
Training: Annual Training on Implementing Permanency/Concurrent Planning	1 / 1%
Training: Computer/Technology Training Updates	1 / 1%
Training: Crisis Intervention	1 / 1%
Training: Impact of Trauma	1 / 1%
Training: Legislation and Impact on Work	1 / 1%
Training: Motivational Interviewing	1 / 1%
Training: Parent Child Visitation, Car Seats, Winter Readiness	1 / 1%

Internal - Additional Training, Resources, and Support Staff Would Like to Support Efforts in Meeting Permanency Goals	Respondents Count/Percentage
Training: Teacher/Service Providers on Impact of Abuse on Children (ex: Drug Exposure)	1 / 1%
Training: Virtual Training Options	1 / 1%
Training: Working with Tribes	1 / 1%
Resources: Diligent Search/Placement Stability	1 / 1%
Resources: Service Availability	3 / 2%
Support: Efficient Documentation and Reduce Paperwork	3 / 2%
Resources: Recruitment and Retention of Foster Homes	4 / 3%
Resources: Foster/Adoption/Guardianship Support and Services to Meet Children's Needs	6 / 4%
Resources: More Staff/Staff Retention/Manageable Caseloads	6 / 4%
Training: Courts/County Attorney/Agency Staff on implementing Permanency and ASFA Guidelines	8 / 5%
Training: Annual Training/Refreshers on Implementing Permanency/Concurrent Planning	19 / 13%
Unknown or No Additional Training, Resources, or Support Needed to Support Efforts in Meeting Permanency Goals	80 / 54%
Grand Total	147 / 100%

- The 147 participants were asked, ***"What do you believe is the expected timeline for when 'Concurrent Planning' begins in a case?"*** Results are as follows in the table below.

Table 39: Concurrent Planning Timelines (N=147)

Internal - Concurrent Planning Begins	Respondents Count / Percentage
90+ Days Post Removal	5 / 3%
Case Transferred to Ongoing	8 / 5%
30 Days Post Removal	9 / 6%
Unsure	9 / 6%
Upon Removal	116 / 79%
Grand Total	147 / 100%

- The 147 participants were asked, ***"After a child is removed, what do you believe is the expected timeline for CFSD to send the 'Relative Notification Letter' to the family?"*** Results are as follows in the table below.

Table 40: Relative Notification Timelines (N=147)

Internal - Relative Notification Sent to Families Timeline	Respondents Count / Percentage
90+ Days Post Removal	1 / 1%
Unsure	14 / 10%
30 Days Post Removal	21 / 14%
Case Transferred to Ongoing	24 / 16%
Upon Removal	87 / 59%
Grand Total	147 / 100%

- The 147 participants were asked, ***"Which resources from the list provided are needed to best support the implementation of concurrent planning in the field? Rank the options below from most impactful to least impactful."*** Participants could choose from: The parent(s) immediate family involvement; Family Engagement Meetings; Diligent Search efforts as defined in procedure; My supervisor; Tribes (ICWA Specialist); Permanency Planning Specialist; Community service providers; MCAN course material; Shadowing court hearings; and Foster Care Review Committee. The answers were compiled to reflect the top three, as shown in the table below.

Table 41: Three Impactful Supports for Concurrent Planning (N=147)

Internal - Top Three Impactful Supports for Concurrent Planning	Respondents Count / Percentage
The Parent(s)/Immediate Family Involvement	117 / 80%
Family Engagement Meetings	58 / 39%
Diligent Search Efforts	40 / 27%
Grand Total	147 / 100%

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

During the CFSR Round 3 (2017) SWA, CFSD's State Outcome Performance for Permanency Outcome 2 (Items 7, 8, 9, 10 and 11) was rated as not in substantial conformity, receiving an overall rating of Area Needing Improvement because the item was substantially achieved in only 63% of the forty cases reviewed at the time.

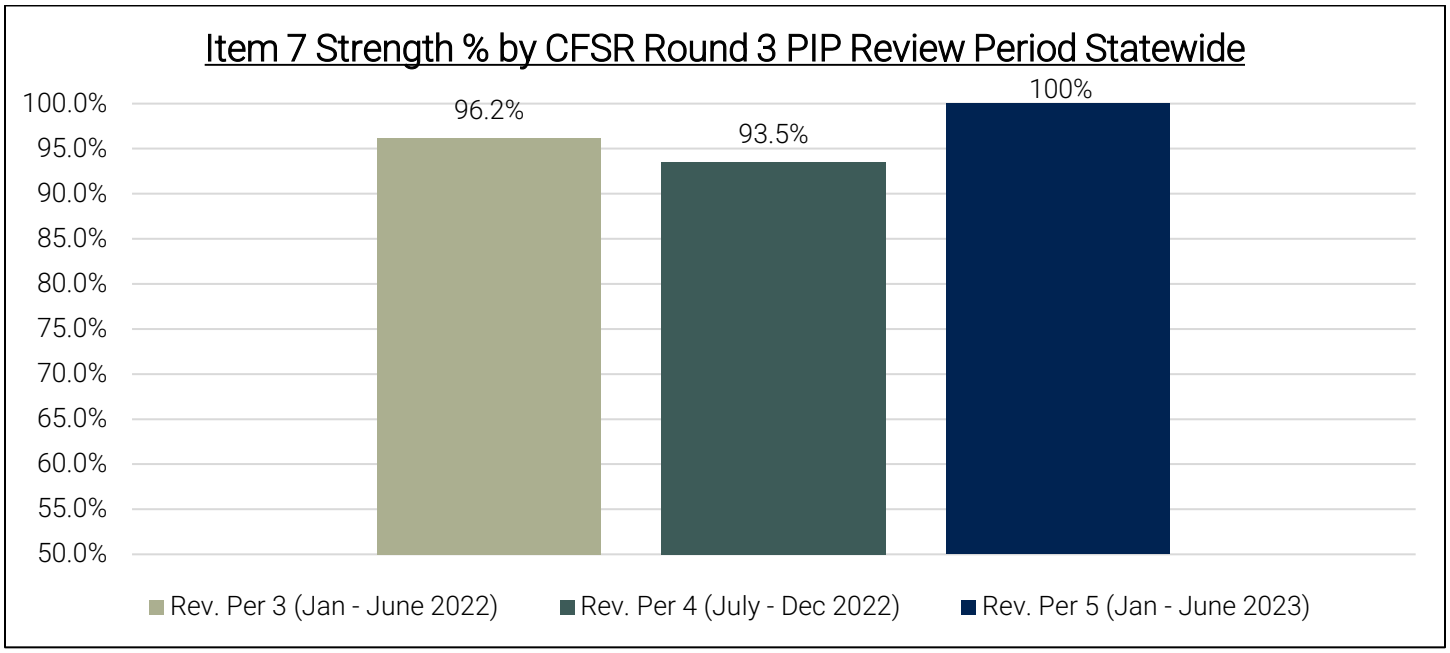
Item 7

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

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

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

Chart 20: Item 7 CFSR-R3 PIP Monitored Case Reviews Data Review Period 3-5



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

following policies and procedures:

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

CFSD does not have administrative data to identify the frequency of siblings placed together at this time. There is not a significant amount of internal case review data that has been collected since the end of the PIP-Monitored Case Reviews. However, the case review data collected previously showed that CFSD makes strong efforts to ensure that siblings in foster care are placed together unless it is not possible, or not in the best interests of the child(ren). Most often, when siblings are not placed together, it is due to children being placed with their birth father, or paternal relatives, or if one of the siblings needs a higher level of care that cannot be met by the foster parents of the other children.

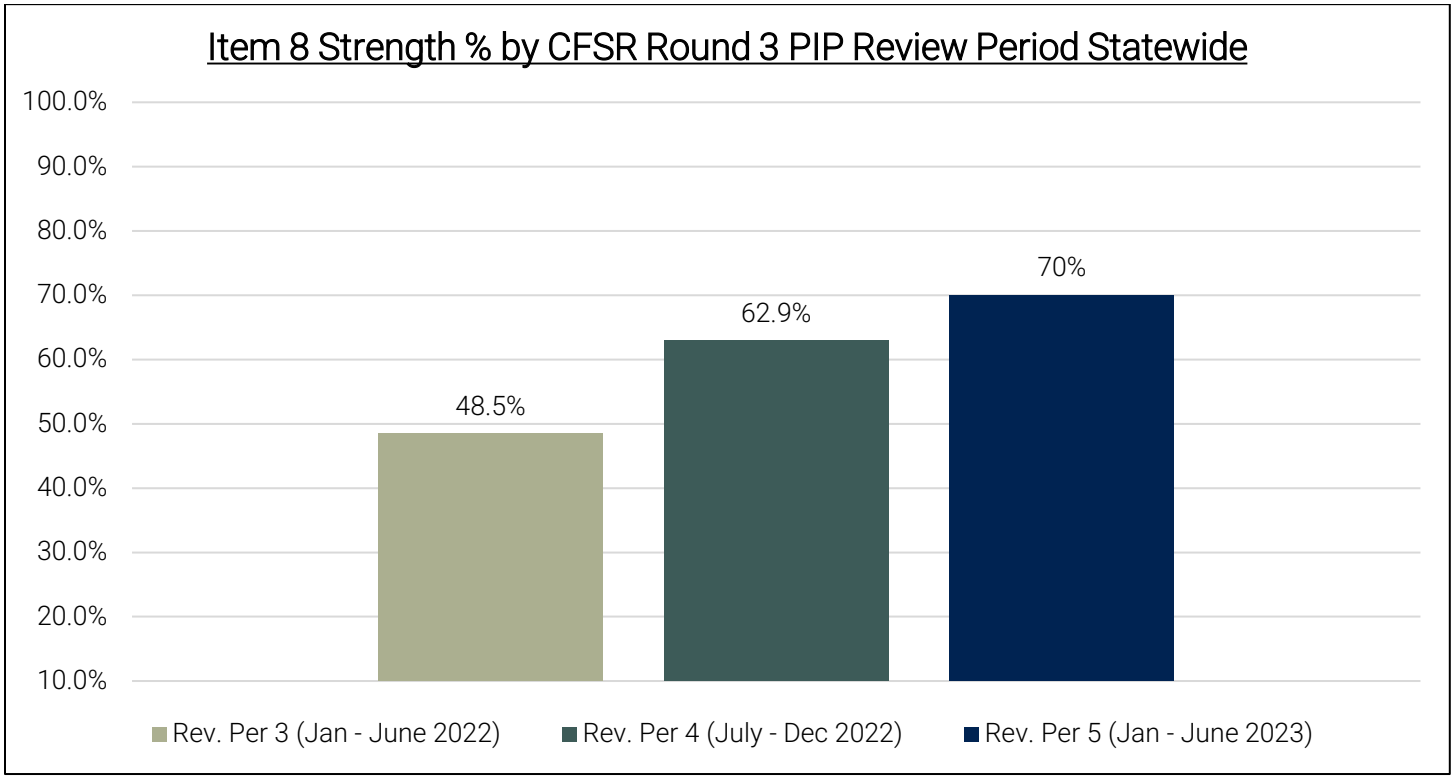
Item 8

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

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

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

Chart 21: Item 8 CFSR-R3 PIP Monitored Case Reviews Data Review Period 3-5



Though not a specific item from the CFSR Round 3 PIP goals, strategies and key activities, CFSD still made the following efforts to support this overall Item outcomes:

- Updated the Visitation Between Child and Parents, Siblings, etc. procedure CFSD Visitation Procedure.
- Increased numbers across the state providing visitation services, with a focus on agencies being trained in evidence-based or promising visitation models (such as Visit Coaching). More about this is outlined in Item 29.

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

CFSD recognizes that utilizing a combination of contractors, foster parents and/or family members to supervise visitation has led to an insufficient and/or unknown frequency of visitation, and unknown quality of visitation anecdotally. CFSD does not have administrative data to further support performance on this measure.

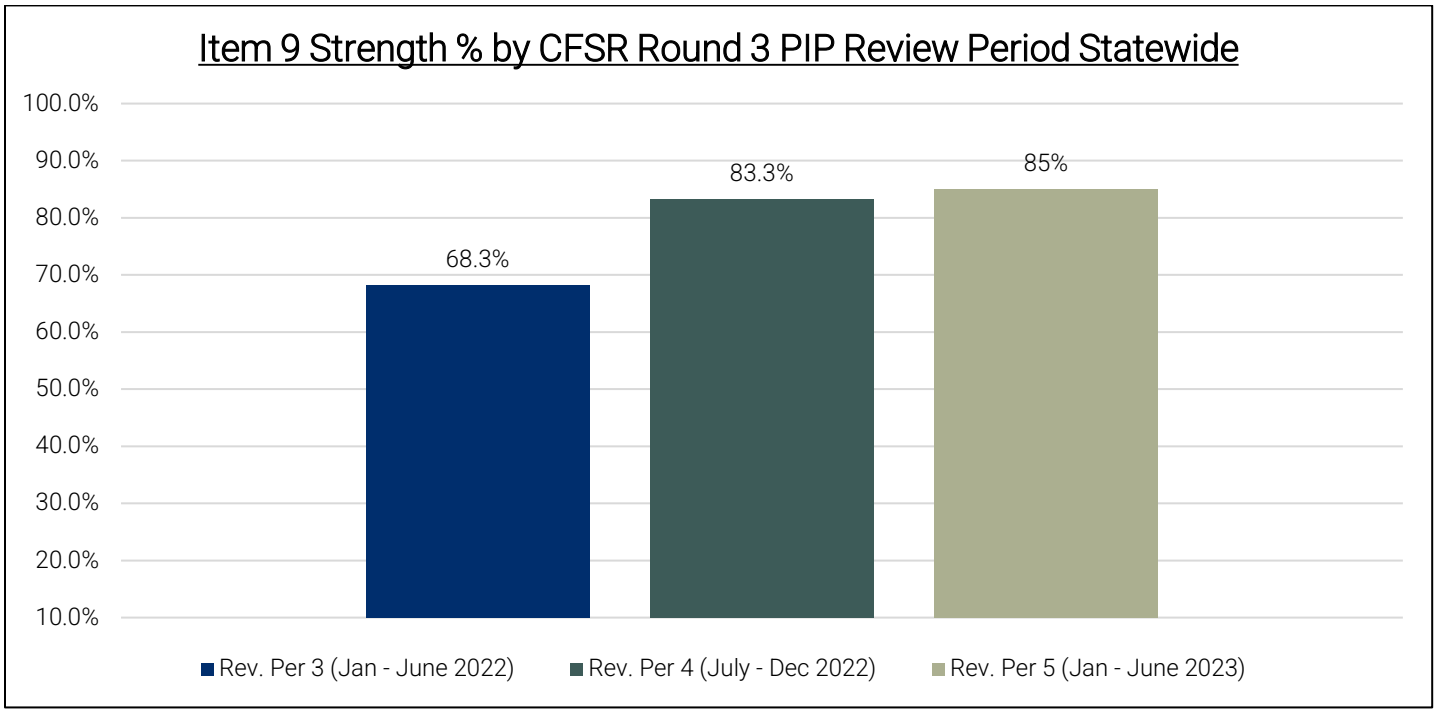
Item 9

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

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

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

Chart 22: Item 9 CFSR-R3 PIP Monitored Case Reviews Data Review Period 3-5



During the CFSR Round 3 PIP-Monitored period, as discussed in Item 5, CFSD provided multiple trainings to field and leadership staff regarding permanency goals and planning, with an emphasis on permanency goals also relating to maintaining connections for a child in social elements, as shown below:

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

I

During, and since, the CFSR Round 3 (2017), CFSD has focused on the importance of these social elements by bringing in special speakers at CFSD's annual spring Prevent Child Abuse and Neglect Conference (PCAN) in 2021-2023. This included in 2023, a Montana Tribal member sharing multiple ways CFSD, and other community members, can support Tribal connections and traditions within visitation time.

CFSD has never formally captured the social elements above in their ongoing assessments. In 2024, CFSD included a section to address the child's important relationship and social elements listed above in the FCP, which was further discussed in Item 3 of this assessment.

Additionally, in SFY25, additional training in ongoing case management was added to the CFSD's training for caseworkers and supervisors, as outlined in Item 26 and 27 of this assessment.

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

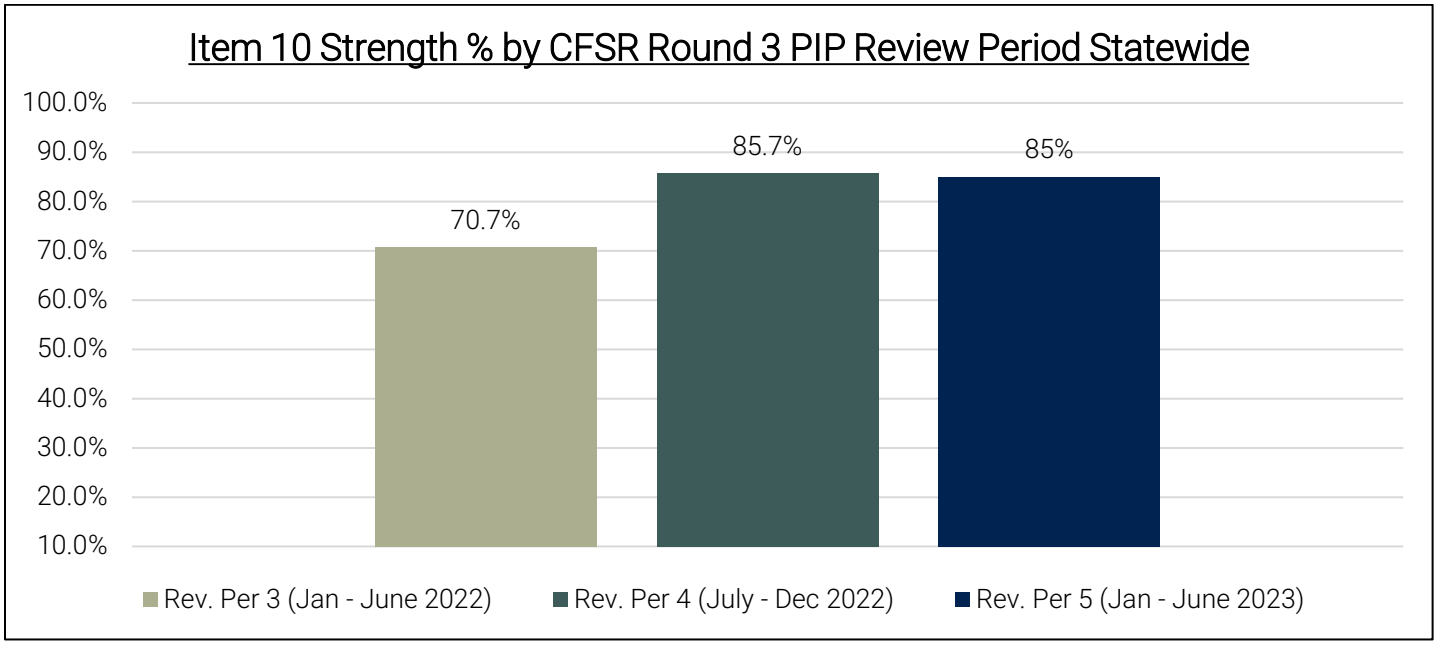
Item 10

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

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

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

Chart 23: Item 10 CFSR-R3 PIP Monitored Case Reviews Data Review Period 3-5



During the last three review periods of the CFSR Round 3 PIP-Monitored Case Reviews, CFSD only had one case that had an Area Needing Improvement due to concerns with the existing relative placement, and the remaining Area Needing Improvement on applicable cases were due to lack of effort to identify, locate, inform, or evaluate both maternal and paternal relatives. In the cases in which diligent search efforts were evaluated, there were concerns in a minimum of 75% of the cases evaluated in every single diligent search area. Diligent search efforts and access to resource tools are not consistent across the state. CFSD does keep a 'Close Relative Registry' in which adults are able to contact CI and be added to the Close Relative Registry with contact information and their specific relationship to any child in Montana, so that if that child comes into care, that relative will be readily identified and can be contacted. However, the timing and accessibility of checking this registry is also inconsistent across the state.

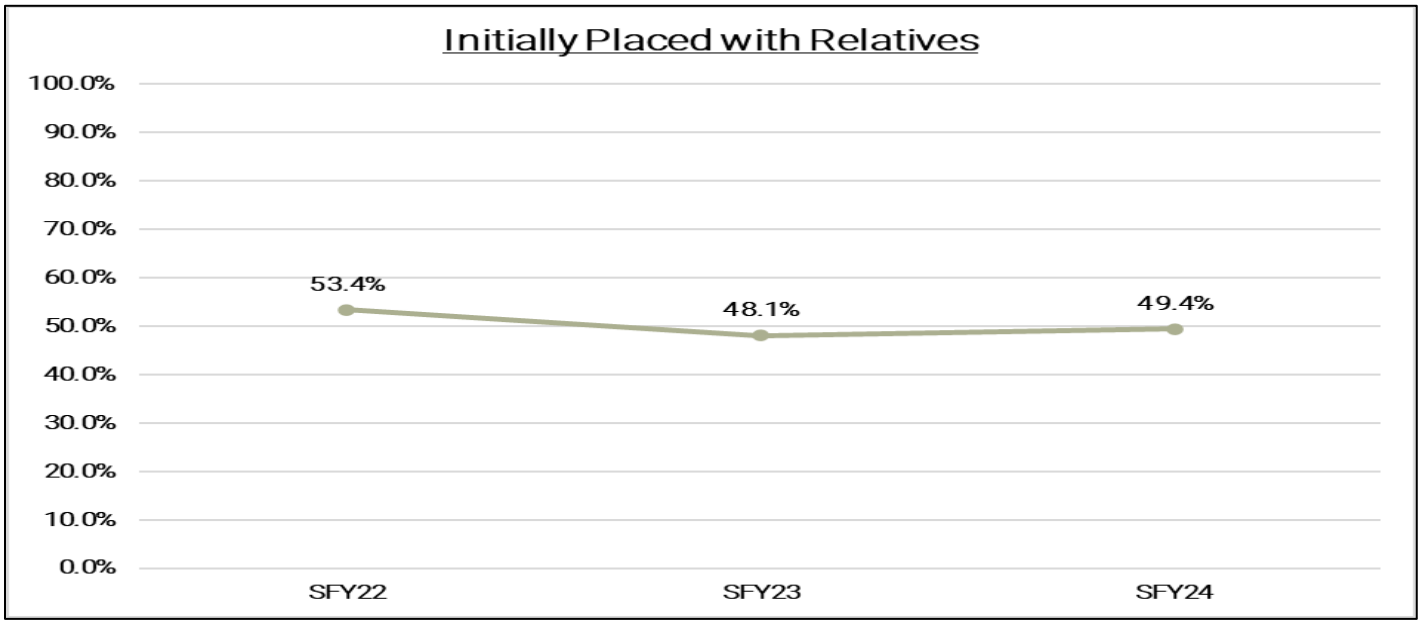
In April 2021, while not tied to a specific PIP-Monitored goal, strategy or activity, CFSD examined the need for more standardized practice in diligent search efforts, and added the steps and the resource tools into updated procedure 'Concurrent Planning: Preserving Connections while Defining Permanency Options' which can be found: CFSD Concurrent Planning Procedure Hyperlink.

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

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

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

Chart 24: CFSD Relative Placement Data



In SFY24, CFSD implemented a process to use a provisional license for kinship placements to ensure they are receiving foster care maintenance payments to support caring for the child(ren) placed with them while completing their licensing requirements (paperwork, training, safe study, etc.). CFSD believes this process will also increase kinship placement for children in foster care.

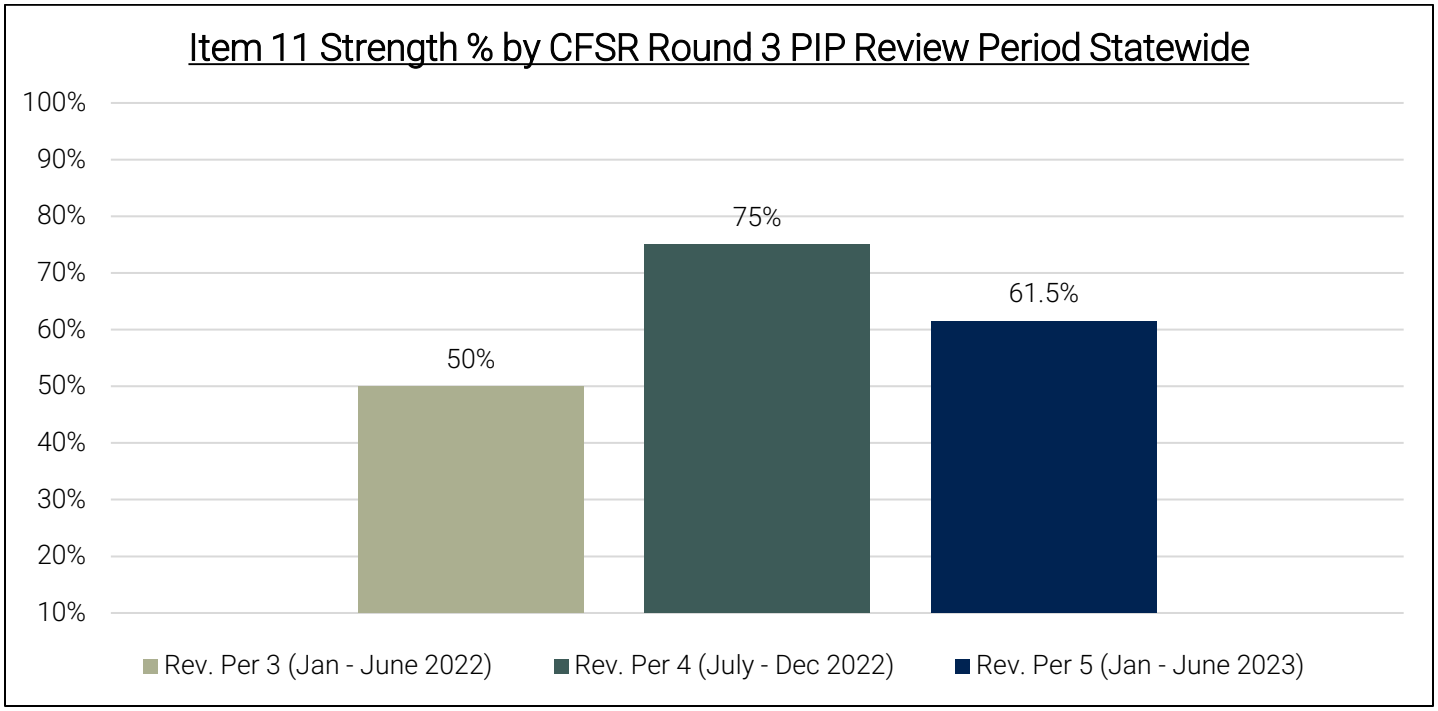
Item 11

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

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

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

Chart 25: Item 11 CFSR-R3 PIP Monitored Case Reviews Data Review Period 3-5



Wellbeing Outcomes 1, 2, and 3

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

During the CFSR Round 3 (2017) SWA, CFSD's State Outcome Performance for Well-being Outcome 1 (Items 12, 13, 14, and 15) was rated as not in substantial conformity, receiving an overall rating as an Area Needing Improvement because the item was substantially achieved in only 34% of the sixty-five cases reviewed at the time.

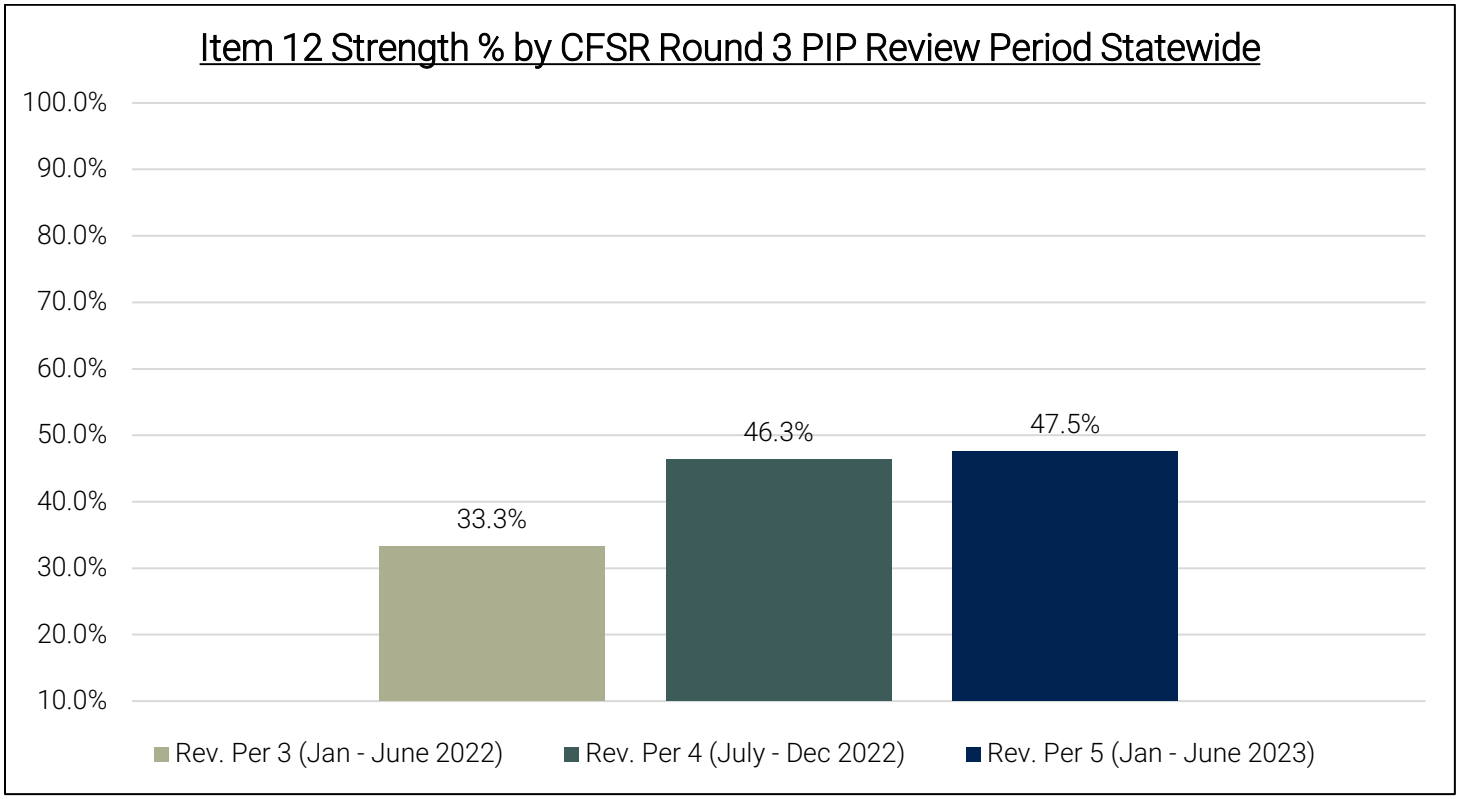
Item 12

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

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

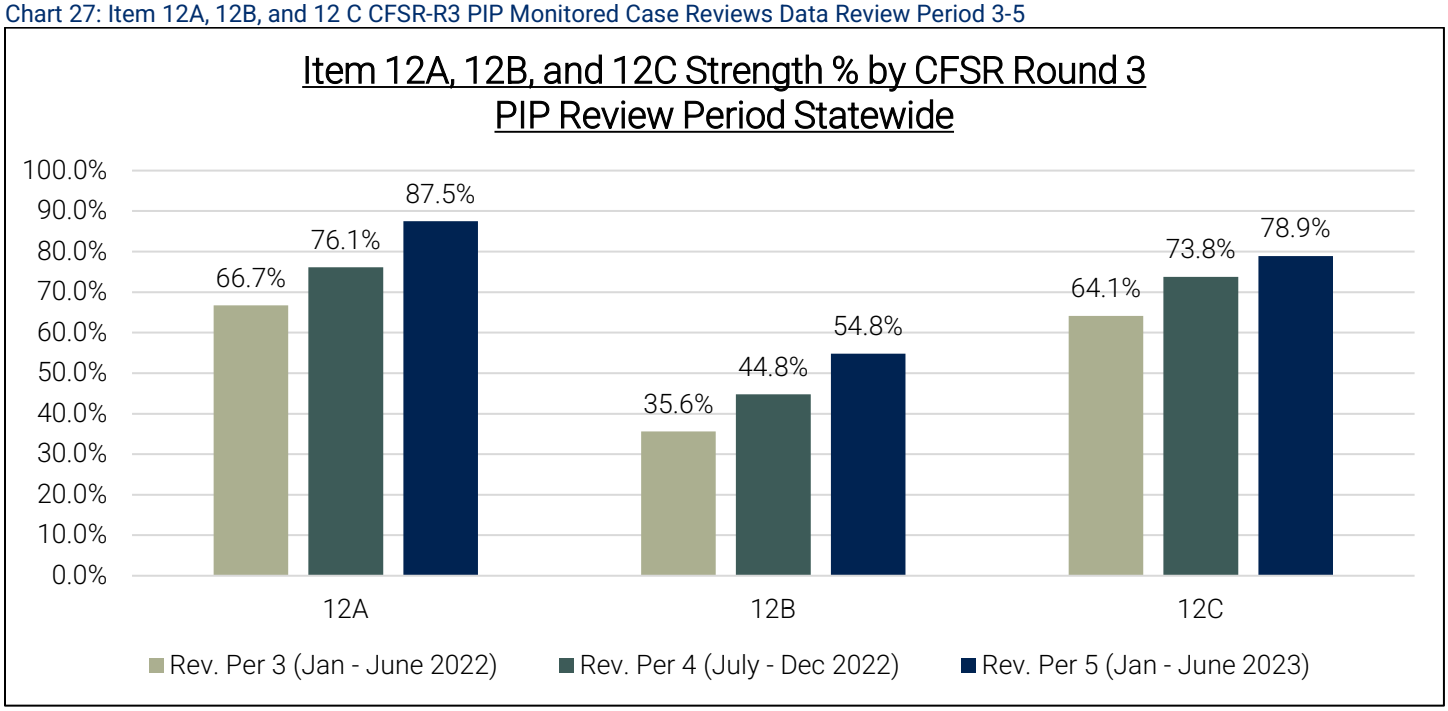
During the CFSR Round 3 PIP-Monitored Case Review period, CFSD had a baseline of 33.8% on Item 12, with an overall target goal set at 37%. CFSD struggled to meet this item's target goal and maintain it; however, CFSD did achieve over the target goal in the last two periods of the review, as shown in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

Chart 26: Item 12 CFSR-R3 PIP Monitored Case Reviews Data Review Period 3-5



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

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



Anecdotal information through meetings with staff and case reviews has indicated that one barrier to accurately assessing and meeting needs of parents, is that courts often do not support or order specific services or evaluations unless they can be tied directly to the reason the child was removed. In combination with this, identification of needs and services has often been limited to those specifically addressing safety-related concerns to the exclusion of those that may otherwise enhance overall family permanency and well-being. Utilization of the Practice Performance Report available through the Online Monitoring System indicates that for the last three review periods, when comprehensive assessments were completed, appropriate services were provided roughly just over 50% of the time to mothers and just under 40% to fathers. The rate of comprehensive and accurate assessments decreased for In-Home cases.

During the CFSR Round 3 PIP-Monitored period, CFSD updated their Case Management procedure CFSD Case Management Procedure Hyperlink. This procedure outlines expectations:

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

Applicable to both 12A and 12B, as discussed in Item 3 of this assessment CFSD is addressing the issue of not having a formal way to comprehensively address the ongoing needs of children, parents and placements of cases through the October 2024 implemented FCP. Additionally, when it comes to children's needs, assessment of independent living skills and presence of a Transitional Living Plan (TLP) for older youth. CFSD found this to be lacking in the case files. It was determined that this was due to the way referrals were being made to the MCFCIP providers. As addressed in Item 29, MCFCIP developed ways to support sufficient collaboration and communication between CFSD and the MCFCIP providers to improve availability and accessibility to services that would meet the youth's identified needs on their caseloads specific to TLPs. A prompter was added into the FCP, to ensure caseworkers are addressing the status of the TLP throughout the life of the case for applicable youth.

12C - During the CFSR PIP-Monitored Case Review period, the Licensing Bureau implemented a process in which they meet with foster parents a minimum of every six months to assess any needs they may have identified. This is beyond expectation of the minimum of once-a-month contacts by case managers when children are placed in their homes. Outside of the use of the OSRI, CFSD does not currently have a mechanism for evaluating how well foster parents' needs are assessed and met in a quantifiable way. However, CFSD continues to explore ways to improve the rate at which foster parent needs are both comprehensively assessed and met. As discussed in Item 35, and the Diligent Recruitment Plan submitted with the SFY25-29 CFSP, the Licensing Bureau is meeting with foster care providers to assess their needs.

CFSD expects that with the implementation of the FCP, performance will improve as it relates to assessments and provision of services to both children and parents. However, the administrative data will not be collected on this item until the new CCWIS system is implemented.

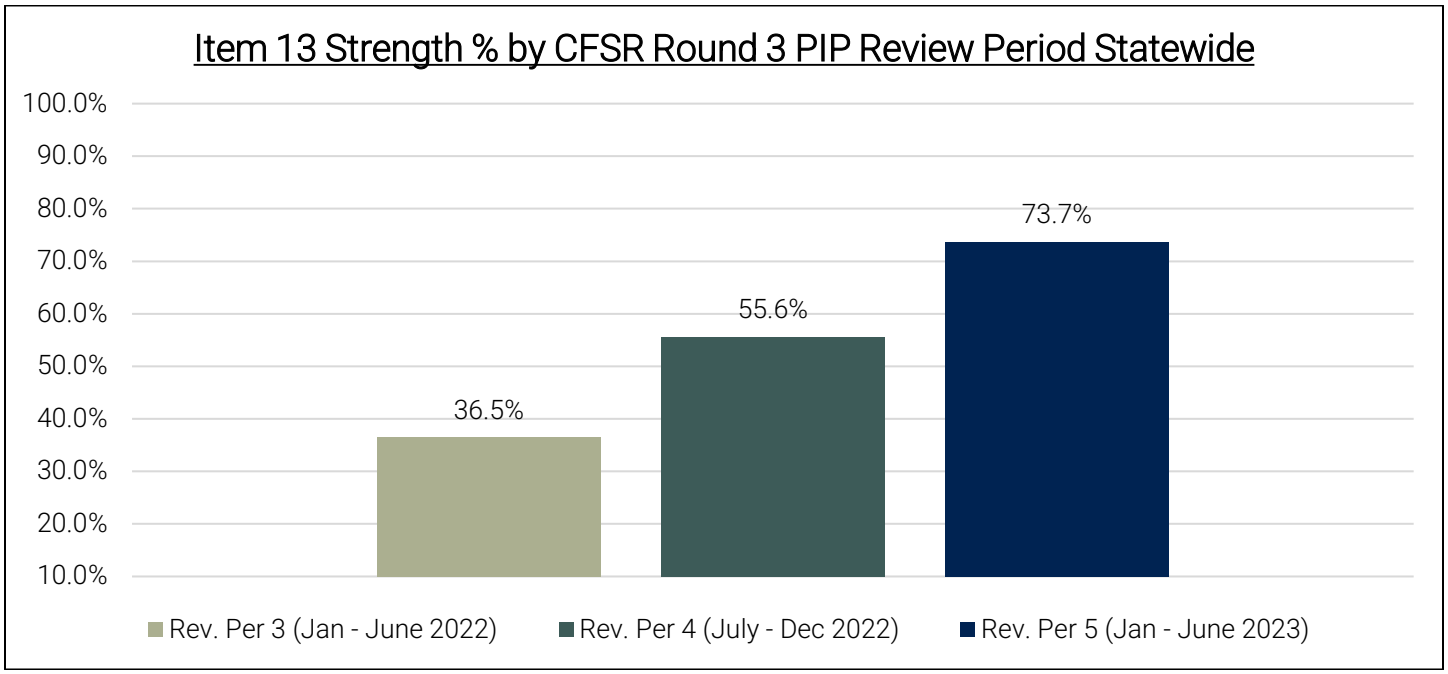
Item 13

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

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

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

Chart 28: Item 13 CFSR-R3 PIP Monitored Case Reviews Data Review Period 3-5



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

To date, CFSD has no way to evaluate child or parental involvement in case planning outside of the use of the OSRI.

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

As discussed in Item 3 of this assessment, CFSD is utilizing the October 2024 implemented FCP. A prompter was added into the FCP, to ensure caseworkers are addressing their concerted efforts to develop the FCP with the parents, and children when age and developmentally appropriate to do so.

CFSD expects that with the implementation of the FCP, performance will improve as it relates to the development of the FCP with both children and parents. However, the administrative data will not be collected on this item until the new CCWIS system is implemented.

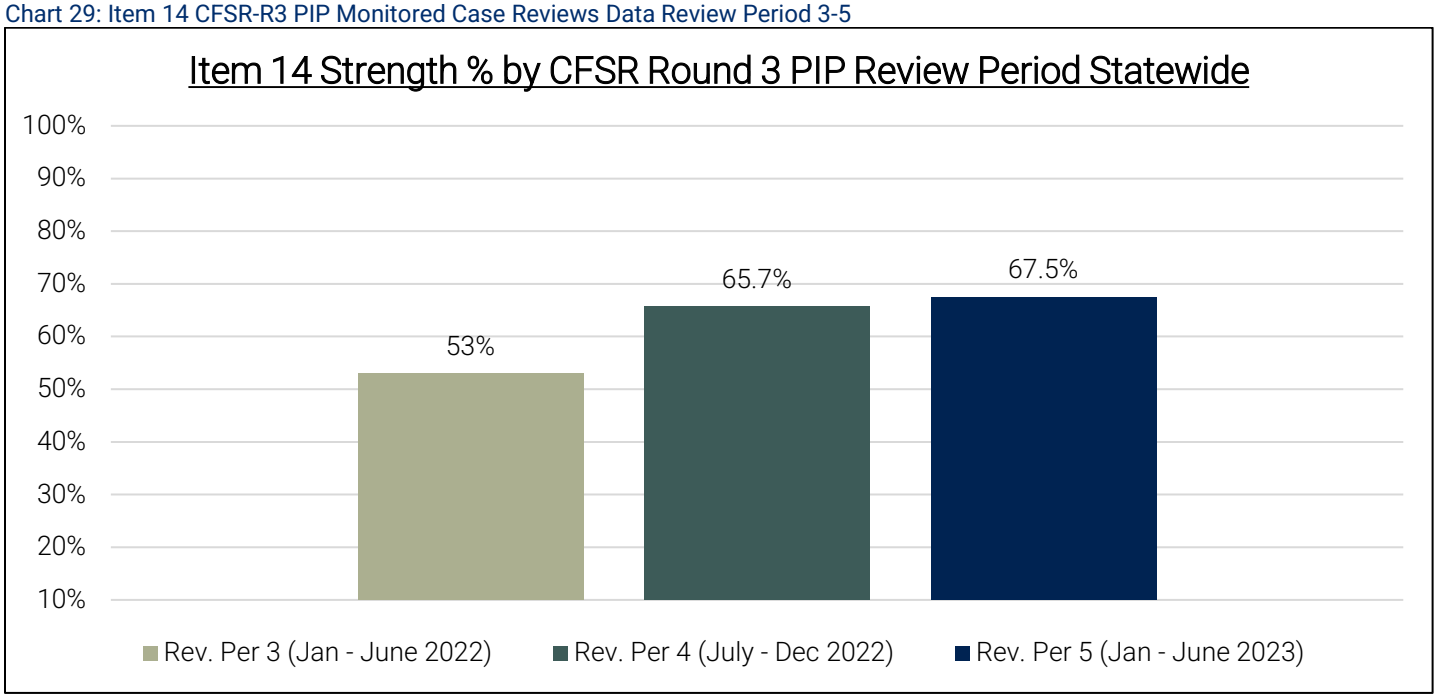
Item 14

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

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

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

Chart 29: Item 14 CFSR-R3 PIP Monitored Case Reviews Data Review Period 3-5



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

Since the CFSR Round 3 PIP-Monitored period, CFSD has been working diligently to improve the overall frequency of the monthly visits with children. During SFY24, CFSD generated an administrative data report to capture caseworker visits entered into the electronic case record to identify barriers workers are experiencing when attempting to complete their monthly home visits. This data report is provided to the RA of each region reflecting the caseworker and child contact frequencies. The RA can dive down into the data by region, county, supervisor, caseworker, etc. for CQI analytics to further identify patterns and trends, and work to address the matter timelier. CFSD outlined goals specific to this item in the

SFY25-29 CFSP. When comparing the past two years, administrative data SFY24 and SFY25 (July – March), CFSD is seeing and maintaining a steady increase. The overarching goal for state managed cases is 85%. The table below reflects data for the past two SFY applicable months July – March.

Table 42: Caseworker and Child Contact Frequency SFY24 and SFY25

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

Item 15

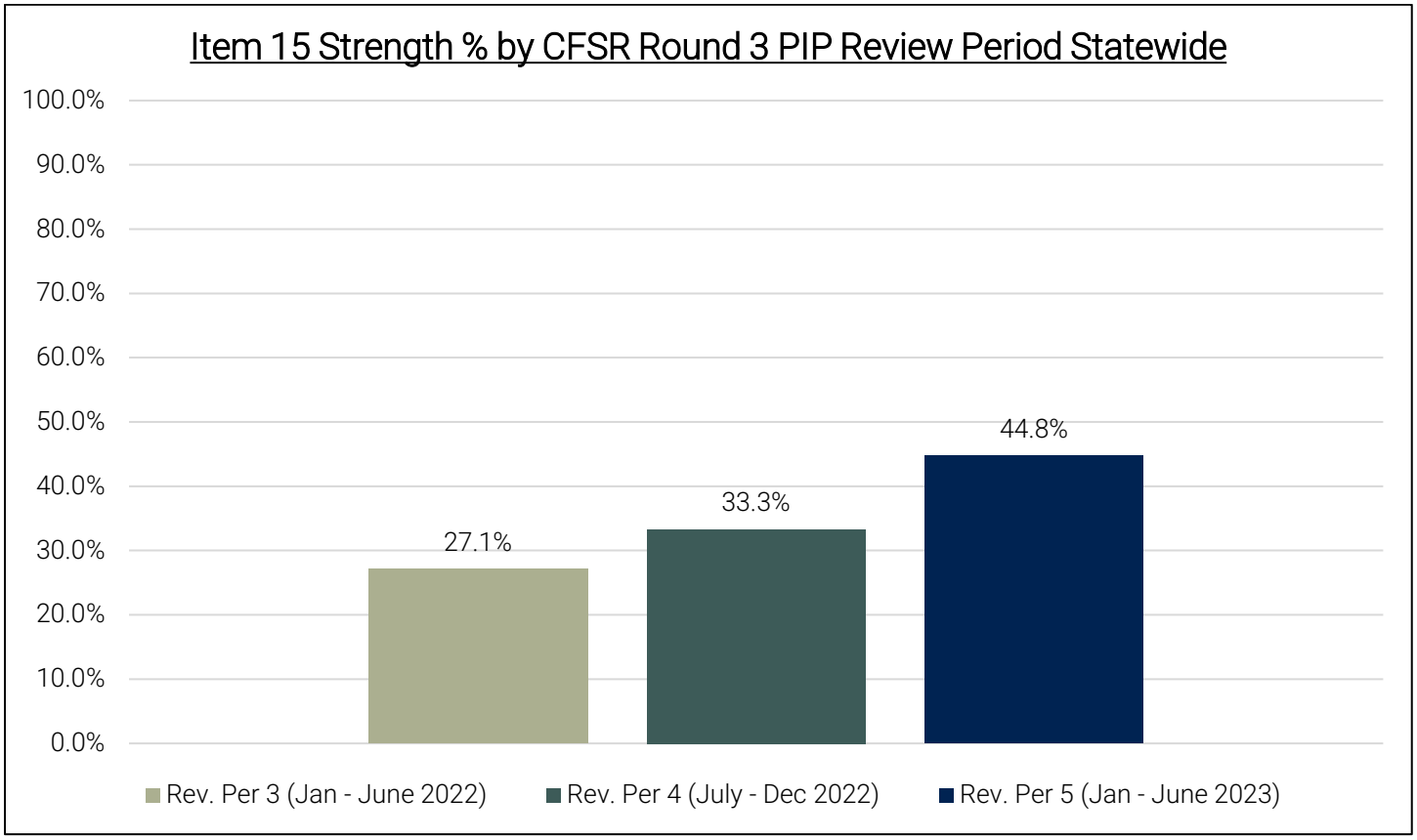
SWA Question: *Were the frequency and quality of visits between caseworkers and the mothers and fathers of the child(ren) sufficient to ensure the safety, permanency, and well-being of the child(ren) and promote achievement of case goals?*

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

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

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

Chart 30: Item 15 CFSR-R3 PIP Monitored Case Reviews Data Review Period 3-5



Historically, CFSD has not had administrative data to support the frequency or quality of visits with parents due to the way visits are entered into CAPS there is no ability to access this information. In SFY25, CFSD developed an administrative data report to assist with rating this item; however, the process is new, and in initial validation efforts, CFSD learned that the information is not substantial, partially due to how the information is entered into the electronic case record by the caseworker.

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

During the CFSR Round 3 (2017) SWA, CFSD's State Outcome Performance for Well-being Outcome 2 was rated as not in substantial conformity, receiving an overall rating of Area Needing Improvement because the item was substantially achieved in only 84% of the thirty-eight cases reviewed at the time.

Item 16

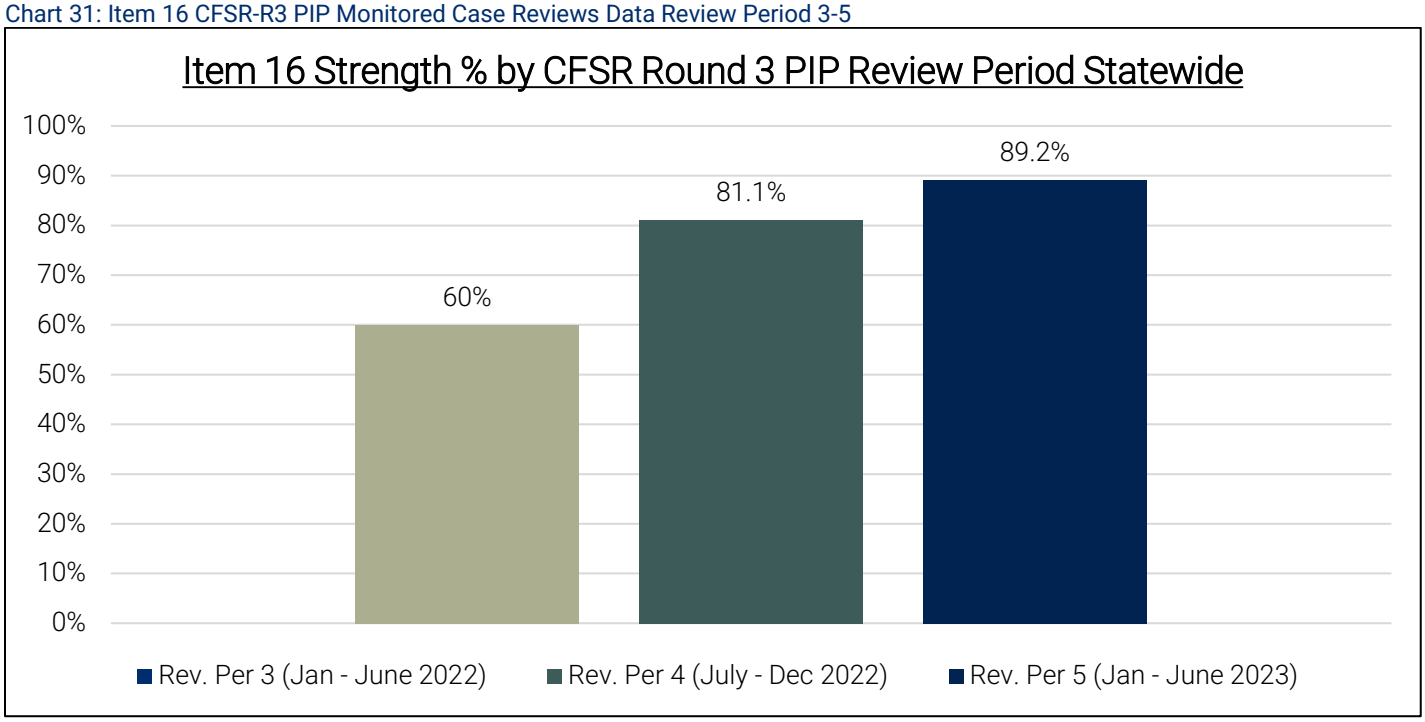
SWA Question: *Did the agency make concerted efforts to assess children's educational needs, and appropriately address identified needs in case planning and case management activities?*

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

During the CFSR Round 3 PIP-Monitored Case Review period, CFSD had a baseline of 69.4% on Item 16. CFSD showed significant improvement, with the final review period reflecting a strength in 89.2% of cases reviewed, as shown in the chart below. Furthermore, a breakdown of the case review data for the last three review periods shows that performance was

significantly better on both assessing and meeting educational needs of children in foster care cases than in in-home cases. For in-home cases, a rate of 50% for both was attained, while the rate for foster care cases was at 80% for assessment, and 70% for meeting needs. The cumulative overall strength rating average for this item over five periods was 71.4%.

Chart 31: Item 16 CFSR-R3 PIP Monitored Case Reviews Data Review Period 3-5



During the PIP-Monitored period, CFSD made the following efforts:

- In 2020, transitioned to AFCARS reporting as required, as discussed further in Item 19.
- In 2021, CFSD started intentionally collaborating with the OPI in to ensure that Montana's foster care students have educational stability and further support this item's performance outcomes. CFSD and OPI completed a CQI analytic review of foster care students that are enrolled in the public-school systems and discussed the data regarding the foster care students that are not enrolled in public school, have dropped out, or transferred out of state. Through this process, CFSD identified over 300 students not enrolled in public school. After one year of monthly meetings between a CQI unit member from CFSD meeting with the Foster Care Point of Contact for the Department of School Innovation and Improvement, the identified number was decreased to only twenty students not enrolled in public school.

CFSD continues with the OPI collaboration efforts, and more recently, MCFCIP providers and the MCFCIP-Program Manager were included in the partnership as an additional collaboration to identify youth who need additional engagement and support. During SFY24, there was a significant decrease in foster care students that were without a school placement for the 2023-2024 school year, which shows how much impact the monthly meetings between CFSD and OPI are having on the foster care students. In addition, the OPI staff submits an article to CFSD for their quarterly newsletter to help spread awareness and information to CFSD staff on new opportunities for foster care students, or upcoming events focused on supporting foster care students.

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

1. School Placement - Based on the data provided in the table below, CFSD identified the following trends:
    a. Students who were marked as 'Dropouts/Unknown' have decreased
    b. Fewer students remain unaccounted for in state records, indicating improved tracking. This is the result of schools enrolling students with a different name compared to what is recorded in your system so working

together we can find more students that would normally not be identified.

c. Not positive or negative but we are seeing more students leaving public school for other reasons (increase from 4.1% to 5.39%), which can include moving to homeschools and private schools. This is an area where CFSD and OPI worked together to verify that caseworkers had the correct documentation required for such schooling in CFSD's CAPS system.

Table 43: School Placement Category

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

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

Table 44: School Placement by Region

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

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

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

Table 45: School Enrollments

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

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

Table 46: SWA Performance

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

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

Table 47: Statewide Attendance

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

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

Table 48: Statewide Graduation Rate

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

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

- Pandemic Aftermath (COVID-19 Impact)
  - The 2020-2021 school year saw significant disruptions due to remote learning, attendance challenges, and learning losses. While schools have returned to in-person instruction, the gaps persist.
  - Student engagement and mental health remain concerns, particularly for foster youth.

- Declining Graduation and Enrollment Rates
    - Many districts report higher dropout rates and lower graduation rates, especially among vulnerable student populations like foster youth.
    - Enrollment declines have been widespread, with some students never re-enrolling in post-2020.
- Statewide Assessment Score Trends
    - Proficiency rates in math, reading, and science have generally declined or stagnated.
    - Math proficiency has seen the steepest drop, with some states reporting double-digit declines.
    - Recovery remains slow, and many students have not regained pre-pandemic performance levels.
- Increased Mental Health and Behavioral Challenges
    - Schools report higher absenteeism, more disciplinary issues, and lower student engagement, all affecting academic outcomes.
    - Foster students face additional challenges adapting to structured learning environments.

Additional resources for OPI can be found:

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

In September of 2023, CFSD implemented a monthly process of pulling an AFCAR 'Error' report and distributing it to the regions to address the errors. This allows for more oversight to ensure data is being entered timely and accurately. It also helps identify causes for errors that can be fixed before the official AFCAR report is submitted to ACF-CB. The CQI and BA unit supported each region's implementation and are available to provide additional technical assistance as needed. Additionally, in August each year reminders are being provided to caseworkers to update their education screens in the CAPS system ensuring school and grade information is accurate and up to date.

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

During the CFSR Round 3 (2017) SWA, CFSD's State Outcome Performance for Wellbeing Outcome 3 (Item 17 and 18) was rated as not in substantial conformity receiving an overall rating of Area Needing Improvement because the item was substantially achieved in only 49% of the fifty-five cases reviewed at the time.

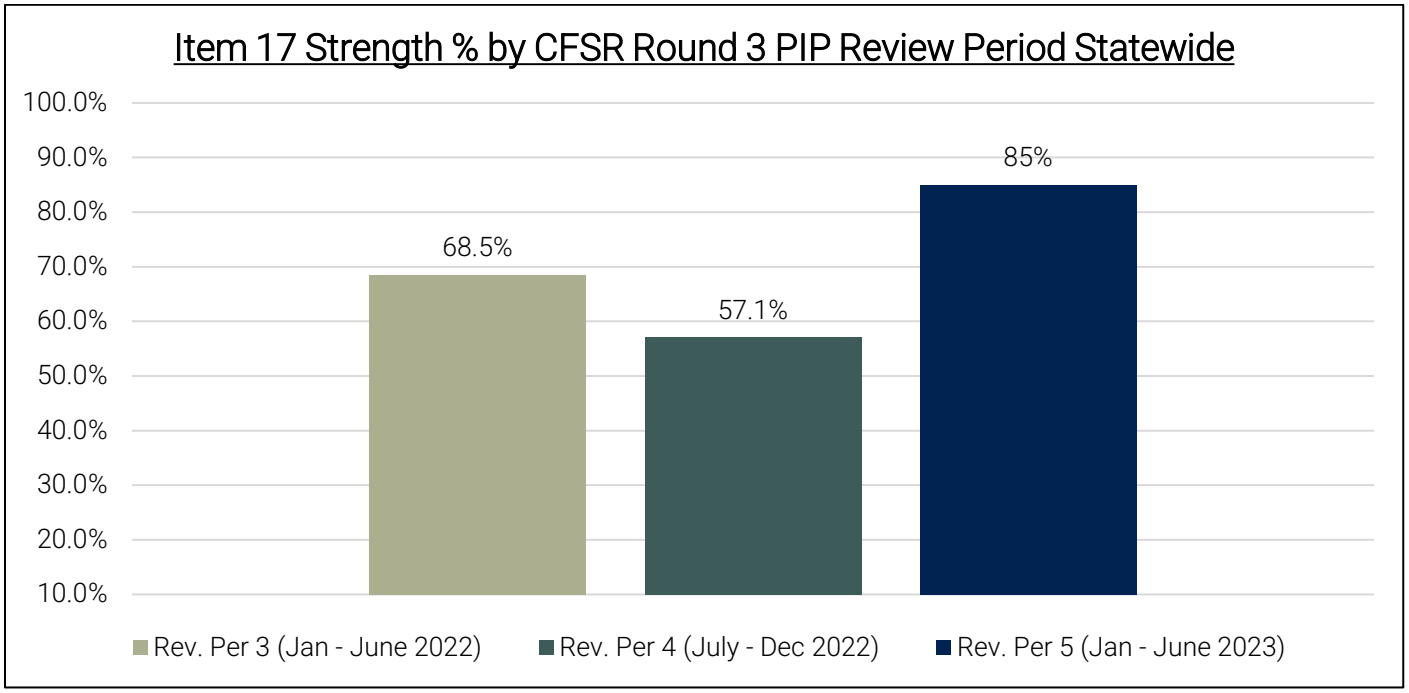
Item 17

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

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

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

Chart 32: Item 17 CFSR-R3 PIP Monitored Case Reviews Data Review Period 3-5



Throughout the CFSR Round 3 PIP-Monitored Case Review period, CFSD has identified that one of the factors indirectly impacting this item's performance is lack of consistent documentation surrounding medical and dental needs and services. This is particularly impactful when caseworkers and placements change. To address this, CFSD made the following efforts:

- CFSD updated their Case Management procedure CFSD Case Management Procedure Hyperlink. Assigned caseworkers are to monitor each child on their caseload who is taking repeated prescription drugs (including psychotropic and psychiatric), through participating in medication management appointments, and by notifications provided by the child's placement, within twenty-four hours of medical providers prescribing new medications, or changing medication. Caseworkers are further responsible for engaging youth in age and developmentally appropriate discussions about their administered medication.
- In 2020, CFSD transitioned to AFCARS reporting as required, as discussed further in Item 19. In September of 2023, CFSD implemented a monthly process of pulling an AFCAR 'Error' report and distributing it to the regions to address the errors. This allows for more oversight to ensure data is being entered timely and accurately. It also helps identify causes for errors that can be fixed before the official AFCAR report is submitted to ACF-CB. The CQI and BA unit supported each region's implementation and are available to provide additional technical assistance as needed.
- CFSD Health Care Oversight and Coordination Plan submitted to ACF-CB with CFSD's SFY25-29 CFSP outlines additional efforts made to support this item.
    - CFSD continues to use the existing Montana Medicaid schedule for initial and follow-up health screenings which requires all youth entering foster care to receive Early and Periodic Screening, Diagnostic, and Treatment (EPSDT) screening within thirty days. If any mental health or dental needs are identified during this EPSDT screening, these services are eligible for Medicaid payment. Furthermore, CFSD Investigation of Reports by Field Staff procedure CFSD Investigation of Reports Procedure Hyperlink states that any child "should be examined by a physician when there is reason to believe the child is a victim of serious physical or sexual abuse, has been exposed to a drug lab, or there is reason to believe the child may have drugs in their system due to actions by the parent." CFSD continues to collaborate with the Medicaid Division to obtain ongoing reports on foster children that list the health, physical, mental, and dental health needs identified through required screenings; as well as the treatment and services received. CFSD continues to work with the state's Medicaid program to find ways to use this system more efficiently to develop an electronic health record for all foster youth, as CFSD analyzed the use of CAPS and determined that the Medicaid system data is far superior to anything that could be captured by CFSD workers; therefore, moving forward, the goal continues to be developing efficient processes that allow the various computer systems to share information in an efficient manner as new DPHHS systems are constructed and

completed.

- CFSD enhanced supervisor training, as discussed in Item 27 of this assessment, to improve the well-being outcomes of foster youth. The training supports supervisors who are more skilled in assisting the less experienced workforce to effectively connect treatment and case plans to screenings and assessments for children on their caseloads.
- CFSD also enhanced their collaboration with the Foster Child Health Program. This is not a program offered in every region, as provided below, however, has enhanced the four counties being served through this program.

  The program facilitates a dedicated Public Health Nurse working directly with foster and kinship families to help them understand the sometimes-complex health needs of children in their care (medical and dental). It was recognized as a promising practice by American Psychological Association's Society for Child and Family Policy & Practice. The program provides support to the foster parents and kinship parents through health education and ensures children in the foster care system receive access to healthcare, and complete medical records. The program serves all children new to foster care that meets the program's following criteria:
    - Age newborn to five years old
    - Children newly entering the system or in placement transition
    - Youth sixteen to eighteen years of age

  The Public Health Nurse provides support by:
    - Compiling the child's past and current medical providers and dates of care.
    - Referring the child to a doctor, dentist, and other specialty providers if needed.
    - Following up on medical referrals made by providers.
    - Assisting in collecting and understanding the child's medical history.
    - Gathering lost or unknown immunization records and making sure they are up to date.
    - Helping the family understand medications the child may be taking.
    - Supporting placements while the child is in their care.

  Currently, the program is implemented in four regions in four counties:
    - Region 1 – Dawson County Health Department (County: Dawson/City: Glendive)
    - Region 2 - Cascade County Health Department (County: Cascade / City: Great Falls) CCHD Hyperlink
    - Region 3 - Yellowstone Riverstone Health (County: Yellowstone / City: Billings) - Riverstone Hyperlink.
    - Region 5 - Missoula City-County Health Department (County: Missoula / City: Missoula) - MCCHD Hyperlink
      - Missoula also has had the following evaluations and awards for their program:
        - In July 2017, Missoula's program underwent a full program evaluation conducted by Dr. J. Bart Klika with the University of Montana, School of Social Work, which can be found: MFCHP Executive Summary 7.2017 Hyperlink.
        - In January 2019, Missoula's program was awarded a two-year grant from the Montana Healthcare Foundation to complete a program evaluation that will support replication throughout Montana. MFCHP Evaluation Brief 12.2020.
        - In July 2019, Missoula's program received a Promising Practice award from the National Association of City and County Health Officials. The award recognizes the program for excellence and replicable qualities in response to a local public health need.

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

- CFSD Licensing Bureau staff have implemented six-month check-ins with licensed foster care placements on their caseloads to address needs and review the CFSD Foster Home Licensing and Re-Licensing Requirement Agreement (CFS-LIC-020) components.

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

Additionally, the FCP implemented in October of 2024 includes a section to document most recent medical and dental appointments, as well as upcoming appointments, and addresses any medical and dental needs. The FCP is required to be updated at least once every six months, CFSD believes this will support physical and dental health being assessed and met more consistently across all case types.

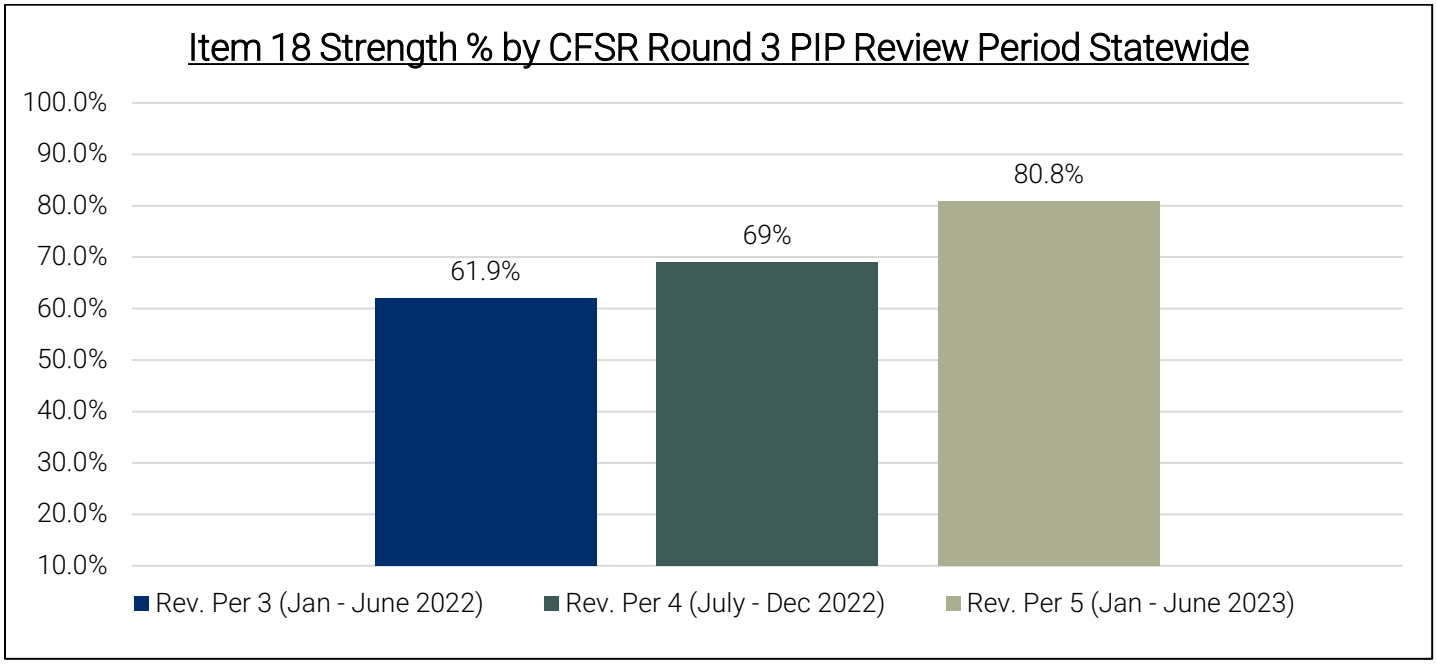
Item 18

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

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

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

Chart 33: Item 18 CFSR-R3 PIP Monitored Case Reviews Data Review Period 3-5



CFSD consistently did better on Foster Care cases compared to In-Home Cases, though the difference between the two was not significant. CFSD's procedure for monitoring prescription medications for mental health is the same as detailed for prescription medications in Item 17. However, it is noted that CFSD's performance on medication monitoring for medications under the scope of Item 18 is lower than those that fall under the scope of Item 17. Item 18 is another area that CFSD believes will be positively impacted by improvements to data entry/quality identified in Goal 3, as well as implementation of the FCP.

As discussed in Item 17, throughout the CFSR Round 3 PIP-Monitored Case Review period, CFSD has identified that one of the factors indirectly impacting this item's performance is lack of consistent documentation surrounding mental and behavioral services. This is particularly impactful when caseworkers and placements change. To address this, CFSD made the following efforts:

- CFSD updated their Case Management procedure CFSD Case Management Procedure Hyperlink.
    - Assigned caseworkers are to monitor each child on their caseload who are using repeated prescription drugs (including psychotropic and psychiatric), through participating in medication management

appointments and by notifications provided by the child's placement within twenty-four hours of medical providers prescribing new medications or changing medication. Caseworkers are further responsible for engaging youth in age and developmentally appropriate discussions about their administered medication.
    - Assigned caseworkers are to have monthly collateral contact with treatment providers of each child on their caseload to support ongoing assessment and determine if needs are being met.
    - Assigned caseworkers are required to refer not only children with substantiated abuse and/or neglect allegations, but also all children being served by CFSD in an in-home or out-of-home safety plan, for a Part C Screening. By making these screenings universal for the foster care population, more children with developmental disabilities, whether related to emotional trauma or cognitively based, will have access to entitlement services that will improve the well-being of the child. Part C Screenings are further discussed in Item 29 of this assessment.
- In 2020, CFSD transitioned to AFCARS reporting as required, as discussed further in Item 19. In September of 2023, CFSD implemented a monthly process of pulling an AFCAR 'Error' report and distributing it to the regions to address the errors. This allows for more oversight to ensure data is being entered timely and accurately. It also helps identify causes for errors that can be fixed before the official AFCAR report is submitted to ACF-CB. The CQI and BA unit supported each region's implementation and are available to provide additional technical assistance as needed.
- CFSD Health Care Oversight and Coordination Plan submitted to ACF-CB with CFSD's SFY25-29 CFSP outlines additional efforts made to support this item.
    - CFSD partnered with the DPHHS Behavioral Health and Developmental Disabilities (BHDD), Children's Mental Health Bureau (CMHB), and Developmental Disability Program Bureau (DDPB) to create procedures and protocols to ensure that children in foster care placements are not inappropriately diagnosed with mental illness, other emotional or behavioral disorders, medical fragile conditions, or developmental disabilities. In addition, these protocols help ensure foster care children are not placed in non-family settings because of inappropriate diagnosis.
    - CFSD continues to improve the well-being outcomes of foster youth by enhancing supervisor training, discussed in Item 27 of this assessment, to ensure supervisors are more skilled in assisting the less experienced workforce to effectively connect treatment and case plans to screenings and assessments for children on their caseloads.

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

- CFSD Licensing Bureau staff have implemented six-month check-ins with licensed foster care placements on their caseloads to address needs and review the CFSD Foster Home Licensing and Re-Licensing Requirement Agreement (CFS-LIC-020) components.

As discussed in Item 17, through CFSD's efforts to improve AFCAR data points reporting, a barrier was identified that caseworkers are not receiving formal training on how to enter information into the CAPS system. This is being addressed in Goal 3 of CFSD's SFY25-29 CFSP.

Additionally, the FCP implemented in October of 2024, includes a section to document behavioral and mental appointments, recommendations, and treatment to address the child's identified needs. The FCP is required to be updated at least once every six months, which CFSD believes will support mental and behavioral health being assessed and met more consistently across all case types.

SECTION IV: Assessment of Systemic Factors

A. Statewide Information System

For the CFSR Round 4 (2025) SWA, CFSD has rated *"Statewide Information System – Item 19"* as a Strength.

- *Note: In CFSR Round 3 (2017), this was rated an Area Needing Improvement.*

Item 19: Statewide Information System

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

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

At the time, CFSD's SACWIS system readily identified the status, demographic information, location and placement goals for every child in a foster placement. While CAPS contained all the data required, getting data into and out of the system was challenging, as CAPS was an antiquated COBOL based system with many screens and a multitude of fields per screen. Information entered on one screen was not automatically auto-populated to other areas of the system. The system was not intuitive, and it is very time consuming to navigate the system and input data. CAPS requires significant funding and programmer time to make even the smallest changes. The system did not support CFSD's goals at the time to utilize mobile technology for field offices. CFSD and all stakeholders recognize the need for a new system to replace CAPS. With approved funding from the state legislature, CFSD started the process of replacing their current legacy SACWIS system. Due to limited funds, the decision was made to build the new case management system internally called MFSIS. The approach to developing MFSIS was a modular approach, with the initial phase focusing on intake and investigation. The system was to support CFSD's goal to utilize mobile technology in the field and significantly reduce the number of duplicate entries and documents currently required of staff. The system was being built, taking into consideration the CCWIS regulations and ensuring that it would integrate with the SACWIS CAPS legacy system until all areas of the MFSIS system were implemented.

Throughout the CFSR Round 3 process, CFSD made efforts to fully build out MFSIS to replace CAPS. However, due to funding limitations, the initial phase of MFSIS was the only phase completed. At that time, both CAPS and MFSIS were placed in Maintenance and Operations mode while CFSD continued to pursue funding to support a new CCWIS solution.

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

In February 2024, CFSD led a Contractor Engagement Proposal solicitation to hire a vendor, BerryDunn, to assist in a Business Process Redesign. The purpose of this external engagement is to partner with an experienced team of consultants to understand the business transformation that will be required to achieve our to-be vision for the new system. In other words, this work should answer the question "What does CFSD need to prepare our people, processes and technology to be ready to select, design, develop and implement a compliant CCWIS solution that meets Montana Child Welfare needs?". At the end of this engagement, CFSD will be able to share a clearly documented library of all business processes, forms and reports to the CCWIS vendor, along with details on stakeholders and the unique processes to Montana and areas for improvement. BerryDunn is supporting the creation of current state process mapping, stakeholder journey maps, Organization Change Management, training and communications plans, and a formalized risk register. The team continues to hold weekly Business Process Redesign meetings, driving early engagement with our program Subject

Matter Experts (SMEs) and a strategic focus on the foundation required to prepare for the new system.

Concurrently during this time, CFSD has been focused on finding the *best* solution provider to fit CFSD's needs. Over the course of several months, the team pulled in various workers, Central Office resources, program leadership and technical experts to draft a Request for Proposal (RFP) to select the CCWIS vendor. This RFP, with over hundreds of pages and thirty plus attachments, thoroughly demonstrates the program, fiscal, technical, project management and federal requirements that encompass the CCWIS solution.

In May of 2024, ACF-CB approved the solicitation, and less than one month later, Montana's Department of Administration released the RFP. Offerors were given two months to generate in-depth proposals, and in August of 2024, six qualified proposals were submitted. The CCWIS Scoring Committee, made up of CFSD and ITSD resources, reviewed and scored each proposal. They selected three of the six offerors to travel to Helena to demonstrate their solutions.

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

CFSD entered contract negotiations with Accenture in November of 2024, and as of April 2025 the official contract was signed. Based on feedback from other states, CFSD expects the replacement to be a multi-year project from procurement to full implementation of the new CCWIS in 2027.

Data Quality work continues to remediate shortcomings of data points that are integral to reporting and CQI efforts. Additional BAs have been hired to increase capacity within the team to work on this and prepare for the new CCWIS solution. CFSD has also procured external services with BerryDunn for Business Process Redesign to support high-quality, accelerated Discovery, Design, and Implementation for the new CCWIS solution redesign. This work has included Process and Journey Mapping, Inventories, and Process Gap Analysis.

Currently, CAPS contains the status, demographic characteristics, location, and permanency goals of every child who is or has been in foster care. In previous SWAs and case reviews, it was determined that goals entered in the system are not always accurate to the actual goal and what is being worked on. Information gathered from internal staff through case reviews and workgroups indicated a belief by some staff that reunification is, and always should be, a goal until TPR is ordered, even though it was often agreed that it was not a realistic goal or one that was actively being worked toward. It was also revealed that there are some courts that require reunification to remain a goal, unless and until TPR is ordered, even if it was unrealistic and no longer being worked toward. In response to concerns with accurate and appropriate goals being documented, training was developed and implemented in 2023. It is believed that the status, demographic characteristics, and location are generally accurate. However, CFSD has no current method of evaluating this on a consistent or quantifiable basis. CFSD does plan to implement use of a Data Verification Review when case reviews are re-started in SFY25 to begin collecting this information. More information on this can also be found in Goal 3 of CFSD's SFY25-29 CFSP.

Data Quality within the system remains an on-going focus of the state (as encompassed in Goal 3) in preparation for CCWIS. The contractor for CAPS, Peraton, runs AFCARS; NCANDS, and NYTD exception reports throughout the year, which outline missing or illogical data. These reports are provided to relevant staff to review and resolve errors. For AFCARS, this has resulted in an overall reduction in errors in the past year, and it is CFSD's belief that a continuation of this effort will help reduce errors further, both by the correction process, but also by staff realizing that things need to be entered on a more proactive basis that have not historically and consistently been entered. CFSD transitioned to AFCARS 2020 reporting as

required. Though there were some initial struggles with the first submission, CFSD has had timely and compliant submissions since then. CFSD continues to work with federal partners on any data quality questions or measures. This includes review of coding for AFCARS if/when questions arise regarding specific records, instances in which no records are reported for a specific element or dropped records. Minor code changes have been implemented to improve submissions, though there have been no issues identified which impact overall compliance. Though CFSD has a higher error rate for the transaction dates of removals and exits from care (1.9% for 24B submission on removals, and 4.6% for 24B submission on exits), both remain above the 90% threshold.

Montana DPHHS contracts with Oracle for data reporting through MPATH. Data is extracted from CAPS weekly, resulting in updates to their overall database and all pre-built reports. Since going live in 2022, CFSD has worked with Oracle to identify, fix, and optimize any issues within the reports. There remain some issues due to synchronization of data between MFSIS and CAPS. This has been a high priority to fix. In the meantime, a workaround has been developed to pull the information needed for some administrative reports directly from MFSIS while the issues are resolved. This primarily involves reports specific to reports made to the hotline and investigations. A primary focus on this lies with those reports and data points that are most useful within CFSD, and which contain data that other entities request. The move to MPATH also allows for ad hoc reporting, and a few individuals within the agency can create one time or repeat reports to fulfill specific needs not already captured in existing reports. Within the last year, additional access was obtained to the raw data MPATH receives through a SQL tool. While only a few people within the state have access to this tool, it does allow for compilation of other data not available through existing reports or ad hoc reports. This has been valuable for compiling data on things CFSD has historically had no data on. Additionally, this has been useful for identifying data points that may need cleaned up – such as adoption and/or guardianship placements that have not been end-dated, despite there no longer being a subsidy or other assistance, including for those youth who are beyond the age of eighteen.

Item 19 Performance Appraisal

For the CFSR Round 4 (2025) SWA, CFSD has rated *'Systemic Factor Item 19'* as a Strength.

CFSDs new CCWIS system will have more interfacing data exchange that is compliant and will capture the requirements of this items assessment.

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

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

B. Case Review System

For the CFSR Round 4 (2025) SWA, CFSD has rated *'Case Review System - Systemic Factors Item 20-24'* as an Area Needing Improvement.

Item 20: Written Case Plan

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

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

jointly with parents.

Systemic Factor Item 20 was selected as a priority focus during the CFSR Round 3 PIP Measurement Period. CFSD began problem exploration and key findings, and set forth the following goals by focusing on implementations regarding the following goals, strategies and key activities:

- Performance Improvement Goal 1: Establish a supportive learning culture within the division as a framework to effectuate and sustain effective child welfare practice.
    - Strategy 1.3: Implement a coaching/mentoring program for CPSs focused on development and utilization of engagement tools and strategies in case planning.
        - Key Activities:
            - 1.3.7: Motivational Interviewing Techniques focused on family engagement and risk/safety assessments will be taught to CPS and reinforced through practice groups in the identified county(s) based on the results of Key Activity 1.2.7.
                - CFSD completed this key activity in July of 2021.
            - 1.3.8: Evaluate impact of Motivational Interviewing practice groups on outcomes for families in selected county.
                - CFSD completed this key activity in January of 2022.
- Performance Improvement Goal 2: Improve Family-Centered Practice through meaningful engagement of parents and children.
    - Strategy 2.3: Families become partners in the development of their case plans/treatment plans.
        - Key Activities:
            - 2.3.1: Define goals, objectives and frequency for parent and child contact at the beginning of each case and update, at a minimum, every 90 days.
                - CFSD completed this key activity in January of 2021.
            - 2.3.2: Update necessary policy and train staff in policy revision.
                - CFSD completed this key activity in April of 2021.
            - 2.3.3: Utilize the coaching/mentoring process defined in Goal 1 to mentor workers on engagement skills to ensure quality contact with children and parents.
                - CFSD completed this key activity in January of 2022.
            - 2.3.4: Ensure transfer of learning occurs by observing workers' interactions with families and providing support as necessary.
                - CFSD completed this key activity in April of 2021.
            - 2.3.5: Revise supervisor consultations to focus on assessing workers' skills in engagement and identifying the elements of quality contacts with children and parents.
                - CFSD completed this key activity in April of 2021.

As reported to ACF-CB in CFSD's Final PIP Progress Report, during the CFSR Round 3 PIP-Monitored Review Period, CFSD focused on various efforts (as listed above) to support staff in engaging families in developing their family's case plans. The following is the status update for each of the efforts made:

- Motivational Interview (MI) CFSD MI pilot site, Region 4 – Silver Bow County, did not show any noted significant difference in time to permanency or removal within the outcomes of the cases that applied the MI technique. However, the CFSD recognizes that staffing issues within the county may have been a factor in causing limitations to fully implement the pilot, which highlighted an intense investment of resources that CFSD would need to acquire and provide to fully implement MI more broadly across the state and its practice. Of the sixteen original staff in Silver Bow County who were trained, four (one CPSS Supervisor, three CPS's) recognized the benefit of using MI as a family/youth engagement tool and became champions of this approach. CFSD reviewed the cases of the CFSD caseworkers who embraced MI and found no significant difference in time to permanency or removals within the outcomes of cases.

  CFSD engaged in discussions with the CSCWCBC regarding the use of MI. Staff from CSCWCBC had previous experience with implementing MI in other jurisdictions, so the staff had insight into the resources and ongoing support needed for a jurisdiction to design an MI program that includes intensive initial and ongoing training, an evaluation component with clear outcomes and methods to measure those outcomes, and a feedback process to study the implementation and address implementation challenges. While CFSD Leadership believed MI could be a beneficial tool for staff to use with families, the pilot increased CFSD's awareness of the complexity and the

capacity needed to train, implement, evaluate and maintain the use of MI over time. Based on the results of the pilot site evaluation, and further discussions with the knowledgeable CSCWCBC staff, CFSD did not continue to pursue MI, but planned to continue to explore MI as a possible intervention effort to use in the future when CFSD's capacity increases and stabilizes. CFSD provided the evaluation of the pilot in the Final PIP Progress Report to the ACF-CB.

- Enhancement of Coaching and Mentoring CFSD made significant improvements with engaging families as partners in case plan/treatment plan development. This was accomplished by:
    - Emphasizing the importance of effective family engagement in MCAN training and the support provided by UM-WTCs, CFSD FLTSs, CPSSs and RAs.

      Through the coaching and mentoring process, a combination of methods and techniques, in collaboration with CFSD CPSS to embed a deeper knowledge and an understanding of the knowledge and skills caseworkers need to be effective. For the CFSD FLTSs this included field-based role modeling, observation and feedback, hands-on task focused coaching and group discussions around common themes. CPSS used similar methods and used individual staffing to help the caseworkers plan specific activities throughout their cases.

    - Development, training, and implementation of the following procedures provide staff with more in-depth perspectives of how family engagement is central to positive outcomes for children and families. These procedures highlighted steps taken by CFSD to support parents, children and resource parents during their involvement in the child welfare system. The CFSD procedures are:
        - Case Management CFSD Case Management Procedure Hyperlink
        - Family Support Team CFSD Family Support Team Procedure Hyperlink
        - Concurrent Planning: Preserving Connections While Defining Permanency Options CFSD Concurrent Planning Procedure Hyperlink

    - RAs and M-Team regularly review data from case reviews and fidelity reviews to identify strengths and challenges to effective family engagement within regions and across the state. Modifying practice to address challenges while building strengths.

      In January of 2021, a focus group with CFSD supervisors and a RA was held. Management reported the coaching and mentoring process was continuing to help workers improve their engagement skills with families and children and to improve the quality of these contacts. RAs expressed the value of the coaching and mentoring process used with caseworkers, when coupled with their own use of the Supervisory Training Plan tool and other data reports in helping supervisors, identified strengths and challenges within their units and provided a space to brainstorm ways to address them. Participants in the focus group expressed external feedback from other stakeholders (e.g., CASA) on observed positive impacts because CFSD's focus on the practice model improved the child and family's participation and ultimately moving cases to permanency and closure more effectively.

As reported in the past CFSR Round 3 process, APSRs and CFSPs, CFSD's child case plans were essentially a document generated through CAPS prior to Foster Care Review Committees, which are scheduled every six months from the date of a child entering foster care. The generated document was dependent upon information being entered into CAPS in a timely, accurate, and consistent manner for each child on a caseworker's caseload. The document primarily focused on updates regarding the parent(s) anecdotally. The document generated was on a platform (DocGen) that does not allow for data to be pulled to reflect if a case plan exists for each child, as it should. In addition, this generated document cannot be modified to include items that are correlated more directly with CFSD's ever revolving practice implementations, procedures, and overarching goals. During this time, CFSD's only data on family participation in case plan development came from case reviews utilizing the OSRI to further analyze child and parent participation in developing their case plans. As reflected previously during this assessment, CFSD met the PIP target set forth for Item 13, CFSD acknowledges there is still room for improvement.

Since the PIP-Monitored Review Period has ended, CFSD has continued to enhance practice components regarding family engagement in the development of their case plan. These efforts have included:

- Family Support Team (FST) Development and Implementation: FSTs were implemented in multiple regions across the state, and further information regarding the implementation process has been outlined in Item 29.

- Development of the Family Case Plan (FCP): Historically parental engagement in the development of their children's case plans has been achieved with the use of meetings, as listed below. These types of meetings utilize collaboration with the parent(s), child(ren) when developmentally and age appropriate to do so, natural supports, and community partners for case planning purposes. The goal of these meeting types is to reduce isolation and blend formal and informal guidance and support while promoting transparency, clear objectives, and a team approach to shared decision making. These meetings are to be utilized as a tool on a continual and regular basis throughout a family's case with active participation from parents and youth (when development and age-appropriate to do so). However, there are many factors that impact the actual frequency of the meetings occurring, the parent(s) and youth attendance, and the parent(s) and youth intentional and meaningful participation. These factors can include the following, but are not limited to:
    - The willingness of parent(s) to engage in these types of meetings earlier on in their case for various reasons (such as not trusting government systems, not ready to openly discuss the child safety and/or well-being reasons that exist within their family dynamic, etc.
        - Youth may also express similar willingness concerns, especially if they have been in the child welfare system previously.
    - Ability of parent(s) to engage in these types of meetings due to their whereabouts being unknown by CFSD, incarceration with limited ability to communicate with CFSD, etc.
        - Youth may also have similar ability concerns, especially if they are engaging in behaviors such as running away from their placements.

  These meetings are captured by CFSD caseworkers and facilitators across the state documenting various codes within the CAPS system; however, as previously stated in this assessment, there are many limitations to collecting and analyzing the data to further determine if parent(s) and youth are in fact attending the meetings and actively participating in developing their child(ren)'s case plan. In addition, the consistency and frequency of these meetings vary from region to region. These meetings include, but are not limited to:
    - Family Engagement Meetings (FEM): CFSD's Engagement and Support Meeting Procedure states CFSD caseworkers will offer a FEM within 60 days of a legal case opening to allow parent(s) to provide their perspective on their child(ren)'s strengths and needs while aligning with CFSD to address any identified ongoing or unmet needs for the youth.
    - Family Support Team (FST) Meetings: CFSD's Family Support Team Procedure states CFSD caseworkers will offer an FST meeting within seventy-two hours of entering a Protection or Prevention Plan with a family in counties in which FST meetings are implemented.
    - Foster Care Review Committee (FCRC) Meeting: CFSD's Engagement and Support Meeting Procedure states CFSD will hold an FCRC meeting within 6 months of the child entering care, and every six months thereafter, to review and discuss the child's case plan. FCRCs are discussed further in Item 21 of this assessment.
    - Permanency Plan Team (PPT) Meeting: CFSD's Concurrent Planning: Preserving Connections While Defining Permanency Options Procedure states CFSD will hold PPT meetings within ninety days of the child entering care, and every six months thereafter, to review and discuss the child's case plan. PPTs are discussed further in Item 21 of this assessment.
    - Additionally, PPTs are held every ninety days when a youth is placed in a Therapeutic Group Home (TGH) (*aka as Qualified Residential Treatment Program (QRTP))* type placement to discuss the child's case plan.
    - Youth Centered Meetings (YCM): CFSD's Engagement and Support Meeting Procedure states that CFSD will engage youth, specifically fourteen years of age or older, in foster care in YCM to better support and empower youth in directing their case plan goals.

  As previously mentioned in this assessment in Item 1, CFSD's Safety Committee was reformed in 2022. This committee was key in CFSD developing a formalized comprehensive ongoing assessment across case practice, consistent with Montana's safety model by implementing the FCP form, aka Family Progress Assessment, as listed in CFSD's recent SFY24 APSR and SFY25-29 CFSP.

The FCP was adopted as CFSD's child and parent's case plan, including all state and federal required elements. The FCP was designed to capture a comprehensive formal assessment of the family's needs, safety concerns, visitation plans, and services to both parents and children, through consultation and engagement with parents, children and providers (i.e. face to face, formal and informal meetings, etc.) on an ongoing basis. The FCP captures whether it was created in conjunction with the parent(s) or child(ren), reviewed directly with them, and whether a copy was provided to them. In cases where the FCP is not reviewed directly with the parent(s) or child(ren), the caseworker documents the efforts they made to review the FCP with the applicable family members. The FCP is to be completed within the first sixty days of intervention type (Prevention Plan or Legal Court Filing) and then updated every six months thereafter at a minimum, or more recent when changes are required in the case plan (visitation planning, child placement move, etc.).

Prior to the implementation of the FCP into CFSD's case practice, multiple caseworkers and supervisors participated in 'FCP soft launches' and provided feedback to the Safety Committee on training components needing to be developed and form use, which led to the finalization of the FCP form.

CFSD staff were trained on FCPs in September of 2024, and the assessment tool went live October 1, 2024. CFSD has adopted the FCP as an effective case management, dynamic and ongoing tool, which focuses on assessing, monitoring and supporting child safety, permanency and well-being. The overarching purpose of the FCPs are:

- Permanency for children is achieved in a timely manner, and the child is safe and stable where they reside.
- Children are supported to maintain and have permanent connections to natural supports and other important people in their lives.
- Children's behavioral, physical health, education and well-being are assessed regularly, and services are referred to as needed.
- Parents are given opportunities and support to mitigate the safety concerns that led to CFSD involvement.
- Parents are encouraged to engage in the development and implementation of their case plan by identifying services to support and enhance their protective capacities.
- Resource families are assessed and supported in providing quality care and services for children in their care.

Since implementing the FCP in October of 2024, as a living document meant to be maintained throughout the life of a case, the goal is that CFSD caseworkers would utilize the various meetings listed above to further support and engage the family in developing, or updating, information and key activities of their FCP to improve outcomes for their family within the child welfare system.

Currently the FCP is housed on CFSD's intranet platform with their other forms, and the FCP is electronically (or manually) completed by CFSD staff and applicable family members, and then the form is uploaded to CFSD's DocGen system, rather than completed within the DocGen system as referenced prior. Prior to October 2024, CFSD was able to make changes to the CAPS system and were able to create a "FCP" code to be utilized by the caseworker within the CAPS case note system to reflect when a FCP has been completed and uploaded. By using this code, CFSD can pull a data report reflecting all children in care during a period since the FCPs went into effect. CFSD can identify how many children have a documented FCP and can also report on whether the FCPs are being completed within the required timeframes as listed above. With a look towards the future and a new CCWIS system, CFSD plans to have the FCP built within the system to allow for easier data extraction.

CFSD's SFY25-29 outlines specific FCP goals including identifying a baseline to set future targets to further support FCPs being developed with parent(s) and youth.

Due to the limited data specific to this Item, CFSD relied on qualitative survey data collected during the SWA survey to further enhance the ability to measure the functionality of this new practice.

2025 CFSD CFSR Round 4 SWA Internal and External Survey

In March of 2025, CFSD surveyed both internal staff and external stakeholders. As stated in Section 1 of this assessment, this survey was completed by 147 internal CFSD staff, and 219 external stakeholders (including youth, parents, Tribal

members, court personnel, etc.). The following were the questions and responses collected specific to Item 20.

- The 147 internal staff participants were asked, ***"Should parent(s) be involved in developing their Family Case Plan?"*** Results are as follows in the table below.

Table 49: Parents Involvement in Family Case Plan (N=147)

Internal -Parent(s) Involvement in their Family Case Plan	Count / Percentage
Yes	147 / 100%
Grand Total	**147 / 100%**

- The 219 external stakeholders' participants were asked, ***"Do you believe the CFSD caseworkers are involving parent(s) in developing their Family Case Plan?"*** Of the respondents, twenty-five reported they were unable to answer due to "It not being applicable to their role," or they left their response blank. Those responses were not included in the table results below.

Table 50: Caseworkers Involve Parents in Developing Family Case Plans (N=194)

External -CFSD Caseworkers Are Involving Parent(s) in Developing Their Family Case Plan	Count / Percentage
No	44 / 23%
Yes	150 / 77%
Grand Total	**194 / 100%**

- The 147 internal staff participants were asked, ***"Should youth be involved in developing their Family Case Plan?"*** Results are as follows in the table below.

Table 51: Youth Involvmenet in Family Case Plan (N=147)

Internal -Youth Involvement in their Family Case Plan	Count / Percentage
Unsure	1 / 1%
Yes – *For youth who are fourteen years of age, or older.*	39 / 27%
Yes – *For all ages when youth has been assessed as developmentally appropriate to do so.*	107 / 73%
Grand Total	**147 / 100%**

- The 219 external stakeholders' participants were asked, ***"Do you believe the CFSD caseworkers are involving youth in developing their Family Case Plan?"*** Of the 219 respondents, twenty-five reported they were unable to answer due to "It not being applicable to their role," or they left their response blank. Those responses were not included in the table results below.

Table 52: Caseworkers Involve Youth in Developing Case Plans (N=194)

External -Youth Involvement in their Family Case Plan	Count / Percentage
No	39 / 20%
Unsure	80 / 41%
Yes – *For youth who are fourteen years of age, or older.*	28 / 14%
Yes – *For all ages when youth has been assessed as developmentally appropriate to do so.*	47 / 24%
Grand Total	**194 / 100%**

  - Of the 219 respondents, thirteen were parents and two were youth. They were asked, "***Have you been involved in developing your Family Case Plan?"*** Results are as follows in the table below.

Table 53: Parents/Youth Report their Involvement in Family Case Plans (N=15)

Parents/Youth - Involvement in their Family Case Plan	Count / Percentage
No	5 / 47%
Yes	8 / 53%
Grand Total	15 / 100%

- The 219 external stakeholders' participants were asked, ***"Have you reviewed the 'initial' Family Case Plan with your assigned caseworker?"*** Of the 219 respondents, there were twenty-seven respondents who left this question blank and seventy respondents that were listed as "not applicable to their role" and their responses were not included in the table below.

Table 54: Received a Copy of Family Case Plan (N=122)

External – Received Copy of Clients Family Case Plan	Count / Percentage
No	77 / 63%
Yes	45 / 37%
Grand Total	122 / 100%

  - Of the forty-five respondents who answered they have received a copy of their client's Family Case Plan, they were asked, ***"How often has your client's assigned caseworker reviewed your client's Family Case Plan with you in the past six months?"*** Participants could choose from the following options: 1x, 2x, 3x, 4x, or never.

Table 55: Caseworker Reviewed Family Case Plan with Respondent (N=45)

External – Reviewed Family Case Plan With You in the Past Six Months	Count / Percentage
1x	21 / 47%
2x	11 / 24%
3x	6 / 13%
4x	7 / 16%
Grand Total	45 / 100%

  - Of the 219 respondents, thirteen were parents and two were youth. Results are as follows in the table below.

Table 56: Parents/Youth Reviewed Family Case Plan (N=15)

Parents/Youth – Reviewed Initial Family Case Plan	Count / Percentage
No – I have never seen my Family Case Plan	9 / 60%
Yes	6 / 40%
Grand Total	15 / 100%

- The 147 internal staff participants were asked, ***"Have you completed a Family Case Plan for any of your current cases on your caseload?*** There were seventy-three responses that were listed as "not applicable to their role" and those were not reflected in the table below.

Table 57: Caseworkers have Completed a Family Case Plan (N=74)

Internal – Have Completed a Family Case Plan on Current Cases	Count / Percentage
No	9 / 12%
Yes	65 / 88%
Grand Total	74 / 100%

- Of the sixty-five internal staff respondents who answered "Yes" to completing a Family Case Plan on their current caseload, they were then asked, ***"How often do you involve the following parties in developing, reviewing, and revising their Family Case Plan (specific to parent(s), youth, providers, Tribal Social Services, and placement.)? Additionally how often do you provide a copy to the specific parties?"*** Participants could choose from: Always, Sometimes, Usually, Never, or Rarely. Results are as follows in the table below.

- *Related to Parents*

Table 58: Caseworkers Involve Parents in Development of Family Case Plans (N=65)

Internal – How Often Are Parent(S) Involved in Developing Their Family Case Plan?	Count / Percentage
Always	30 / 46%
Sometimes	15 / 23%
Usually	18 / 28%
Rarely	1 / 2%
Never	1 / 2%
Grand Total	**65 / 100%**

Table 59: Caseworkers Review Family Case Plans with Parents (N=65)

Internal – How Often Do You Review the Family Case Plans with the Parent(S)?	Count / Percentage
Always	31 / 48%
Sometimes	16 / 25%
Usually	14 / 22%
Rarely	3 / 5%
Never	1 / 2%
Grand Total	**65 / 100%**

Table 60: Caseworkers Provide a Copy of Family Case Plans to Parents (N=65)

Internal – How Often Do You Provide a Copy of the Family Case Plan to the Parent(S)?	Count / Percentage
Always	23 / 35%
Sometimes	12 / 18%
Usually	11 / 17%
Rarely	12 / 18%
Never	7 / 11%
Grand Total	**65 / 100%**

Table 61: Caseworkers Engage Parent(s) when Revising the Family Case Plans (N=65)

Internal – How Often Do You Engage Parent(S) In Family Case Plan Revisions?	Count / Percentage
Always	29 / 45%
Sometimes	15 / 23%
Usually	14 / 22%
Rarely	4 / 6%
Never	3 / 5%
Grand Total	**65 / 100%**

- *Related to Youth*

Table 62: Caseworkers Involve Youth (14 years of age, or older) in Development of Family Case Plans (N=65)

Internal – How often do you involve youth (14 years of age, or older) in Developing their Family Case Plan?	Count / Percentage
Always	37 / 57%
Sometimes	19 / 29%
Usually	9 / 14%
Grand Total	65 / 100%

Table 63: Caseworkers Involve Youth (under 14 years of age) in Development of Family Case Plans (N=65)

Internal – How Often Do You Involve Youth (Under 14 Years of Age and Developmentally Appropriate) In Developing Their Family Case Plan?	Count / Percentage
Always	25 / 38%
Sometimes	25 / 38%
Usually	10 / 15%
Rarely	5 / 8%
Grand Total	65 / 100%

Table 64: Caseworkers Review Family Case Plans with Youth (N=65)

Internal – How Often Do You Review The Family Case Plan with Youth?	Count / Percentage
Always	17 / 26%
Sometimes	28 / 43%
Usually	13 / 20%
Rarely	6 / 9%
Never	1 / 2%
Grand Total	65 / 100%

Table 65: Caseworkers Provide a Copy of Family Case Plans to Youth (N=65)

Internal – How Often Do You Provide a Copy of the Family Case Plan to the Youth?	Count / Percentage
Always	10 / 15%
Sometimes	15 / 23%
Usually	8 / 12%
Rarely	17 / 26%
Never	15 / 23%
Grand Total	65 / 100%

Table 66: Caseworkers Engage Youth when Revising the Family Case Plans (N=65)

Internal – How Often Do You Engage Youth in Family Case Plan Revisions?	Count / Percentage
Always	25 / 38%
Sometimes	19 / 29%
Usually	14 / 22%
Rarely	4 / 6%
Never	3 / 5%
Grand Total	65 / 100%

➢ *Related to Community Providers, Tribal Social Services, and Placements*

Table 67: Caseworkers Provide a Copy of Family Case Plans to Providers (N=65)

Internal – How Often Do You Provide a Copy of the Family Case Plan to Applicable Service Providers?	Count / Percentage
Always	12 / 18%
Sometimes	14 / 22%
Usually	6 / 9%
Rarely	15 / 23%
Never	18 / 28%
Grand Total	**65 / 100%**

Table 68: Caseworkers Provide a Copy of Family Case Plans to Tribal Social Services (N=65)

Internal – How Often Do You Provide a Copy of the Family Case Plan to Applicable Tribal Social Services?	Count / Percentage
Always	25 / 38%
Sometimes	16 / 25%
Usually	7 / 11%
Rarely	7 / 11%
Never	10 / 15%
Grand Total	**65 / 100%**

Table 69: Caseworkers Provide a Copy of Family Case Plans to Placement (N=65)

Internal – How Often Do You Share the Family Case Plan Goals with the Youth's Placement?	Count / Percentage
Always	24 / 37%
Sometimes	11 / 17%
Usually	13 / 20%
Rarely	11 / 17%
Never	6 / 9%
Grand Total	**65 / 100%**

- The 147 internal staff participants were asked, ***"Reflect on the barriers existing for current cases you have not completed a Family Case Plan on and share in a short description."*** CFSD CQI staff categorized the answers into the five categories that best described their open-ended answers. There were ninety-five responses that were listed as "not applicable to their role" and those were not reflected in the table below.

Table 70: Caseworkers Barriers to Completing Family Case Plans (N=52)

Internal – Barriers Existing Impacting the Completion of Family Case Plans	Count / Percentage
Parents' Attorney	1 / 2%
Parental Engagement	8 / 15%
Time/Form is Difficult to Complete	10 / 19%
No Barriers, All Cases Have a Family Case Plan	33 / 63%
Grand Total	**52 / 100%**

Item 20 Performance Appraisal

For the CFSR Round 4 (2025) SWA, CFSD has rated *'Systemic Factor Item 20'* as an Area Needing Improvement.

As previously discussed, CFSD implemented the FCP in October of 2024. When administrative data was pulled in May of 2025, it reflected that in 38% of active cases a FCP is overdue or has not been entered. Without further analytics, CFSD is unable to determine at this time if this is a data-entry issue, or if the FCPs are not being completed at all.

The administrative data does not currently have a way to reflect whether or not the FCP was developed jointly with the child's parent(s). To pull data specific to the process of developing the FCP with the child's parent(s) it will have to be a manual review process of each FCP; therefore, CFSDs intent is to utilize the Data Validation Tool discussed in the SFY25-29 CFSP during future case reviews to be able to further speak to this items assessment in the future. At the time of writing this SWA, the Data Validation Tool has not been initiated into the case review process. In addition, internal survey responses indicate that the FCPs are being completed; however, there is not enough external participants (parent(s), children, etc.) who responded to the survey to support that parent(s) are being engaged in the process of developing the FCP.

CFSDs new CCWIS system will have more interfacing data exchange that is compliant and will capture the requirements of this items assessment.

In summary, upon review of the quantitative and qualitative data available and shared throughout this items assessment above due to administrative data limitations, though required, CFSD is unable to ensure that each child who has been in care for at least 60 days has a written case plan that was developed jointly with the child's parent(s).

Item 21: Periodic Review

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

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

As was reported in the CFSR Round 3 (2017) SWA, CFSD continues to utilize FCRC for administrative periodic reviews, and additionally applicable court hearings that occur within six- month periods, or more often, such as Temporary Legal Custody Extension Hearings, Status Hearings, etc.

- Foster Care Review Committee (FCRC) – Are comprised of stakeholders past and present to hold administrative reviews of each child in foster care every 6 months in accordance with MCA 41-3-115 FCRC MCA Hyperlink.
- Temporary Legal Custody (TLC) Extension Hearings – Are hearings held no later than six months after the initial court finding that the child has been subjected to abuse or neglect to determine if TLC will remain with CFSD in accordance with MCA 41-3-442 TLC MCA Hyperlink.

CFSD relies on the accuracy and consistency of the caseworker, or other assigned staff, entering the committee and hearing dates into the SACWIS system. There are limitations of what can be pulled out of a data report specific to these entries, outside of frequency of occurrence. Historically, CFSD did not have reports or data available to quantify this information; however, CFSD used the ACF-CB 'Using Systemic Factor Items 21 Calculation Workbook' instructions to report the frequency of periodic reviews (FCRC, Applicable Court Hearings) that occurred no less frequently than once every six months for the following four performance periods reflected belows. The 'Hearing Type' in each table below indicates all applicable types of periodic reviews (FCRC, Applicable Court Hearings).

Item 21 Frequency Performance Period 1-4 Combined Table and Chart

CFSD used the Item 21 periodic review tool provided by ACF-CB to generate the following information outlined below. The

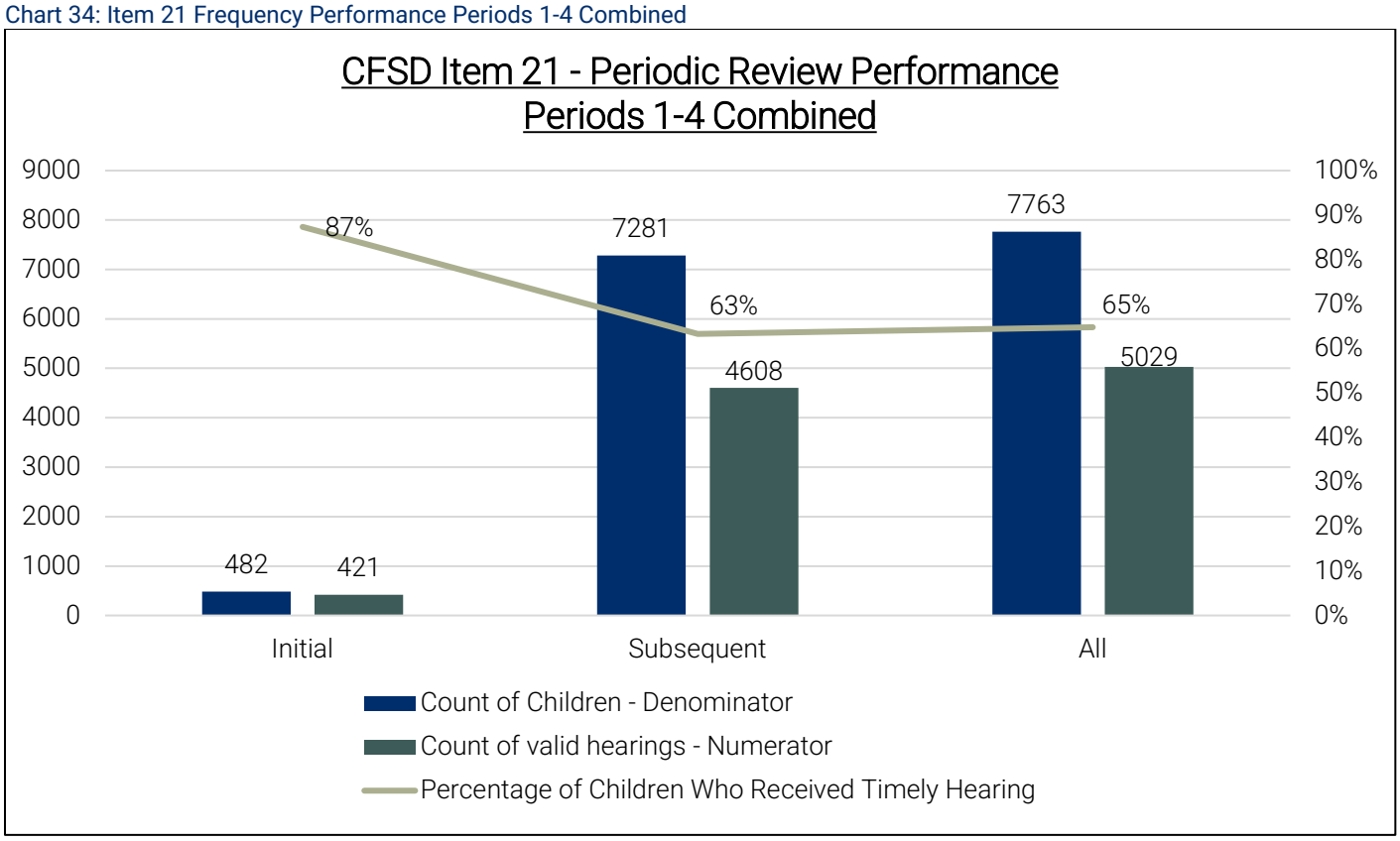
periods are as follows:

- Period One: First Day of Performance is January 1, 2023
- Period Two: First Day of Performance is July 1, 2023
- Period Three: First Day of Performance is January 1, 2024
- Period Four: First Day of Performance is July 1, 2024

Table 71: Item 21 Frequency Performance Periods Combined

Hearing Type	Count of Children *Denominator*	Count of Valid Hearings *Numerator*	Percentage of Children Who Received a Timely Hearing
Initial	482	421	87%
Subsequent	7281	4608	63%
All	7763	5029	65%

Chart 34: Item 21 Frequency Performance Periods 1-4 Combined



As shown above, the initial reviews statewide have the most deficient results with a marked increase for the subsequent reviews, thereafter, suggesting the periodic reviews are taking place in a timely manner 63% percent of the time.

CFSD has internal processes for scheduling the FCRC meetings and though this process varies by region, historical interviews with stakeholders indicate a consensus that FCRC meetings do occur for each child every six months; however, due to the limitations of the FCRC scheduling availability, these reviews are scheduled on the same day every month, dependent upon county and region. CFSD CQI and BA units have discussed these results in detail and believe that one of the factors resulting in the initial assessment timeliness issues is due in part to how these committees and hearings are scheduled by a specific day or week of a month, often missing the six-month initial review deadline, but then the subsequent reviews routinely take place within the next six months and thereafter. As an example, a region will hold their monthly FCRC meetings for the children in care in their region every second Monday of the month. This means that the six-month dates do not always correlate and often children's case plans may be reviewed within the same month in which their six-month

deadline would occur, however, the actual FCRC meeting held occurs after the six-month date has already passed. CFSD is currently reviewing this practice and hoping to address a solution that will capture more children early, versus late, for that initial six-month review, which would then result in the subsequential dates to be set up more accurately as well.

2025 CFSD CFSR Round 4 SWA Internal and External Survey

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

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

Table 72: Periodic Review Timeframes (N=147)

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

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

Table 73: Barriers to Achieving Periodic Reviews (N=55)

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

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

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

Table 74: Periodic Review Notices to Parent(s) (N=79)

Internal - Periodic Review Notice to Parents	Respondents Count / Percentage
Always	70 / 89%
Usually	5 / 6%

Internal - Periodic Review Notice to Parents	Respondents Count / Percentage
Never	4 / 5%
Grand Total	79 / 100%

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

Table 75: Periodic Review Notices to Foster/Kinship Placements (N=88)

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

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

Table 76: Periodic Review Notices to Youth (14 and Older) (N=84)

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

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

Table 77: Periodic Review Notices to Tribal Representatives (N=83)

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

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

Table 78: Periodic Review Notices to Parent(s) Attorney (N=79)

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

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

Table 79: Periodic Review Notices to Youth Attorney (N=86)

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

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

Table 80: Periodic Review Notices to CASA/GAL (N=86)

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

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

Table 81: External Invitations to Periodic Reviews (N=122)

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

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

Table 82: External Timely Notifications (N=84)

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

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

Table 83: FCRC Importance (N=339)

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

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

Table 84: Internal Response of Biggest Factor to FCRC Importance (N=89)

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

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

Table 85: External Response of Biggest Factor to FCRC Importance (N=155)

External – Biggest Contributing Factor Making FCRC Important to a Child's Case	Count/ Percentage
Assist with Maintaining Appropriate Permanency Goals and Planning to Meet the Child(ren) Current Needs/Situation	1 / 1%
Judicial Review and Oversight of Case	1 / 1%
Keeps Parents Updated, and Provides Them Hope	1 / 1%
Safe and Appropriate Placement Determination	1 / 1%
Support for the Child, Placement, and Family	1/ 1%
Transparent Case Planning	1 / 1%
Youth Engagement / Impact on Youth	1 / 1%
Youth Engagement / Supporting Transitional Living Plan	1 / 1%
Improve Process to Provide More Advanced Notification of FCRC Meetings	3 / 2%
Quality Assurance to Evaluate Interventions and Improve Child Welfare Practices	3 / 2%
Supports Reunification Efforts	3 / 2%
Team Collaboration and Communication	3 / 2%
Family Engagement and Opportunity to Share/Voice Opinions and Concerns	5 / 3%

External – Biggest Contributing Factor Making FCRC Important to a Child's Case	Count/ Percentage
in Safe Manner	
Child Safety and Placement Stabilization	7 / 5%
External Interdisciplinary Oversight of Case Plans	8 / 5%
Youth Engagement and Ongoing Assessment of Needs. Youth Having Opportunity to Share/Voice Opinions and Concerns in Safe Manner	8 / 5%
Accountability of All Parties Involved (CFSD, Family Members, Providers, etc.), Engagement, Status Updates, and Collaboration in Decision Making Regarding the Child's Permanency Goals and Planning	15 / 10%
Ongoing Case Monitoring, Engagement, Status Updates, Collaboration and Opportunities to Adjust the Case Plan (Services, Placement, Visitation, Permanency Goals, Placement, etc.) to Meet the Family's Needs	92 / 59%
Grand Total	155 / 100%

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

Table 86: FCRC Committee Member Inquiry (N=219)

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

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

Table 87: FCRC Members Receiving Family Case Plans (N=24)

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

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

Table 88: Caseworkers Response to Providing FCRC with Family Case Plans(N=65)

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

Item 21 Performance Appraisal

For the CFSR Round 4 (2025) SWA, CFSD has rated *'Systemic Factor Item 21'* as an Area Needing Improvement.

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

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

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

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

In summary, upon review of the quantitative and qualitative data available and shared throughout this item's assessment above, due to administrative data limitations, though required, CFSD is unable to ensure that a periodic review for each child occurs no less frequently than once every six months (by court or administrative review).

Item 22: Permanency Hearings

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

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

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

- Held within 30 days of a determination that reasonable efforts to provide preservation or reunification services are not necessary.
- Held no later than twelve months after the initial court finding that the child has been subjected to abuse or neglect or twelve months after the child's first sixty days of removal from the home, whichever comes first and every twelve months thereafter until the child is permanently placed in either an adoptive or a guardianship placement. The court or the court-approved entity holding the permanency hearing shall conduct a hearing and the court shall issue a finding as to whether the department has made reasonable efforts to finalize the permanency plan for the child.
- Not required if the proceeding has been dismissed, the child is not removed from the home, the child has been returned to the child's parent or guardian, or the child has been legally adopted or appointed a legal guardian.
- May be combined with a hearing that is required in other sections of this part or with a review if held within the applicable time limits. If a permanency hearing is combined with another hearing or a review, the requirements of the court related to the disposition of the other hearing or review must be met in addition to the requirements of this section.

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

Like Item 21, CFSD has historically not had reports or data available to quantify information regarding ongoing Permanency Hearings for children in foster care. CFSD relies on the accuracy and consistency of the caseworker, or other assigned staff, when entering the hearing dates into the SACWIS system. There are limitations of what can be pulled out of a data report specific to these entries, outside of frequency of occurrence. CFSD used the ACF-CB 'Using Systemic Factor Items 22 Calculation Workbook' instructions to report the frequency of Permanency Hearings that are occurring no less frequently than once every twelve months for the following two performance periods reflected below. The 'Hearing Type' on each table below indicates Permanency Hearings.

Item 22 Frequency Performance Period 1-2 Combined Table and Chart

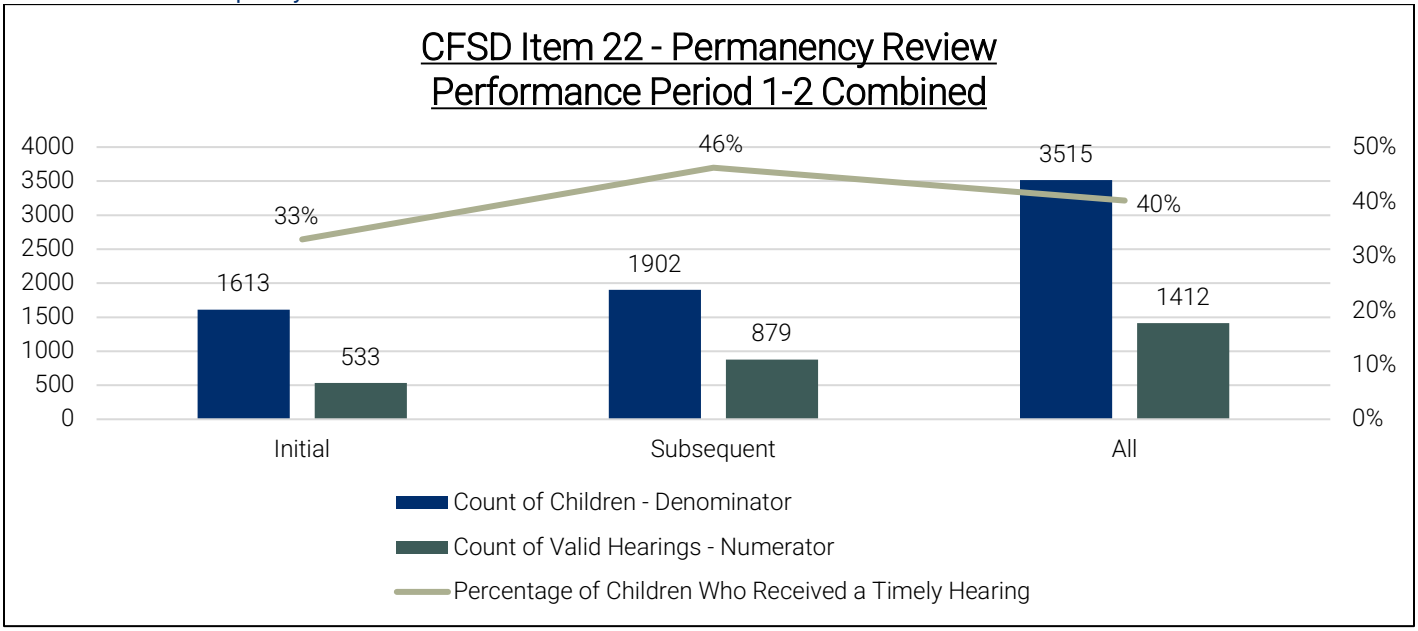
CFSD used the Item 22 Permanency Hearing tool provided by ACF-CB to generate the following information outlined below. The periods are as follows:

- Period One: First Day of Performance is January 1, 2023
- Period Two: First Day of Performance is January 1, 2024

Table 89: Item 22 Frequency Performance Periods Combined

Hearing Type	Count of Children *Denominator*	Count of Valid Hearings *Numerator*	Percentage of Children Who Received a Timely Hearing
Initial	1613	533	33%
Subsequent	1902	879	46%
All	3515	1412	40%

Chart 35: Item 22 Frequency Performance Periods Combined



As shown above, the initial Permanency Hearing reviews have the most deficient results with a marked increase for the subsequent reviews, suggesting the Permanency Hearings are taking place in a timely manner 46% percent of the time. It is important to note that the percentage of cases receiving a timely Permanency Hearing may be slightly affected and misrepresented, as the numbers reflect time between an initial case filing and subsequent Permanency Hearings, which can vary by a few days, depending on when the child was removed from care. In addition, if a hearing has not occurred, it is not captured in the court's database. The court does not collect data on children in foster care and is not responsible for determining the date when a permanency hearing is required. Nor does the state's child welfare data system have a current reporting mechanism able to capture timely Permanency Hearing data. CFSD does not control the scheduling of the courts; however, as hypothesized in Item 21, CFSD believes Permanency Hearings may be held during the same month in which the twelve-month date would occur; however, due to scheduling practices the actual court hearing date may occur past the actual twelve-month period date accounted for in this assessment. Therefore, CFSD is only able to report timeliness information for hearings that have occurred.

2025 CFSD CFSR Round 4 SWA Internal and External Survey

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

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

Table 90: Caseworker Receive Timely Notice of Hearings (N=76)

Internal –Timely Notice from County Attorney, or Attorney General of	Count / Percentage

Permanency Hearing Affidavits Due to Court	
No	19 / 25%
Yes	57 / 75%
Grand Total	76 / 100%

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

Table 91: Barriers to Caseworkers Receiving Timely Notice of Hearings (N=12)

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

Item 22 Performance Appraisal

For the CFSR Round 4 (2025) SWA, CFSD has rated *'Systemic Factor Item 22'* as an Area Needing Improvement.

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

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

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

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

Item 23: Termination of Parental Rights

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

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

CFSD Post-Adjudication procedure states TPR must be considered if a child has been in foster care under the physical custody of the state for fifteen months of the most recent twenty-two months, or if the court has found that reasonable

efforts to preserve or reunify a child with the child's parent or guardian are not required, a petition to terminate parental rights must be filed unless an exception outlined in MCA 41-3-604 MCA 41-3-604 Hyperlink or in the ASFA is met. Exceptions impacting on why TPR has not been filed in a case include the following:

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

Beyond case reviews, CFSD has been unable to quantify the frequency at which TPRs are filed at fifteen of the most recent twenty-two months when exceptions do not exist. Though the dates and results of TPR hearings are recorded in CAPS, the dates of filings are not. With the access to raw data through SQL mentioned in previous sections, CFSD is now able to create a report that will identify at what point a TPR filing, or exception is required, with minimal limitations. Limitations include being unable to exclude time children may have spent on a THV. CFSD is also working toward a method of consistent documentation for when a TPR is filed, documentation of exception to that filing, and documentation of common reasons why it is not filed when an exception does not exist that will be extractable and allow CFSD to quantify the TPRs that are filed timely. Currently, CFSD SACWIS reports can detail the length of time a child remains in care once TPR has been achieved; however, it does not capture when the TPR petition is submitted to the court and the length of time between the TPR petition and when TPR is court ordered. Additionally, CFSD does not have a way to determine why a petition is not submitted within the required timeframes or why a court does not grant termination timely. When a continuance is filed, the court screens are updated, but the exception reason for the continuance is in a free text comment field that does not get extracted for reports.

Information gathered from stakeholders through prior and recent focus groups and case review data, identified that:

- TPR is not always filed (or an exception documented) in accordance with required provisions.
- There are numerous barriers to this process.
- CFSD staff are given conflicting criteria for when to file for TPR and thus do not always know when it should be filed.

2022 CFSD Permanency Survey (UM-CCFWD Collaboration)

As mentioned in Item 5 of this assessment, in September of 2022, CFSD partnered with the UM-CCFWD to survey and evaluate caseworker knowledge and understanding of permanency and concurrent planning, as well as to help identify both internal and external barriers impacting timeliness to permanency for children in foster care. There were 131 internal staff who responded to the survey (103 field caseworkers (CPS and CPSS), and twenty-eight licensing staff (RFS and RFSS). The results of the survey as applicable to Item 23 were in a chart provided by the UM-CCFWD report and did not have data labels, therefore it would not be beneficial to add into this assessment; however, their analytics of the responses were as follows:

- Field workers participants (N=103) were asked, ***"Report on their utilization of requesting an extension for Temporary Legal Custody (TLC) of children."*** Extended TLC can be requested if additional time is needed for birth parents to complete treatment plans, additional changes need to be made to return the child home safely, the state has made active efforts, and/or it is not in the best interest of the child to be returned due to biological parents' needs or child's needs.
    - There were fifty respondents (N=50), and 56% reported they requested extension for TLC half the time or more for children on their caseload.
- Field workers participants (N=103) were asked, ***"How often they use exceptions to file for Termination of Parental Rights (TPR).*** This must be clearly documented in a child's permanency plan.
    - There were fifty-one respondents (N=51), 92% indicated, though minimal, on cases that they have requested an extension that it was due to the state not providing services deemed necessary to the family to promote reunification.
- The 131 participants were asked, ***"Does filing for a TPR extension automatically extend the expected agencies timelines to achieve permanency?"*** The timeline to achieve permanency has not changed.
    - 21% said Yes
    - 79% said No

2025 CFSD CFSR Round 4 SWA Internal and External Survey

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

- The 147 internal staff participants were asked, ***"What is the frequency in which you file an exception to TPR, and for what applicable reason?"*** Participants could choose from the following options: less than half the time, half the time, more than half the time, I've never filed an exception to TPR, or not applicable to role, for the following three exception categories:
  - CFSD has not provided services deemed necessary to support reunification.
  - CFSD has documented compelling reasons that TPR would not be in the child's best interest.
  - CFSD has placed the child with a relative caregiver.

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

Table 92: Frequency Timeframe for Filing Exceptions to TPR (N=65)

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

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

Table 93: Filing TPR Extends Permanency Timelines (N=147)

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

Item 23 Performance Appraisal

For the CFSR Round 4 (2025) SWA, CFSD has rated *'Systemic Factor Item 23'* as an Area Needing Improvement.

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

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

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

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

Item 24: Notice of Hearings and Review to Caregivers

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

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

Prior to 2017 CFSR Round 3, CFSD addressed this issue with their state attorneys to ensure that kinship and foster care providers were listed as a party to the case in court proceedings. CFSD addressed practice internally to ensure that staff were providing a list to the state attorney's office of who should be provided with notices. While there was indication of providers receiving notices more often, it was still not known how often providers were given appropriate notice. In addition, providers had indicated they were not allowed to give their input into reviews and hearings.

The above process regarding the notice of hearings is still currently in place at the time of this assessment being written. However, each region within the state has its own process for ensuring that foster parents, pre-adoptive parents, and relative caregivers of children in foster care are notified of, and have a right to be heard in, any review or hearing held with respect to the child. Letters of notice and invitation (may be U.S. mail or email) are sent regarding FCRC. The variation is greater with hearings. Because there is no standardized process for this, and no way to gather empirical evidence within the existing systems as to how often this is occurring, it is believed to be inconsistent in how it functions.

CFSD is seeking more consistency in active efforts to ensure that foster parents, pre-adoptive parents, and relative caregivers of children in foster care are routinely notified of any review or hearing held with respect to the child and furthermore are given the opportunity to speak and be heard. Because there is no standardized process of notification and invitations being provided, and neither CFSD's child welfare case record system SACWIS, nor the court case management system collect data related to this Item, there is no way to gather empirical evidence within the existing systems of how often notifications are occurring. CFSD believes this to be inconsistent in how its system is functioning in relation to this Item. As CFSD works towards a new CCWIS solution, the ability to automate this process will be explored to have a consistent system regarding notification to applicable parties for both FCRC and court hearings.

2025 CFSD CFSR Round 4 SWA Internal and External Survey

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

- The 147 internal staff participants were asked, ***"Reflect on how often you notify parents, youth, foster families (licensed and kinship), providers, and applicable Tribal representatives on cases when court hearings (not just permanency hearings) are occurring?"*** Results are as follows in the table below. (N=147)
    - Parents: There were sixty-seven responses that were listed as "not applicable to their role" and those were not reflected in the table below.

Table 94: Court Hearing Notice to Parent (N=80)

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

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

Table 95: Court Hearing Notice to Placement (N=89)

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

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

Table 96: Court Hearing Notice to Youth (14 or older) (N=85)

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

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

Table 97: Court Hearing Notice to Tribal Representatives (N=83)

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

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

Table 98: Court Hearing Notice to Providers (N=85)

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

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

Table 99: Factors Present when Notice not Provided (N=75)

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

Item 24 Performance Appraisal

For the CFSR Round 4 (2025) SWA, CFSD has rated *'Systemic Factor Item 24'* as an Area Needing Improvement.

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

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

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

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

In summary, upon review of the quantitative and qualitative data available and shared throughout this item's assessment above, due to administrative data limitations, though required, CFSD is unable to ensure that foster parents, pre-adoptive

parents, and relative caregivers of children in foster care are receiving notification of any review or hearing held with respect to the child and have a right to be heard in any review or hearing held in respect to the child.

C. Quality Assurance System

For the CFSR Round 4 (2025) SWA, CFSD has rated *'Quality Assurance System - Item 25'* as a Strength.

- *Note: In CFSR Round 3 (2017), this was rated an Area Needing Improvement.*

Item 25: Quality Assurance System

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

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

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

Systemic Factor Item 25 was selected as a priority focus during the CFSR Round 3 PIP Measurement Period. CFSD began problem exploration and key findings and set forth the PIP Goal #1 "Establish a supportive learning culture within the division as a framework to effectuate and sustain effective child welfare practice" by focusing on implementations regarding the following strategies and key activities:

- Strategy 1.4: Develop a Continuous Quality Improvement Program to inform us of the implementation of process changes throughout the learning organization.
    - Key Activities:
        - 1.4.1: Create and train a CQI Committee with representation from internal and external stakeholders.
            - CFSD completed this key activity strategy in November of 2020.
        - 1.4.2: Create a data validation plan for CCWIS to ensure input and output of data is accurate, timely and available.
            - CFSD completed this key activity strategy in October of 2020.
        - 1.4.3: Develop a process around gathering, analyzing and disseminating data/information.
            - CFSD completed this key activity strategy in January of 2021.
        - 1.4.4: Create a CQI/data repository to ensure all data collected is available to the CQI committee.
            - CFSD completed this key activity strategy in January of 2021.
        - 1.4.5: Review and Update the CFSP/APSR to ensure alignment with the PIP as well as legislative mandates.
            - CFSD completed this key activity strategy in June of 2020.
        - 1.4.6: Develop and/or reengage Regional Advisory Boards to increase feedback loops across the state
            - CFSD completed this key activity strategy in December of 2020.
        - 1.4.7: Incorporate feedback loops through Bi-annual meetings with Regional Advisory Boards, State Advisory Boards, Youth Advisory Board, Tribal Social Services, surveys and stakeholder meetings.
            - CFSD completed this key activity strategy in January of 2021.

- 1.4.8: Implement identified changes in specified counties/regions based on the data outcomes using the change management processes (plan, do, study, act).
    - CFSD completed this key activity strategy in January of 2022.

As CFSD completed CFSR Round 3 and finalized their PIP requirements, the Divisional leadership was completely different than it was when the CFSR Round 3 process started. The level of investment of that leadership was unclear and the importance and value-added opportunities of the PIP were not always effectively communicated. From the beginning of the CFSR Round 3 process through the end of the PIP, CFSD made the following efforts to improve this item:

- CFSD developed new policy and procedures to be a more effectively implemented practice model with a greater emphasis on training, coaching, and mentoring, and a more developed and robust CQI model helping CFSD independently and collectively improve how work with children and families is completed. This work has become integral to CFSD's future child welfare success improving safety, permanency and well-being outcomes for Montana children.
- CFSD collaborated with CSCWCBC to build out staff capacity to develop and implement a CQI team and process that collects and analyzes data from various sources and methods and presents and discusses their findings with Senior Management and regional staff allowing for CFSD to take a deeper dive into positive and challenging trends across the state, within regions and within specific units.
- With the assistance of the *Capacity Building Center for the States* CFSD developed and launched "Leaders in Organizational Change" (LOC) Committee which was composed of key stakeholders from across Division as well as CFSD's partners at the UM-CCFWD. This team established and oversaw workgroups, supporting effective communication through feedback loops, and making recommendations to the M-Team. LOC developed three workgroups, each focused on different aspects of CQI. These workgroups were:
    - Data and Case Review Workgroup – Focused on using existing data reports and creating new reports as needed to examine CFSD's effectiveness in developing and implementing interventions and strategies aimed at improving safety, permanency and well-being outcomes for children and families. This workgroup led the monthly case review process and led follow-up discussions with CFSDs M-Team and regional staff regarding the findings from the case reviews identifying practice trends.
    - Stakeholder Engagement Workgroup – With the partnership of the *Capacity Building Center for the States,* focused on building and sustaining feedback loops with key stakeholders throughout the State and within our Regions. These feedback loops included (which have been discussed previously in Section 1 of this assessment):
        - Parent Advisory Board
        - Youth Advisory Board
        - State Advisory Board
        - Regional Advisory Councils

      Each of these stakeholder groups present opportunities for CFSD to share initiatives and plans, present data, and obtain feedback which led to creating the process of including external stakeholders in improvement plans at state and local levels. This led to more formalized processes to ensure continuity and regularity, while also providing opportunities for CFSD to share more information surrounding the state's CFSP, APSR, PIP, and CFSR process, planning and results, to promote better understanding and involvement from external stakeholders.
    - CQI Plan/Roadmap Workgroup - Focused on formalizing the steps CFSD was taking to develop the CQI process into documents (Plan, Policy and Procedures). These documents were aimed at improving consistency of practice to attain positive outcomes for our children and families. In addition, CFSD focused on how data was being entered by staff and overall collected within administrative systems as well as data being collected surrounding CFSD's newly implemented strategies. Through the process of data collection and analysis, CFSD identified ways the data collection could be enhanced to provide more useful information to help inform decisions moving forward, which included more discussions prior to implementing data tracking to ensure correct data is being collected in the most efficient manner available from the beginning. CFSD collaborated with external stakeholders with more data collection and analysis experience than internal stakeholders to learn ways to better identify more efficient data (both qualitative and quantitative) collection tools. All this work has supported CFSD's increased data collection, presentation, and ability to make plans for improvement based on data.

CFSD utilized this CQI process during the CFSR Round 3 PIP to improve practices and interventions utilizing quantitative data and qualitative data as it is available. As an example, CFSD focused on the following:

- CQI and Case Review Processes – CFSD identified inefficiencies in their process, such as utilizing a rotating pool of reviewers for case reviews, which resulted in more time required in retraining and impacted the overall QA processes. CFSD made changes to ensure reviewers remained consistent as well as implementing more formal training for reviewers to enhance reviewer knowledge and consistency in application of the OSRI.
- Additionally, CFSD developed reporting measures that were shared after each PIP review period that detailed percentages of strengths and areas needing improvement, with further breakdown and detail as to reasons for the associated rating. Additionally, the information was broken down by region and case type when there were variations across regional performance specific to Item outcomes.
- Efforts to Improve the Quality and Frequency of Caseworker Monthly Visits: Through data collection and analyses CSFD was able to highlight a knowledge and skill gap in overall consistent of caseworkers and their ability to engage families. Training was provided throughout several regions and more in-depth engagement training was revamped for all staff levels through collaboration of regional staff, training staff, and CQI staff. After providing more training, CFSD's administrative data started to reflect the frequency of child visits showing improvement statewide, and the qualitative data available through case reviews at the time also supported an improvement in quality.

Since the PIP, in 2023, CFSD restructured the Technology and Data System Unit (which housed both the CQI staff and the BA staff) by separating the staff into two bureaus. This allowed both bureaus to expand their projects, resources and their capacity. These two bureaus collaborate often to accurately assess and drive positive change. In addition, CFSD dismantled LOC and the short-term work groups established to support the LOC agenda. The following is the status of these three programs (CQI, BA, and LOC):

- CQI Bureau currently has five full- time positions (more than double the positions dedicated to CQI in 2022 and prior) supervised by the Deputy Division Administrator, who is also responsible for involvement in many other programs and processes. The CQI staff are all new to the CQI team within the past 1.5 years, though they all have prior experience with the agency with a cumulative 97 total number of years of experience with CFSD.
- BA Bureau currently has five positions (three full-time and two half-time) supervised by the BA Bureau Chief.
- The Safety Committee (addressed earlier in this assessment) took over the LOC agenda and took the initiative to continue to drive practice changes forward.

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

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

Additionally, since the PIP, in 2023, CFSD developed monthly reporting that allows for assessing trends through cumulative data as well as a breakdown to specific case level. Much of this is done through use of pivot tables, as they allow for easy view of the entire state or breakdown by region, county, supervisor, worker, and/or case type. Not only does the monthly view of data help promote improvement and identification of problem areas, but it also ensures the data is being looked at frequently, which allows for concerns within the data to be identified (for instance, cases being attributed to the wrong county). Since the creation of these reports, CFSD has seen improved outcomes in both measures, as RAs and regional leadership teams have been able to look at trending and use the data provided to identify barriers and shortcomings and develop plans to address those. On a monthly basis, more often if noted, the following reports are completed and provided to M-Team, which then are shared with regional supervisors as a tool for improving case management.

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

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

- Adoption Disruptions: This is a report reflecting the disrupted adoptions/guardianships that occur monthly.
- Youth 14+ Credit Checks: This is a quarterly report reflecting all youth in care who are required to have a credit report pulled and reviewed with them during the same period. The pull is based on each youth's birthday and ensures that the credit report process is done yearly. The report is provided to caseworkers, enabling them to know and track what youth are due for review.
- Foster Care Youth Turning 18: The BA unit initiated a monthly report process to assist Guardianship and Adoption Program Managers with Medicaid termination processes. The monthly pulled report reflects all adopted and guardianship kids turning 18 in the following month. Appropriate information from this report is shared consistently with the Medicaid Unit. This proactive effort has greatly reduced the frequency of questions between programs staff and the Medicaid unit about closures.
- MCFCIP Eligible Youth Referral: The BA unit implemented a monthly report that is pulled to reflect all MCFCIP eligible youth in care. This report is arranged by region and shared with both MCFCIP providers and caseworkers. This practice has eliminated the need for paper referrals from caseworkers to MCFCIP providers, which frequently caused service delays, and provides MCFCIP with the most up to date contact information for MCFCIP eligible youth. This has reshaped the referral process for MCFCIP, and more eligible youth are being connected timelier.

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

- Caseworker Visits with Parents: These are two separate reports, one reflecting data specific to caseworker visits with mothers, and another specific to caseworker visits with fathers. These reports are in keeping with goals set forth in CFSD's SFY25-29 CFSP. This allows a cumulative view of the documentation of these visits. Though there are limitations to the data based on the current case management system, those are accounted for in assessing the data. This cumulative view will allow CFSD to take a deeper look at the engagement of parents in children's case plans as well as the documentation of such.
- Periodic Review Report (Foster Care Review Committee and Permanency Hearings): These reports are generated monthly to reflect when periodic reviews are either coming due or are overdue. Additionally, a report is generated cumulatively every six months to reflect current status.
- Timely filing of TPR: This report is generated monthly to reflect the current status of the TPRs or Exceptions to TPRs, and whether they were entered into the SACWIS system. The data reflects whether the information entered was completed timely.
- Adoption/Guardianship Subsidized End Date Report: Historically, on occasion the Guardianship and Adoption Program Managers have become aware of a child whose subsidy had ended prior to the child's eighteenth birthday. With the goal of proactively addressing data input errors, the BA unit began pulling reports that document kids whose subsidy is set to close on a date other than their eighteenth birthday. This report has allowed program managers to investigate the legitimacy of the dates entered and proactively make necessary corrections versus hearing from a parent that their subsidy was unexpectantly terminated.
- Guardianship Tracker: Due to constraints of the current case management system, a tracking sheet was utilized for years to track processes of guardianship. This included the time it takes from a referral from caseworker to complete a guardianship to the time it is ordered/completed. However, the way the spreadsheet was initially

created, and data was entered, resulted in all data from it needing to be 'hand-counted'. In Spring of 2025, CFSD's BA unit worked with the Guardianship Program Manager to re-format the tracking sheet, and the process of entering data, to reduce the likelihood of human error, improved reporting capabilities, and reduced the amount of time required to access and report on data from this tracking. The new process ensures the following:

- Remove the need for any hand-counts
- Automatically calculate timelines that are tracked to reduce human error
- Utilize drop downs for fields in which they apply, again to reduce human error
- Create automatic cumulative reporting of identified criteria wanting tracked (such as timelines to completion)

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

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

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

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

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

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

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

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

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

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

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

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

The CQI unit participates in supporting the Regional Advisory Council and the State Advisory Council with the goal of introducing stakeholders to the CFSR process, how stakeholders can be involved in the process, and how stakeholders can be involved in the resulting PIP. Moreover, during these meetings, stakeholders shared their thoughts and concerns pertaining to the division's work and interaction with stakeholders, and this feedback is being used to develop surveys and topical platforms for focus groups moving forward. Stakeholders have partnered with CFSD to further develop effective communication and collaboration between the parties. CFSD currently shares trends, comparisons, and findings derived

from data to help guide collaborative efforts with internal and external stakeholders (including RAC, SAC, Legislative Committees, and service providers). This included briefings on reports from case review data to regional staff and stakeholders, statewide data on case review results, administrative data, and SWDI to decision-makers within CFSD, statewide stakeholders, and legislative committees. Feedback provided to them, and resulting discussions and feedback from them, has resulted in several changes to existing practices, both internally and through collaborative efforts with partnering agencies. Some examples of this include providing training in 2023 on concurrent planning and goal setting, a different approach to Chafee referrals with MCFCIP providers, restructuring the way information is pulled and followed up on for credit reports for youth over fourteen to be more efficient, providing data in a more reader friendly format, and a current look at processes for ensuring medical coverage is handled appropriately for youth in care and in subsidized adoptions or guardianships.

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

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

CFSD M-Team CQI Focus Group Feedback

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

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

Item 25 Performance Appraisal

For the CFSR Round 4 (2025) SWA, CFSD has rated *'Systemic Factor Item 25'* as a Strength.

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

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

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

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

D. Staff and Provider Training

For the CFSR Round 4 (2025) SWA, CFSD has rated *'Staff and Provider Training – Items 26-28"* as a Strength.

- *Note: In CFSR Round 3 (2017), this was rated an Area Needing Improvement.*

Item 26: Initial Staff Training

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

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

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

Systemic Factor Item 26 was selected as a priority focus during the CFSR Round 3 PIP Measurement Period. CFSD began problem exploration and key findings and set forth the PIP Goal #1 "Establish a supportive learning culture within the Division as a framework to effectuate and sustain effective child welfare practice" by focusing on implementations regarding the following strategies and key activities:

- Strategy 1.3: Implement a coaching/mentoring program for CPSs focused on development and utilization of engagement tools and strategies in case planning.
    - Key Activities:
        - 1.3.1: Develop a team within each region consisting of a FLTSs, WTCs, CWMs and CPSS to implement the Coaching Program in partnership with the University.
            - CFSD completed this key activity in February of 2020.
        - 1.3.2: Develop an individualized training plan for new workers to ensure continuity of skill development and application.
            - CFSD completed this key activity in February of 2020.
        - 1.3.3: Coaching/Mentoring evaluation will be developed by UM-CCFWD.
            - CFSD completed this key activity in September of 2020.
        - 1.3.4: Evaluations will be conducted with new staff after completion of MCAN and expand to all staff who have a training plan
            - CFSD completed this key activity in January of 2022.
        - 1.3.5: Modifications to the coaching/mentoring process will be made based on the evaluation results.
            - CFSD completed this key activity in January of 2022.

The efforts achieved during the CFSR Round 3 PIP-Monitored period were all reported in the Final Montana PIP Progress Report submitted to ACF-CB. Most of the efforts remain intact currently and are discussed in detail throughout Item 26 assessment as reflected below.

Initial Training Requirement and Expectations

The Training Bureau consists of three full time employees, the Training Bureau Chief, Training Development Specialist Supervisor (TDSS), and a Training Development Specialist (TDS) as recently as January of 2025. The TDSS and TDS are dedicated to the new hire training of CPS and share responsibilities with the Training Bureau Chief with regard to the new hire training of CPSS, the on-going progressional development training for CPS and CPSS, as well as administrative duties to track the completion of the new hire and on-going and/or annual training requirements for both staff types, CPS and CPSS.

Upon initial hire, CPS are automatically registered for training to meet their training requirements. The Training Bureau then contacts the new CPS via email and virtual meetings to orient them with their assigned training schedule and provide technical assistance in assessing training and training resources through various platforms.

Orientation Training Manual

Upon registration for training, the Training Bureau issues a position-specific *Orientation Training Manual* to onboarding staff and/or their supervisor.

The *CPS Orientation Training Manual* (CPS Training Manual) contains sections of CFSD policy and Montana statutes on child welfare laws and training requirements that are read and reviewed with the staff, the staff member's direct supervisor, and previously CFSD's FLTS. It should be noted that FLTS positions were dissolved throughout 2024, and their duties were gradually assumed by the CPSS with continued support from the Training Bureau staff.

The *CPS Training Manual* outlines training expectations for the first twelve months of employment portioned out into phases in which new CPS coordinate with their direct supervisor and the Training Bureau to complete the requirements timely. The CPS Training Manual phases are organized in the table below.

Table 100: CPS Training Manual Phases

Welcome & Orientation
Overview of Training Requirements
Orientation to CFSD Organizational Structure & Local Office Layout
Technical Support & Assistance
Phase I
Training Plan Development & Welcome Meetings with Training Bureau
Pre-requisite Montana Child Abuse and Neglect Orientation Training (Pre-MCAN)
SETs Scheduled
Montana Child Abuse and Neglect Orientation Training (MCAN) Week 1
MCAN Week 1 & Childhood Trauma CPS Certification Exam
Phase 2
MCAN Week 2
Investigative Shadowing Requirements and Training Reports
MCAN Week 2 CPS Certification Exam
Phase 3
MCAN Week 3
Shadowing Requirements & Training Reports Continued
MCAN Week 3 CPS Certification Exam
Phase 4
MCAN Week 4
Core Case Management Activities & Shadowing Requirements
MCAN Week 4 CPS Certification Exam
Annual Review

Review of first-year training requirements and completion status
Exit meeting with Training Bureau
Review of Annual CPS Certification Training Requirements

New Hire On-boarding Training Requirements and Curriculum Overview

The on-boarding training requirements for CPS include an asynchronous series of pre-MCAN courses, shadowing of peers, leadership staff, and supervisors conducting investigative and case management related field activities, completion of virtual and in-person practice oriented MCAN courses, completion of the CPS certification and associated exams, and virtually facilitated Skill Enhancement Trainings (SETs).

The training content specific to pre-MCAN, shadowing, MCAN, and SETs curriculum are required to be completed by CPS within their first year of hire.

- Pre-MCAN, MCAN, and achievement of the CPS certification are completed on average within the CPS first three-four months of hire.
    - Sixty-two of sixty-three CPS staff successfully achieved their MT CPS certification in 2024. One CPS staff failed to successfully complete certification due to termination of employment prior to the completion of MCAN. Fifty-nine of the sixty-two certified CPS staff successfully completed their certification within the first four months of their hire date. Of the four CPS staff that did not certify within four months of hire, three failed to attend the virtually offered Childhood Trauma training timely and one accounted for the staff that was terminated prior to the completion of MCAN. The majority of the 2024 CPS MCAN participants successfully achieved their certification in three months or less (twenty-three of sixty-two), whereas eighteen of the sixty-two CPS MCAN participants achieved certification between three and four months of their hire date leaving eighteen of sixty-two CPS staff achieving certification in less than two months of their hire date. Of the three CPSs that did not achieve certification within four months of their hire date, all three staff were able to successfully certify within their first year of hire, two of three achieved certification during their sixth month of hire and one of the three achieved certification at eight months of hire.
- New hire shadowing is initiated upon hire and continues throughout the first year of hire. CPSS staff align their newly hired CPS staff with peers, staff in leadership roles (i.e.: Child Welfare Mangers or specialized position types), and/or the assigned CPSS or other CPSS in the office to observe field activities associated with investigation and case management.
- The SETs are completed by each CPS over the course of their entire first year of hire.

Though not a requirement, staff are encouraged to be employed with CFSD for approximately thirty days prior to attending new hire MCAN training to allow for time to observe field experiences with their supervisor, peers, or leadership staff in their area to gain applicable perspective to inform their classroom learning sessions. New CPS staff are paired with more experienced staff to shadow and/or observe field interactions with clients and professionals, legal proceedings, or team meetings from the time of their hire and throughout completion of MCAN. Additional opportunities for new CPSs to shadow and observe field experiences are afforded on an individual basis throughout the course of the staff's first year of hire.

Phases one through four of the CPS Training Manual coincide with weeks one through four of MCAN and the completion of the initial CPS certification. The training requirements associated with the initial CPS certification are imbedded in the Pre-MCAN, MCAN and Childhood Trauma SETs curriculum. Competency exams are associated with each week of MCAN, as well as the Childhood Trauma SETs, and serve as the required examinations for certification. All employees in child-facing employment positions, currently defined as CPS and CPSS, are required to meet specific MT-CPS Certification requirements within their first year of employment per the following MCA and ARM:

- MCA 41-3-127 – Certification Requirements MCA 41-3-127 Hyperlink
- MCA 41-3-128 – Certification Requirements for Supervisors MCA 41-3-128 Hyperlink
- MCA 41-3-129 – Certification Renewal Requirements MCA 41-3-129 Hyperlink
- MCA 41-3-130 – Implementation of Certification Requirements for CPS MCA 41-3-130 Hyperlink
- ARM 37.47.308 – MT-CPS Certification ARM 37.47.308 Hyperlink
- ARM 37.47.309 – Initial CPSS Training ARM 37.47.309 Hyperlink
- ARM 37.47.310 – Annual CPSS Training ARM 37.47.310 Hyperlink

The following are the training topics required for MT-CPS Certification per the MCA and ARM listed above:

- Ethics
- Government Statutory and Regulatory Framework,
- Role of Law Enforcement in the Child Welfare System
- Crisis Intervention Techniques
- Childhood Trauma Research
- Family-Centered Practice
- Provisions of ICWA

Given that MCAN sessions are offered five times per year, the Training Bureau staff can monitor each new CPS staff's completion of Pre-MCAN, MCAN, MT-CPS Certification, and SETs in cohorts of fourteen-fifteen people on average.

Pre-MCAN Training: Phase 1

All newly hired CPSs are required to complete pre-MCAN as pre-requisite training prior to participating in MCAN courses. The Training Bureau staff will engage the CPS staff's direct supervisor for additional support should staff need additional prompting to complete the pre-requisite training course prior to starting week one of MCAN.

Pre-MCAN utilizes an asynchronous learning model and was originally intended to be approximately twenty hours of training, which is accessed on demand through the CFSD Learning Management System (LMS), formerly eLearn. As of 2025, content and students have migrated to Canvas. ELearn and Canvas share similar learning management capabilities for both user and "teacher." With the transition from eLearn to Canvas, the pre-requisite training topics remained the same, however the content specific to each topic was updated and expanded.

The Training Bureau monitors enrollment in collaboration with the administrative staff and assigned "teacher" permission in the LMS. In addition, they also monitor the course completion reports which can be accessed on demand in conjunction with the "teacher" permissions to represent real time completion status for learning cohorts or individual participants. However, there are limitations in tracking timeframes for completion for an asynchronous on demand course. These limitations are due to Americans with Disabilities Act (ADA) accessibility guidelines, protections on electronic data when utilizing Virtual Private Network (VPN) or mobile applications, and the reality of users often leaving browser pages open for extended periods of time often results in inaccurate and/or inflated time logs. The LMS overall does not accurately track the time to completion for participants, but rather only creates a time stamp at completion of each course with the successful achievement of 80% or better on the associated competency check. Competency checks are associated with each of the identified pre-MCAN topics listed below.

Currently the pre-MCAN course is intended to be approximately forty hours of training. Per the first sixteen Canvas users who completed the pre-MCAN courses in Canvas, the shortest total log time was thirty-two hours and forty-nine minutes and the longest was fifty hours and forty-four minutes. The average time for completion amongst the first sixteen Canvas users was thirty-eight hours and forty-five minutes.

The pre-MCAN training content includes modules specific to:

- Child and Youth Development
- Non-Discrimination
- Cultural Sensitivity
- Children and Adult Mental Health
- Substance Use Disorders
- Professional Skills
- Understanding Poverty
- Documentation
- Orientation Training Manual review with direct supervisor, which includes:
    - ICWA
    - Centralized Intake
    - Family-Centered Practice
    - Substitute Care

- Legal Process
- Runaways
- Sex Trafficking

The Training Bureau monitors the completion of pre-MCAN through real time viewing and completion report capabilities in the LMS to ensure that the staff completes their pre-requisites prior to the start of MCAN week one. This is discussed further in the *Tracking, Monitoring, and Evaluating Training* section within this item. However, applicable to pre-MCAN, the data collected showed in 2024 that there were sixty-three new hire CPS who were registered and participated in MCAN training.

- Sixty-one new hire CPSs successfully completed their asynchronous pre-MCAN pre-requisite courses prior to the start of their MCAN sessions.
- Fifty-six of the sixty-three CPS staff complete their pre-MCAN courses within their first four weeks of hire.

MCAN Training: Phases 1-4

MCAN training historically consisted of three weeks of training. CSFD modified the training and in August of 2024 enhanced the training to be a four-week MCAN training format with facilitation of 5 sessions serving five cohorts per year. Additionally, in October of 2024, CFSD implemented the use of Virtual Reality to further support the second week of MCAN, and in February of 2025, Virtual Reality content was implemented to support the fourth week of MCAN. The MCAN training phases curriculum is provided in the table below.

Table 101: MCAN Training Phases 1-4

Phase 1 – MCAN Week 1 Topics - *Week one of MCAN is facilitated virtually by Training Bureau.*
Framework of Child Protection in Montana
Fundamentals of Family-Centered Practice
Intro to Child Welfare Law
Intro to Montana Tribes
Intro to ICWA and the Law
Domestic Violence
Child Maltreatment
Confidentiality
Ethics
Employee Safety and Wellness
Phase 2 – MCAN Week 2 Topics - *Week two of MCAN is facilitated in person by Training Bureau.*
Framework of Child Protection in Montana
Functions of Centralized Intake
Family-Centered Practice
Fundamentals of Interviewing
CFSD Safety Model - Family Functioning Assessment (Section 1), which includes: • Information Collection and Analysis • Immediate Danger Identification • Maltreatment Determination • Protection Planning • Section I Fidelity Review
Phase 3 – MCAN Week 3 Topics - *Week three of MCAN is facilitated in person by Training Bureau.*
CFSD Safety Model - Family Functioning Assessment (Section 2), which includes: ▪ Continued Information Collection and Analysis ▪ Identification of Impending Danger Threats ▪ Safety Determination ▪ Safety Plan Analysis ▪ Safety Planning ▪ Conditions for Return ▪ Section II Fidelity Review
CFSD Practice Model - Introduction to Dependency and Neglect Legal Proceedings

CFSD Practice Model - Case Planning and Management
CFSD Practice Model - Permanency Planning
Phase 4 – MCAN Week 4 Topics - *Week four of MCAN is facilitated in person by Training Bureau.*
Case Management - Development, Monitoring and Effectuation Case Plan Goals
Case Management - Periodic completion of on-going risk, safety, and progress assessment through utilization of the Family Case Plan
Substance Use Disorder and Child Welfare - Case Planning
Substance Use Disorder and Child Welfare - Treatment and Recovery
Substance Use Disorder and Child Welfare - Co-occurring Disorders
Out of Home Placement - Development and Facilitation of the Child's Case Plan
Out of Home Placement - Concurrent Planning and Permanency
Child and Family Services Review including partial completion of mock case review.

MCAN weeks one-four are 128 hours of cumulative training and conclude with a competency exam for which participants must achieve a score of 80% or higher to pass. The exams are accessible through the CFSD LMS, Canvas.

The Training Bureau monitors the completion of each MCAN phase through real time viewing and completion report capabilities in the LMS to ensure that the staff completes their pre-requisites prior to the start of each phase. This is discussed further in the *Tracking, Monitoring, and Evaluating Training* section within this item.

Shadow/Coaching for New Staff: Phases 2-4

Phases two-four of the CPS Training Manual coincides with weeks two-four of MCAN training and outlines formal shadowing requirements among which the CPS must shadow, or observe, the completion of a minimum of two training investigations prior to investigating a report independently. One of the training investigations must be conducted with their assigned supervisor, and the second may be completed with their assigned supervisor, or another appropriate staff assigned by their supervisor (peer or leadership staff).

The CPS Training Manual also encourages shadowing opportunities complimentary to several field practices associated with case management activities including:

- Family Engagement
- Court Proceedings
- Permanency Planning Team Meetings (Permanency Staffing)
- Foster Care Review Committee

CFSD offers onboarding for staff using informal and formal shadowing opportunities. Staff are encouraged to observe field experiences with their assigned supervisor, peers, or leadership staff in their area to gain applicable perspectives to inform their classroom learning sessions. Shadowing and coaching activities are tracked through the new CPS assigned CPSS to ensure completion of the training reports, and to support a rich learning experience through CPS observation of, and/or supported participation in, the additional field practice activities listed above.

Based on informal feedback from the field, and the 2023 and 2024 MCAN evaluation surveys which included CPS open-ended responses from CPS summarizing their experiences, it is reasonable to conclude that shadowing and coaching activities are occurring for CPS from the time of hire throughout completion of MCAN. Revisions to the 2025 CPS Training Manual will more clearly identify shadowing or coaching activities for CPS and their Supervisor, a more experienced peer, or a staff member in a leadership role. The MCAN evaluation will continue to track shadowing activities through the *Post-MCAN Training Evaluation* surveys for the foreseeable future as well, as indicated in the tables below indicating survey response data for 2023 and 2024.

2023 CFSD Post-MCAN Training Evaluation Survey – Applicable to Shadow/Coaching

In 2023, seventy-eight CPS completed MCAN, and they were emailed a post training evaluation survey, and fifty CPS completed the survey. The following questions were specific to the newly hired CPS' shadowing and coaching experience.

- The fifty participants were asked, ***"Report on which field activities you participated in and whether you were supported through shadowing/coaching, completed the task independently, or did not complete the task until after MCAN training was completed, or not at all."*** Participants could select all that applied.

Table 102: 2023 Field Activity Shadowed (N=50)

Field Activity	Shadowed Supervisor or Appointed Peer	Independently	Did Not Occur Until After MCAN or Not at All
Court-Related Activities	36 / 72%	8 / 16%	9 / 18%
Investigation Activities	39 / 78%	8 / 16%	6 / 12%
Home Visit Activities	38 / 76%	12 / 24%	5 / 1%

- The fifty participants were asked, ***"Report on which modified pre-training activities you participated in, and whether you were supported through shadowing/coaching, completed the task independently, or did not complete the task until after the MCAN training was completed, or not at all."*** Participants could select all that applied.

Table 103: 2023 Modified Pre-Training Activity (N=50)

Modified Pre-Training Activity	Shadowed Supervisor or Appointed Peer	Independently	Did Not Occur Until After MCAN or Not at All
Online MCAN eLearning Modules	9 / 18%	38 / 76%	3 / 6%
Transporting Children	10 / 20%	35 / 70%	5 / 10%
Supervising Visits	17 / 34%	22 / 44%	11 / 22%
Shadowing Other Workers	30 / 60%	20 / 40%	0 / 0%
Courtesy Supervision	20 / 40%	15 / 30%	15 / 30%
Home Visits	38 / 76%	12 / 24%	0 / 0%
Field Observations	38 / 76%	8 / 16%	4 / 8%
Court-Related Activities	36 / 72%	8 / 16%	6 / 12%
Investigations	39 / 78%	8 / 16%	4 / 8%
CFS Reports	29 / 58%	6 / 12%	15 / 30%
Assigned Cases	26 / 52%	6 / 12%	18 / 36%
CPS Reports	32 / 64%	5 / 10%	13 / 26%

2024 CFSD Post-MCAN Training Evaluation Survey Applicable to Shadow/Coaching

In 2024, sixty-three CPS completed MCAN and at the time the survey was distributed, forty-six remained employed at CFSD and were accessible to be surveyed. The forty-six CPS who completed MCAN were emailed the post-training evaluation survey in evaluation of 2024 MCAN training content and twenty-four CPS completed the survey. The following questions were specific to the newly hired CPS' shadowing and coaching experience.

- The twenty-four participants were asked, ***"Report on the shadowing opportunities and experiences occurring from the start of your employment through the completion of MCAN."***

Table 104: Shadow Inquiry (N=24)

When Were You Able to Shadow /Observe Other Colleagues or Supervisors in the Field?	Respondents Count / Percentage
Prior to the Start of MCAN	6 / 25%
In Between MCAN Weeks	5 / 21%
After Completion of MCAN	2 / 8%
All the Above	3 / 13%
None of the Above	1 / 4%
Didn't Respond	7 / 29%
Grand Total	24 / 100%

- The twenty-four participants were asked, ***"Report on which field activities you participated in and whether you were supported through shadowing/coaching, completed the task independently, or did not complete the task until after MCAN training was completed, or not at all."*** It should be noted that there were only eight participants that responded to this question and after further review, it is believed to be due to a branching issue when developing the survey that ended the survey after a specific question for sixteen of the participants.

Table 105: 2024 Field Activity Shadowed (N=8)

Field Activity (2024 Survey)	Shadowed Supervisor or Appointed Peer	Independently	Did Not Occur Until After MCAN or Not at All
Court-Related Activities	6 / 75%	1 / 13%	1 / 13%
Investigation Activities	5 / 63%	2 / 25%	1 / 13%
Home Visit Activities	5 / 63%	2 / 25%	1 / 13%

- The twenty-four participants were asked, ***"While completing MCAN, did you have regular scheduled weekly meetings with your supervisor?"***

Table 106: Regular Staffing with Supervisor throughout MCAN (N=24)

CPS Regular Scheduled Meetings with Supervisor Throughout MCAN	Count / Percentage
Yes	16 / 67%
No	8 / 33%
Grand Total	24 / 100%

These responses indicated that 67% (16/24) of participants had regularly scheduled weekly meetings with their supervisor and identified workload management activities and training activities as the top two consultation activities throughout their first year of hire.

- The twenty-four participants were then asked in a follow up question, ***"Indicate what type of consultation activities occurred the most while in your scheduled meetings with your supervisor."*** It should be noted that there were only eight participants that responded to this question, and after further review, it is believed to be due to a branching issue when developing the survey that ended the survey after the 'regular scheduled meetings with supervisor' question for sixteen of the participants. Participants were provided with categories to rank, and the eight participants ranked them in the following order:
  - *Workload Management Activities: Assignment of Reports or Cases, outlining of investigation or case directives, arranging for transportation, supervised visits, or other case/report related tasks*
  - *Training Activities: Discussion/explanation/demonstration of tasks, responsibilities, case practice, MFSIS/CAPS/DocGen, etc.*
  - *Administrative Activities: Organizing schedules, office set up, workplace logistics*
  - *Coaching: Communication of performance expectations and feedback*

- *Rapport Building Activities*
- *Other*

- Twenty-four participants were asked open-ended questions that were reviewed, analyzed, and categorized by the Training Bureau. The following are some of the captured responses specific to the question listed:
  - *"What was the most beneficial part of MCAN?"*
    - Completing fidelity reviews.
    - Doing real life situations.
    - Virtual reality – should be included more as it really helped me understand what I might encounter.
    - Reviewing procedures and forms, and spending time completing them.
  - *"How could MCAN be improved to better prepare you for your role as a CPS?"*
    - More field training opportunities.
    - Continuing with shadowing colleagues or having a partner after attending MCAN.

Skills Enhancement Trainings (SETs)

After Pre-MCAN, MCAN and the initial MT-CPS Certification are complete, all CPSs are required to complete all SET modules within the first year of hire.

Prior to August of 2024, the completion of the designated SETs modules was twenty-eight hours of content. Various topics were embedded into the enhanced MCAN topics listed in the section above MCAN Training phases.

As of August 2024, the completion of the designated SETs modules is now eighteen hours of training content as shown in the table below.

Table 107: SET Module Topics

Skills Enhancement Training (SET) Module Topics – *Facilitated virtually by Training Bureau*	18 Training Hours
Electronic Record, CAPS/MFSIS	(4) 1-hour Sessions
Intro to Multi-Disciplinary Teams	2
Intro to Montana Ombudsman	1.5
Family Engagement Meetings	1
Random Moment Time Study	2
Employee Wellness	1.5
Supportive Visitation/Parent Coaching	3
CSE-IT, Commercial Sexual Exploitation Identification Sex Trafficking Tool	3

Completion of the SETs are tracked by the Training Bureau through facilitation of the training and corresponding attendance records obtained through the virtual platform. Like the tracking of the pre-MCAN/MCAN training, the Training Bureau confirms completion status of each SET module to ensure participants have successfully completed the training requirements by collecting and inputting the flowing data tracking elements into the *Training Bureau Completed SETs CPS Tracker* excel spreadsheet:

- Region
- CPS Name
- CPSS Name
- Hire Date
- MCAN Start Date
- Welcome Call Date
- Each SET Module Topic - *Each module's column is dated to designate the CPS successful completion.*

The Training Bureau monitors the completion of SETs training through real time viewing and completion report capabilities in the LMS. This is discussed further in the *Tracking, Monitoring, and Evaluating Training* section within this item. Should CPS not be successful in completing their SETs training within their first year of hire, the Training Bureau will arrange for a meeting with the CPS and their Supervisor to develop a plan for completion.

Requirements for Initial Case Assignment

New CPSs are expected to have completed Pre-MCAN and MCAN, achieved their CPS certification, and have a working knowledge of the training materials through the corresponding phases of their CPS Training Manual, prior to independently managing investigative reports, or on-going case management/caseload assignments.

The Training Bureau and CPSS work collaboratively to ensure that each CPS is sufficiently prepared for their field duties. In addition to the formal requirements associated with initial case assignments, factors specific to each individual CPS assigned role, experience, and demonstrated competency, this is considered to best support the staff in successful completion of their training and in promotion of positive case management outcomes. The Training Bureau communicates progress and demonstrated competencies observed or acquired through completion of the first-year training requirements directly to the CPSS and further confirms MT-CPS Certification status for each CPS completing MCAN.

Phases two through four of the CPS Training Manual coincide with weeks two-four MCAN competencies that are supported by training investigations and/or ongoing case management activities that are conducted in tandem with training support from direct supervisors, peers, or leadership staff. As outlined above in the shadow/coaching section, prior to CPS having a case assigned to them independently, their assigned CPSS will model the Montana Safety Assessment through completion of a training report for which the CPS observes their direct supervisor conducting an investigative assessment from start to finish. The CPSS will afford opportunities within this training experience to shadow the CPS while they take the lead in conducting aspects of the investigative assessment. This process allows the CPSS to coach the CPS through application of the investigative procedure and further assess the skill and confidence level of the CPS. A second training report is then conducted with a peer through observation of the peer conducting aspects of the investigation and in return, the peer will coach the new CPS through aspects of the investigative process that they conduct while being shadowed by the assigned peer.

The first-year training requirements are found in the CPS Training Manual. Beginning in 2025, during the *Welcome and Introduction Phase* of the initial training orientation the Training Bureau started providing a one-page summarization to the CPS and their assigned CPSS that outlined the CPS's first year training requirements that must be met prior to them independently being assigned a report, or case. The one-page summarization also reflects the "Training Progression" category, reflecting the requirements the CPS must meet prior to independently managing investigative reports, or on-going case management/caseload assignments as reflected in the table below.

Table 108: New Hire Training and Investigation Case Assignment Progression

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

CPS Certification is successfully achieved with a passing score of 80% or better on all of the following exams:

- *Exam 1 occurs at the conclusion of Week 1 MCAN*
- *Exam 2 Childhood Trauma occurs at the conclusion of Week 1 MCAN*
- *Exam 3 occurs at the conclusion of Week 2 MCAN*
- *Exam 4 occurs at the conclusion of Week 3 MCAN*
- *Exam 5 occurs at the conclusion of Week 4 MCAN*

Prior to meeting the initial training requirements and MT-CPS Certification, CPSs may be assigned cases in the electronic record, however, they are not conducting practice independently until the requirements mentioned above are fulfilled. In these circumstances, CPSs will shadow and observe their supervisor, peers, or leadership staff in their area, fulfilling a plethora of field practices from CI, investigative assessment, and case management and/or legal proceedings on their assigned cases. Additionally, they may conduct family interactions such as transporting, home visits, or phone calls, in tandem with their supervisor or identified peer.

Outside of the UM-CCFWD post-MCAN evaluation and the self-report of MCAN participants, CFSD does not currently have a way to track the percentage of staff who are completing their initial training requirements prior to being assigned independent investigative or case management responsibilities. Modifications to the 2025 CPS Training Manual include a clearer representation of the training requirements that are required for completion prior to independent investigative or case management assignments. Additionally, the Training Bureau has increased communication with CPS and CPSS staff via email and welcome meeting introductions to affirm accomplishments and the corresponding eligibility for staff to independently manage investigations and/or cases. New supervisor training was also expanded in 2024 to include 1.5 hours of in-person training specific to onboarding of new caseworkers and application of the CPS Training Manual, inclusive of training requirements and associated expectations regarding the assignment of independent investigative and/or case management activities.

CFSD Internal Process for Tracking, Monitoring and Evaluating Training

Throughout the last quarter of 2023 and with onboarding of a new TDSS, the Training Bureau was able to implement several strategies to track and monitor training schedules, participation, and completion of the first-year training requirements for all CPS staff.

The Training Bureau and CPSS work in tandem to monitor pre-MCAN content completion, CPS Training Manual progression, completion of MCAN training requirements, and achievement of the MT-CPS Certification within the CPS's first year of hire.

The Training Bureau staff utilize access to a LMS, Canvas, as of 2025, for real time viewing of training activity, progression through applicable training modules, and successful completion of the training requirements inclusive of MT-CPS Certification.

The Training Bureau confirms completion status prior to each session of each phase of pre-MCAN/MCAN training to ensure participants have successfully completed the pre-requisite training requirements before moving on to the next phase of the training. The Training Bureau tracks MCAN participant course completion in real time through their facilitation of the MCAN curricula and monitor the successful completion of the competency exams through their "teacher" permissions and completion report generation in the LMS. The Training Bureau collects, inputs, and manages the following data tracking elements into the *Training Bureau CPS Pre-MCAN, MCAN, MT-CPS Certification Tracker* spreadsheet:

- New Hire Name
- Hire Date
- Pre-MCAN Training Topic – *Each module's column is marked with an "X" to designate its completion.*
- Pre-MCAN Completion Date
- Week 1-4 CPS Certification Exams
- Childhood Trauma Exam
- MT-CPS Certification Completion Date

This spreadsheet accounts for all five MCAN cohorts planned for each calendar year and has an additional tab to summarize whether new hires completed all the elements of the required onboarding training, and if necessary, describe in detail why certification was not achieved.

The Training Bureau maintains the *Completed SETs CPS Tracker* excel spreadsheet for each MCAN cohort participant, to ensure they complete the required SETs modules within their first year of hire. The new hire CPSs are organized in the spreadsheet by region to streamline communication efforts regarding outstanding training requirements and/or completion of SETs requirements between the Training Bureau, CPS, and their assigned CPSS. Once CPS have completed their SETs trainings in full, or exited their employment, the CPSs training data is transferred to a new tab within the same spreadsheet labeled "Graduated Status" or "No Longer Employed." With the verification and approval of the Training Bureau, the SETs participants completed training hours and corresponding courses are entered into the *CFSD Employee Training Tracker* by the Training Bureau, as the Training Bureau is responsible for recording the first-year CPS training requirements.

As of April 1, 2023, all training completed by CFSD child-facing staff is to be documented in the *CFSD Employee Training Tracking* form, which is housed on a Microsoft form platform online, and accessible to all staff. CFSD is required to collect and store this information, and its employees are responsible for submitting their training information by entering it into the form. Upon verification and approval of the Training Bureau, the MCAN participants completed training hours and corresponding courses that were tracked in the *Training Bureau CPS Pre-MCAN, MCAN, MT-CPS Certification Tracker* and the *Completed SETs CPS Tracker* excel spreadsheets are then entered into the *CFSD Employee Training Tracker* as a comprehensive record and storage retention, as the Training Bureau is responsible for recording the first-year CPS training requirements.

CFSD child-facing staff types moving forward are then responsible for recording their annual training hours into the *CFSD Employee Training Tracker*, and the Training Bureau quality assurance process is to verify the completion and eligibility of training manually entered that applies towards MT-CPS Certification, or recertification, for applicable staff.

Success in the areas of compliance and tracking associated with pre-MCAN, MCAN, and the initial MT-CPS Certification outweighs that of the compliance and tracking of SETs. Historically, measuring the success rate for CPS achieving their required SETs has been challenging for the Training Bureau. In January of 2025, the Training Bureau acquired an additional full-time employee, who will further assist with the monitoring of training requirements, data collection, and data analysis. The Training Bureau has identified the following challenges in measuring the success rate of CPSs by achieving the required SETs:

- Calculating a success rate from one calendar year to the next has been challenging, given that each CPS is on an individualized timeframe for completion based on their hire date.
- Training Bureau has experienced changes in personnel and resources, resulting in inconsistencies in the provision of SETs content, as well as data collection and tracking.
- The Training Bureau is reconciling data through hand counts given by multiple data sources but has found success doing so in several areas because of having an internal bureau with staff, strategies, and mechanisms in place dedicated to the objective.

Moreover, modifications to the 2025 CPS Training Manual include an exit meeting between Training Bureau staff and CPS staff at the CPS employees' twelfth month of hire, to affirm completion of the employee's first year training requirements. The exit meeting will further allow Training Bureau staff to record successful or unsuccessful completion of SETs requirements in real time, alleviating the need to rely on a hand-count of backlogged data when the SETs compliance data is needed or requested. The CPS Training Manual further outlines benchmarks throughout the CPS staff's first year of hire to prompt attention to the SET schedule and requirements for routine consultation with the CPS staff's direct supervisor as an additional means of accountability in effort of timely completion.

Percentage of Newly Hired Staff Completing Required Training within Required Timeframes

CFSD Central Office administrative staff are responsible for managing vacant and filled CPS positions and routinely inform the Training Bureau of new CPSs, their start date, and work location, which initiates the initial training process. The following reports are generated by the Administrative Supervisor:

- *Vacant CPS Positions Report* - This report is provided bi-monthly on the status of vacant CPS positions, including the total number of vacant CPS positions, timeframes for selection, and/or dates the position will be

filled and in what location. Example of a report in the table below from May 17, 2024.

Table 109: Example of Vacant CPS Position Report

Region	Location	Position Number	Vacancy Date	Details
Region 1	Sidney	6910042	1/6/2024	Will be filled 6/3/24
Region 1	Sidney	6910043	1/27/2024	Posted 5/1/24-Closes 6/25/24: 2 Candidates, new to be reviewed
Region 2	Havre	6910027	4/27/2024	Will be filled 6/3/24
Region 2	Great Falls	6910028	5/4/2024	Posted 5/1/24-Closes 6/25/24: 2 Candidates, 1 new to be reviewed, 1 not selected
Region 2	Great Falls	6910035	2/3/2024	Will be filled 6/3/24

- *Newly Hired and Resignation Report* – This report is provided monthly, and it outlines CPS staff that have been hired, as well as resignations for the designated reporting period inclusive of the staff's start/exit date and location. Example of a report in the table below from April 30, 2024, with names removed due to confidentiality.

Table 110: Example of New Hire and Resignation Report

LEAVING US		
Position Title	Location	Vacated By & Date
Child Protection Specialist	Helena	First/Last Name 4/5/24
Child Protection Specialist	Libby	First/Last Name 4/19/24
Child Protection Specialist	Helena	First/Last Name 4/22/24
Child Protection Specialist	Havre	First/Last Name 4/29/24
Child Protection Specialist Supervisor	Helena	First/Last Name 4/29/24
JOINING US		
Position Title	Location	Vacated By & Date
Child Protection Specialist	Butte	First/Last Name 4/1/24
Child Protection Specialist	Glasgow	First/Last Name 4/1/24
Child Protection Specialist	Libby	First/Last Name 4/8/24
Child Protection Specialist	Miles City	First/Last Name 4/8/24

These reports are monitored closely by Training Bureau staff as an additional measure to ensure that all new CPSs are included in their position-specific training plan as timely as possible and/or the training tracking data accurately reflects any incompletion of training requirements due to resignation or termination.

The table below reflects the number of new CPS hires per month between January of 2022 – April of 2025.

Table 111: New CPS Hire From 2022-2025

CPS Hires	2022	2023	2024	2025
Jan	7 / 8%	6 / 9%	6 / 8%	4 / 25%
Feb	3 / 4%	3 / 4%	4 / 6%	2 / 12%
March	5 / 6%	10 / 15%	3 / 4%	7 / 44%
April	3 / 4%	8 / 12%	9 / 13%	3 / 19%
May	8 / 10%	7 / 10%	3 / 4%	-
June	8 / 10%	8 / 12%	10 / 14%	-
July	5 / 6%	6 / 9%	9 / 13%	-
Aug	19 / 23%	0 / 0%	3 / 4%	-
Sept	6 / 7%	2 / 3%	3 / 4%	-
Oct	9 / 11%	9 / 13%	4 / 6%	-
Nov	7 / 8%	3 / 4%	11 / 15%	-
Dec	4 / 5%	6 / 9%	7 / 9%	-
Grand Totals	84 /100%	68 / 100%	72 / 100%	16 / 100%

The table below reflects the number of participants who participated in each training cohort between January of 2022 – April of 2025. It should be noted that Cohort 3 is incomplete due to a status of open enrollment at the time of writing this assessment.

Table 112: CPS MCAN Participants 2022-2025

CPS MCAN Participants	2022	2023	2024	2025
Cohort 1 / Jan	10 / 12%	10 / 14%	11 / 17%	15 / 42%
Cohort 2	17 / 21%	21 / 30%	15 / 24%	12 / 33%
Cohort 3 *	18 / 23%	19 / 28%	16 / 25%	9* / 25%
Cohort 4	20 / 25%	10 / 14%	14 / 23%	
Cohort 5 / Dec	15 / 19%	10 / 14%	7 / 11%	
Grand Totals	80 / 100%	70 / 100%	63 / 100%	36 / 100%

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

Table 113: Cross Referenced New Hire and MCAN Registered

New CPS Status	2022	2023	2024	2025
CPS Registered for MCAN	80	70	63	36
Onboarded	84	68	72	36

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

Discrepancies between the total number of CPS hired each year and the number of CPS participating in MCAN are accounted for in rollover from one year to the next (CPS hired in December of 2024 for example would attend MCAN in January of 2025), thus the data below does indicate a total of 249 CPSs attending MCAN between 2022-2025, whereas only 240 CPS staff were hired within that same timeframe due to carry-over from 2021. Similarly, thirty-six CPSs were registered for MCAN between January-April of 2025, whereas only sixteen CPS have been hired in that same timeframe. More insignificant discrepancies include CPSs who are hired and either resign or are terminated prior to attending MCAN.

Reports generated from the CFSD LMS, the findings of the MCAN evaluations, and the training tracking efforts by the Training Bureau, account for incremental increases in the timely completion of the pre-MCAN training requirements for CPSs, as shown below. Successful completion is indicative of completing the competency checks with a score of 80% or higher at the conclusion of each pre-MCAN module. Competency checks are applicable to all the previously identified pre-MCAN course topics. Through FFY22 and FFY23 Post-MCAN Evaluation surveys, and a hand count by the Training Bureau for 2024, the following table reflects the successful completion rate of CPS completing pre-MCAN.

Table 114: CPS Pre-MCAN Attendance and Completion Rate

FFFY / Year	CPS Pre-MCAN Attendance Count/Percentage	CPS Successful Completing Pre-MCAN Training within Required Timeframe
FFY22	52	46 / 88%
FFY23	50	47 / 94%
2024	63	61 / 97%

Regardless of whether CPS participants participated in the three-week or four-week MCAN format, the success rate in having the MCAN sessions completed in totality within a CPS staff's first year of hire is very high. Approximately 1% of staff are unsuccessful in completing MCAN timely. Moreover, this metric has remained consistent throughout calendar years. The CPS who was unable to successfully complete MCAN within their first year of hire, failed to do so due to resignation or termination within the specified timeframe. The table below reflects considerations that impacted completion rates from 2022-2025.

Table 115: Considerations Impacting Training Completion Rates 2022-2025

Year	CPS Timely Completion of Certification Percentage	Considerations Impacting Completion Rates
2022	51%	In October of 2021, the Training Bureau was being implemented, and the institution of the MT-CPS Certification process was still in its infancy. Aside from growing pains associated with implementing a new Bureau and oversight strategies for a budding administrative rule, the lack of success in 2022 was not associated with failed certification exams but rather access to the necessitated SETs Childhood Trauma training and thorough administration and tracking of exam completion.
2023	92%	Five of the seventy CPS MCAN participants failing to complete the MT-CPS Certification within their first year of hire was a result of staff resignations or terminations and again, through administration and tracking of exam completion.
2024	98%	Only one of the sixty-three CPS MCAN participants failing to successfully achieve a MT-CPS Certification within their first year of hire was attributed to a resignation prior to completion. Established staff in the Training Bureau improved strategies for tracking and monitoring training progression, in addition to reconciling tracking data, has directly attributed to success rates and an ability to report applicable data. Certification exams were further integrated into the associated MCAN weekly agendas, providing for more timely completion for each individual CPS employee by eliminating any delays in completion occurring when staff were attempting to complete their examinations after returning to the office and non-training related responsibilities.
2025	96%	At the time this assessment was written, two 2025 MCAN sessions have been completed serving 27 CPS participants – 26 of 27 participants have successfully completed their MT-CPS Certification well prior to the completion of their first year of hire. The first cohort of 2025 included 15 new CPS hires starting employment in November and December of 2024. As of February 28, 2025, fourteen of the fifteen CPSs participating in the first MCAN session of 2025 were able to successfully achieve their MT-CPS Certification. The CPS that was unable to achieve MT-CPS Certification timely was terminated prior to completing MCAN due to an employment eligibility issue identified by CFSD Human Resources after onboarding. The second MCAN cohort of 2025 included 12 new CPS hires starting employment in January – March of 2025. All twelve CPS participants in this second MCAN cohort of 2025 successfully achieved their MT-CPS Certification on May 9, 2025.

University of Montana's Center for Children, Families and Workforce Development (UM-CCFWD) Evaluations

In 2020, CFSD engaged the UM-CCFWD, to formally evaluate the MCAN participant experience to more accurately identify modifications to training content or structure. The evaluation placed emphasis on assessing new hire CPS confidence in policy and procedures, self-efficacy in working with families, levels of organizational support, and training satisfaction. The skills assessed through the MCAN evaluation closely follow CFSD's CFSP goals and the federal CFSR performance assessment.

The pilot evaluation was launched in September of 2020 and data was collected from MCAN participants between July and September of 2021. The necessitated data was collected via email survey to participants following the completion of each week of MCAN. The first formal reporting period accounted for the pilot period and FFY22. Considering this evaluation report, changes in administration, training staff, and unstructured feedback from the field, CFSD adjusted the initial MCAN three week in-person training to consist of the first week of MCAN being provided on a virtual platform to minimize staff time away from the workplace and their families.

The most recent evaluation was received by CFSD in March 2023 and is continually reviewed, regarding implementation strategies for adaptation of training materials and experiences to better support CFSD staff in building and developing skills essential to supporting the children and families in the areas of safety, permanency, and well-being.

Information provided in the most recent evaluation has indicated that adaptions may be necessary to fully support CFSD staff through more practical training experiences with "hands on" training opportunities in place of a more traditional classroom setting experience. In addition, the evaluation identified a need for more expansive training for the ongoing CPS staff, specifically, case management and permanency. CFSD Training Bureau staff are continually collecting information from CPSs, CPSSs, and M-Team personnel regarding training needs, to address and develop training experiences for implementation in a coordinated effort to provide for the needs of CPSs, CPSSs, and other indicated staff types.

In response to formal and informal feedback and evaluation reports, the Training Bureau implemented:

- A fourth week of MCAN as of August 2024, as part of the onboarding process for CPSs. The expansion of MCAN has resulted in adjustments to the agendas for each week of MCAN. In consideration of the additional content, completion of MCAN weeks one through four is approximately 128 hours of training.
- Child Welfare specific Virtual Reality content has been acquired and will be utilized in weeks two and four of MCAN as a modernized simulation lab attuned to observation, interview, and decision making through simulated initial investigative interactions and simulated youth engagement modules.
    - The investigative interactions using Virtual Reality content were implemented into week two of MCAN in October of 2024; and,
    - The youth engagement Virtual Reality content will be implemented into week four of MCAN in May of 2025.
- Skill application and/or practice activities have been implemented into all four weeks of MCAN to allow for more time to constructively apply lecture information to the completion of required safety assessment forms, documentation of case notes, and completion of case plans. Activities further include the completion of fidelity reviews in evaluation of completed FFAs (MCAN weeks 2 & 3) and mock case review (MCAN week 4).

Formal FFY24 MCAN evaluation findings produced by the UM-CCFWD are incomplete because of modifications to training and restructuring of UM-CCFWD staff and responsibilities. The 2024 MCAN participants were issued a participant training evaluation survey by the CFSD Training Bureau in assessment of their training experience and effectiveness of the delivered content.

The UM-CCFWD, in partnership with the Training Bureau, modified and expanded the MCAN evaluation to encompass evaluation of the additional curricula and in further evolution of our study of training efficacy. The updated evaluation was implemented in service to the first MCAN cohort of 2025 (February-March) and will inevitably account for the participants in all five MCAN sessions throughout the 2025 calendar year. The post-MCAN training evaluation will survey staff via email at the following timeframes:

- Completion of the second week of MCAN (Safety model)
- Completion of the fourth week of MCAN (Practice model)
- Conclusion of their first year of hire
- Completion of eighteen months of hire

Through the above adaptations that occurred to the training over the last several years, the following adaptations for collecting the data and completing the evaluations also needed to occur:

- The survey method now will evaluate the training experience of MCAN participants on the calendar year, January – December. Former evaluation has been accounting for cohorts across the fiscal years (i.e.: FFY23 and FFY24).
- Evaluation methods are currently being adjusted to support the current training curriculum and structure, newly adopted by CFSD in October of 2024.

UM-CCFWD will produce raw data evaluation findings to the Training Bureau at a minimum of one time per year in the interim of a formal evaluation report to allow for timely responses and/or modifications from the training staff in an effort of ongoing and informed continuous quality improvements. The Training Bureau shares the evaluation findings at a minimum of annually, through state supervisor meetings and monthly M-Team meetings. Feedback from these cohorts are also routinely solicited through these same mechanisms via group discussion or impromptu survey tools, in addition to less formal means such as email correspondence.

As mentioned above, CFSD and UM-CCFWD partnered to survey and evaluate the MCAN participants. Part of the evaluation was regarding how participants evaluate their own confidence in completing job requirements after receiving their initial training. The skills assessed closely follow CFSD goals and the Federal CFSR performance assessment. Feedback from future evaluations in conjunction with feedback from trainers, stakeholders, and management, will continue to inform enhancements to training environments, structure, modalities, and content.

2022 CFSD Post-MCAN Initial Training Evaluation that Addresses Skills and Knowledge

The 2022 CFSD MCAN-Post Training Evaluation survey was sent to seventy-eight participants, and fifty of them responded to the survey.

- Fifty participants were asked, *"Rate your confidence in the following practices after you completed your training at MCAN."* Participants were given the following statements in the table below to rate. Two participants did not respond to the question.

Table 116: 2022 Confidence Rating After Completing MCAN (N=48)

2022-After Completing MCAN I was Confident in My Ability To:	Confident	Not Confident
Recognize Children in Immediate Danger as Defined by the CFSD Safety Model	44 / 92%	4 / 8%
Identify Child Abuse and Neglect as Defined by Montana Law	43 / 90%	5 / 10%
Coach Families in Enhancing Their Capacity to Provide for their Children's Needs	42 / 88%	6 / 12%
Develop a Plan to Engage Families Throughout the Life of a Case	37 / 77%	11 / 23%
Understand the Procedural Steps to Permanency for Children	36 / 75%	12 / 25%

These responses indicated that 90% of participants were confident in basic child welfare skills and knowledge addressed during MCAN and 76% of participants are confident in more advanced child welfare skills and knowledge addressed during MCAN.

2023 CFSD Post-MCAN Initial Training Evaluation that Addresses Skills and Knowledge

The 2023 CFSD Post-MCAN Training Evaluation survey was sent to eighty-eight participants, and seventy-seven of them responded to this survey.

- Seventy-seven participants were asked, *"Rate your confidence in the following practices after you completed your training at MCAN."* Participants were given the following statements in the table below to rate. One participant did not respond to the question.

Table 117: 2023 Confidence Rating After Completing MCAN (N=77)

2023-After Completing MCAN, I was Confident in My Ability To:	Confident	Not Confident
Recognize Children in Immediate Danger as Defined by the CFSD Safety Model	69 / 90%	8 / 10%
Identify Child Abuse and Neglect as Defined by Montana Law	68 / 88%	9 / 12%
Coach Families in Enhancing Their Capacity to Provide for their Children's Needs	71 / 92%	6 / 8%
Develop a Plan to Engage Families Throughout the Life of a Case	59 / 77%	18 / 23%
Understand the Procedural Steps to Permanency for Children	60 / 78%	17 / 22%

The responses indicated that 90% of participants were confident in basic child welfare skills and knowledge addressed during MCAN and 77% of participants are confident in more advanced child welfare skills and knowledge addressed during MCAN.

2024 CFSD Post-MCAN Initial Training Evaluation that Addresses Skills and Knowledge

The 2024 CFSD Post-MCAN Training Evaluation survey was sent to forty-six participants from the sixty-three who had completed MCAN training, as seventeen participants had transitioned from the agency prior to the survey being sent out. Twenty-four of them responded to this survey.

- Twenty-four participants were asked, ***"Rate your confidence in the following practices after you completed your training at MCAN."*** Participants were given the following statements in the table below to rate.

Table 118: 2024 Confidence Rating After Completing MCAN (N=24)

2024-After Completing MCAN I Was Confident in My Ability To:	Confident	Not Confident
Recognize Children in Immediate Danger as Defined by the CFSD Safety Model	22 / 91%	2 / 9%
Identify Child Abuse and Neglect as Defined by Montana Law	23 / 95%	1 / 5%
Coach Families in Enhancing their Capacity to Provide for Their Children's Needs	22 / 91%	2 / 9%
Understand the Procedural Steps to Permanence for Children	21 / 87%	3 / 13%
Understand Family Case Plans to Account for Safety, Permanency, and Well-Being	19 / 79%	5 / 21%

The responses indicated that 94% of participants were confident in basic child welfare skills and knowledge addressed during MCAN and 83% of participants are confident in more advanced child welfare skills and knowledge addressed during MCAN.

Item 26 Performance Appraisal

For the CFSR Round 4 (2025) SWA, CFSD has rated *'Systemic Factor Item 26'* as a Strength.

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

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

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

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

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

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

There have been, and continue to be, efforts to involve CPSSs into the ongoing learning and training of new CPS staff. To stimulate growth in that area, supervisors are provided with information about the importance of transfer of learning and

how they can support their new CPS that is attending required initial training to obtain their MT-CPS Certification. The CPS Training Manual provides prompts and resources that will assist them in supporting the ongoing learning of the workforce.

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

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

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

Item 27: Ongoing Staff Training

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

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

Item 27 addresses direct supervisors of child-facing staff (contracted and noncontracted 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). Assessment responses should address both initial and ongoing training of supervisors, along with ongoing training of staff.

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

Systemic Factor Item 27 was selected as a priority focus during the CFSR Round 3 PIP Measurement Period. CFSD began problem exploration and key findings and set forth the following:

- Goal #1 "Establish a supportive learning culture within the Division as a framework to effectuate and sustain effective child welfare practice" by focusing on implementations regarding the following strategies and key activities:
    - Strategy 1.2: Create professional development opportunities that define and train roles and expectations of CPSSs through the partnership between the agency and the UM-CCFWD.
        - Key Activities:
            - 1.2.1: Develop Practice Profiles to define supervisory expectations around implementing and mentoring the agency's practice model.
                - CFSD completed this key activity in October of 2020.
            - 1.2.2: Develop Tier 1 of the Supervisor Training
                - CFSD completed this key activity in December of 2020.
            - 1.2.3: Conduct Tier 1 of Supervisor Training with all CPSS.
                - CFSD completed this key activity in January of 2021.
            - 1.2.4: RAs will develop a common training plan for supervisors that completed Tier 1 and will utilize monthly consultations to ensure transfer of learning has taken

place and expectations are being met.
    - CFSD completed this key activity in November of 2020.
- 1.2.5: Develop Tier 2 of Supervisor Training
    - CFSD completed this key activity in January of 2020.
- 1.2.6: Conduct Tier 2 of Supervisor Training with supervisors who went through Tier 1.
    - CFSD completed this key activity in July of 2021.
- 1.2.7: Coaching and mentoring process will be employed by the RAs with these staff to ensure transfer of learning and completion of training plans.
    - CFSD completed this key activity in January of 2022.
- 1.2.8: RAs and Supervisors will identify and use data to track the progress of increased supervisory skills.
    - CFSD completed this key activity in January of 2022.

During the CFSR Round 3 PIP-Monitored period, CFSD implemented the key activities listed above, as reported in CFSD's Final PIP Report submitted to ACF-CB. These key activities and strategies helped CFSD refocus on child-facing supervisor's training (CPSS) and the important role they play in ensuring consistent and effective implementation of policies, procedures and the practice model.

Throughout the CFSR Round 3 PIP-Monitored period, CFSD used practice profiles in the development of the *Tier 1 Supervisor Training.* This provided a solid foundation for exploring and defining expectations for supervisors and using the actual trainings to provide an environment for supervisors and leadership to discuss and align our work moving forward. The development and ongoing refinement of the *Supervisor Training Plan* has proven to be a key asset for RAs to coach and mentor their supervisors and to help identify ways for the supervisors to more effectively coach and support their staff. In addition, this strategy has embedded on-going supervisor training and transfer of learning between RAs and supervisors. Through the pandemic, CFSD embraced virtual trainings, which allowed for rural areas of the state to come together more routinely. Staff value in-person connection also, so committing to in-person trainings has allowed for further skill development and sharing of successes among our agency leaders.

In developing the *Supervisor Training Plan,* CFSD's Division Administrator met with each RA individually between four and eight times, and collectively with all RAs three times to specifically address the *Supervisory Training Plan,* which included discussions about how to ensure supervisors are continuing to improve the effectiveness of their supervision. During supervision, RAs discussed their approaches to using data regarding timely investigations, monthly home visits, and caseloads, to guide the supervisors to become more effective in their supervision of staff. RAs reported meeting individually with supervisors between one and two times per month, and collectively with all their supervisors between two and four times per month. During these meetings, RAs reported utilizing the *Supervisor Training Plan* to guide the conversation in a manner to help increase the effectiveness of supervision. CFSD views Training Plans as dynamic tools, which support the coaching and mentoring process as the supervisor evolves and transforms their practice with their direct service staff.

RAs use a variety of methods and data to track the progress of supervisors in the development of supervisory skills. One of the primary tools used is the "Supervisory Training Plan," which was attached to the CFSD Final PIP Report submitted to ACF-CB. In staffing with individual supervisors, the RA will use this tool and various data reports to review case trends on such indicators as monthly child visitations, the establishment of protection plans, and cases in which parental rights have been terminated without a concurrent permanency plan. The discussions include identifying methods used by the supervisor to address areas of growth needed for individual staff, as well as areas of strength to help the staff build. RAs observe staffing each month between supervisors and assigned staff and then debrief with the supervisor to identify collaboratively the supervisor's strengths and areas to improve and to develop goals for further skill development. Additionally, RAs hold at least weekly supervisory team meetings which focuses on data trends and provides opportunities for supervisors to identify possible reasons for positive case trends, as well as challenging case trends. These discussions led to a collective approach to finding ways to improve on challenging trends at the regional and individual worker level. It also provides supervisors' opportunities to discuss challenges they may be having with specific workers and get input on possible interventions the supervisor hasn't tried yet.

CFSD sought to improve the *Supervisor Training Plan* tool through consultation with the CSCWCBC by adding rating scales

to help measure skill development on an individual level and track aggregate level to identify cross-cutting strengths and challenges and use these findings to further improve practice. CFSD's further evaluation of the *Supervisor Training Plan*, in consultation with the CSCWCBC, determined that the addition of the rating scales would not add significant value to the Supervisory Training Plan tool. Supervisors who complete CFSD's supervisory training course are equipped with knowledge of the importance of supervisors in maintaining a supportive environment that will encourage staff retention, and the qualities of a successful supervisor, including their own readiness for transitioning to a supervisory role.

These strategies above led to CFSD institutionalized training for CPSS as never before. With the support of the UM-CCFWD, CFSD now has an initial and ongoing supervisor training that is sustainable for the foreseeable future, as discussed further below as the *New CPSS Initial Training* and *Ongoing CPSS Training*.

CFSD's Requirement and Process for Ongoing Staff Training

As of October 1, 2021, all CFSD employees in child-facing employment positions, currently defined as CPS and CPSS, are required to successfully complete specified training requirements within their first year of employment to achieve a Montana CPS Certification (MT CPS Certification) as stated in statute. MT-CPS Certification and re-certification are required for all child-facing staff types as laid out in the following MCA and ARM hyperlinks:

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

Child-facing staff hired prior to October 1, 2021, were required to achieve MT-CPS Certification by October 1, 2023, through successfully completing the certification exams with a passing score of 80% or higher within 3 attempts.

Once the child-facing staff has met their initial training requirements, CPS and CPSS are required to complete twenty hours of position specific training each year in maintenance of their MT CPS Certification. Annual re-certification can be achieved through participation in learning opportunities offered by CFSD or through training opportunities outside of CFSD.

Annual Training Requirements to Maintain CPS Certification

It is by way of these same authorities that child-facing staff must meet ongoing training requirements to maintain their MT-CPS Certification in their second and subsequent years of employment. Re-certification is achieved through completion of twenty hours of training on an annual basis, associated with the specified training topics outlined below. Child-facing staff can access the specified training topics through trainings offered by CFSD or through training opportunities outside of CFSD.

The annual training topics required by statue MCA-41-3-128 Hyperlink are as follows:

- Ethics
- Government Statutory and Regulatory Framework
- Law Enforcement in the Child Welfare System
- Crisis Intervention Techniques
- Childhood Trauma Research
- Family-Centered Practice
- Provisions of ICWA
- Technical or Practical Practice Model Enhancements.

Other annual training topics approved by CFSD include, but are not limited to:

- Parent Coaching and Supportive Visitation
- Childhood Trauma
- Multidisciplinary/Child Protection Team
- Substance Use Disorders
- Engagement and Communication with Adults and Children
- Forensic Interview Training
- Identification and Support for Commercial Sexual Exploitation

CFSD, in collaboration with the UM-CCFWD, have developed and continues to offer Advanced Practice Trainings (APTs) virtually and monthly. The monthly APTs were implemented in July of 2023 and continue to be provided to date. APTs are open to attendees of varying position types but targeted at child-facing staff types in support of maintaining their *MT CPS Certification* through accessible and pertinent training delivery. The Training Bureau schedule and facilitate the APTs, which ensure that training topics align with the requirements of the MT-CPS Certification Standards. A selection of the APTs include a competency check to ensure that the specified competencies associated with the MT-CPS Certification are achieved and are further utilized as a quality assurance check for the facilitator. The competency checks associated with the APTs require a score of 80% or higher and participants are afforded three attempts to pass. Exam results are not only utilized to justify competency for the certified staff but to inform facilitation from the trainer's perspective as well. Should staff be unsuccessful in achieving an 80% or higher, Training Bureau staff will either issue a correction on the content if delivery was the result of a consistently missed objective or will outreach individual staff to coach them through the misunderstood concept, expectation, or requirement reflected in the content. APT's topics are intended to be a minimum of 90 minutes and a maximum of two hours in duration. The APT annual training topics are associated with the following:

- Internal and Federal Case Review
- Engaging Absent Parents
- The Indian Child Welfare Act (ICWA)
- Child and Youth Development
- Supporting Children and Families through Kinship Placements
- Conducting Quality Home Visits
- CFSD New or Modified Practice Procedures:
    - Safety Management Plan
    - Facility Investigation
    - Family Case Plan
- Time Management
- Working with Families Impacted by Sexual Abuse
- Chafee Services Coordination
- Working with Victims of Domestic Violence
- Random Moment in Time Study Sampling and Response
- Professional Skill Building, Writing and Communication
- ICPC, Sending and Receiving Out-of-State Placements

APT attendance varies by topic but tend to be well attended, primarily by child-facing staff, with the lowest attendance recorded in April of 2024 (Facility Investigation Procedure) with twenty-nine participants and highest recorded attendance in February of 2025 (Family Case Plans) with ninety-nine participants. For reference, the 2025 APT attendance is shown in the table below.

Table 119: 2025 APT Training Topics

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

Competency checks have been utilized in association with APTs to ensure that the specified competencies associated with content and the MT-CPS Certification are achieved and maintained. The competency checks associated with the APTs require a score of 80% or higher and participants are afforded three attempts to pass. Exams are accessed through Microsoft Survey links, maintained by the Training Bureau. Exam attempts and completion are actively monitored by the Training Bureau staff with editing permissions in Microsoft, allowing for real time viewing of participant progress, completion, and resulting exam scores. Completed exams are stored and maintained in *Microsoft Forms* and tracked, as discussed later in the CFSD Internal Process for Tracking, Monitoring and Evaluating Training section.

Ongoing training efforts are not solely provided by the Training Bureau. In January of 2024 and January of 2025, each RA across the six CFSD regions and seven hub offices of Montana established a year-long training calendar for their respective staff. The trainings are facilitated by regional leadership and community resources in mandatory all staff meeting settings,

both virtually and in-person. The topics presented through these regional trainings vary from location to location but maintain alignment with the MT-CPS Certification standards and thus applicable to the twenty hours of annual training required of child- facing staff types. Although each region manages an individualized training and meeting schedule, training hours offered across regions are similar, averaging ninety minutes a month for approximately eighteen hours a year. Their plans are informed by the Training Bureau, and the RAs provide a copy of their regional training plans to the Training Bureau Chief and the Division Administrator for final approval.

CFSD staff, in conjunction with support from the UM, host an annual conference focused on the PCAN in revolving locations across the state. The conference is typically held over the course of three days and is tailored toward learning and support opportunities specific to CFSD staff, legal partners and stakeholders, resource families, individuals with lived expertise, contracted providers, and treatment or behavioral health providers serving the child welfare system. The conference offers upwards of twelve-sixteen hours of professional development that can be applied toward a child-facing employees annual training requirement. The table below shows the 2025 PCAN participation summary based on role type.

Table 120: 2025 PCAN Attendees (N=284)

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

Other common and/or recurring training opportunities that contribute to child-facing staff's ongoing professional development and twenty hours of annual training are Forensic Interview Training, offered two-three times per year in partnership with the Department of Justice (DOJ). Forensic Interview training is thirty-two hours of training and serves seventeen CPS each session for a total of thirty-four to fifty-one CPSs per year. Child-facing staff also have access to both in-state and out-of-state external conferences presenting content applicable to CFSD's approved annual training topics. CFSD must pre-approve any staff participating in external conferences, and due to cost these approvals are limited and on a need basis.

CFSD is diligently engaged in efforts to comply with this statutory standard through the provision of accessible and high-quality training and the development of tracking mechanisms in validation of compliance. Statute, Administrative Rule, an CFSD Training Policy does not currently define repercussions for non-compliance. ARM 37.47.308 ARM 37.47.308 Hyperlink states provision requirements for staff that resign and return to CFSD within one year may re-take the competency examinations without repeating training, if to resume their previous achieved MT-CPS Certification. CFSD Division Administrator and Training Bureau are working to further explore and develop strategies to MT-CPS Certification sufficiently in instances where the annual training requirements may not have been upheld. Much like the above-mentioned ARM provision, the Training Bureau is considering a re-certification exam to be utilized secondary to the completion of twenty hours of required training.

CFSD's Requirement and Process for Initial Supervisor Training (Applicable to Child-Facing Positions)

CPSS hired after July 1, 2021, are required to complete supervisory trainings including, but not limited to, the following topics:

- Personnel management and supervision framework
- Division's safety and practice models
- Leadership in the child welfare system

Over the course of the last few years, the Training Bureau has been making concerted efforts to develop training content, structure, and tracking mechanisms to support the CPSS training requirements outlined in Statute and Administrative Rule and to promote professional development in areas of practice more pertinent to the supervisory role. Subsequently, the training requirements specific to new CPSSs have evolved incrementally from 2022 to present time and the Training Bureau will continue to implement planned content enhancements into 2025. The Training Bureau offers training courses for new CPSS twice within their first year of employment as a CPSS. The 2025 *New CPSS Training* content will support new CPSS through three phases of training over the course of an eighteen-month period. The evolution from 2022 to present is reflected in the table below:

Table 121: Supervisor Training Cohorts Phases Offered 2022-2025

Year	Cohorts Offered	Phase's Offered
2022	1	Phase I: Leadership Academy & In-Person Safety Model Facilitation Training
2023	2	Phase I: Leadership Academy & In-Person Safety Model Facilitation Training Phase II: Leadership Labs **Implemented for all CPSS regardless of hire date.*
2024	2	Phase I: Leadership Academy & In-Person Practice Model Facilitation Training Phase II: Leadership Labs Phase III: Case Review **Implemented for all CPSS regardless of hire date.*
2025	2	Phase I: Leadership Academy & In-Person Practice Model Facilitation Training Phase II: Case Review **Implemented for all CPSS regardless of hire date.* Phase III: Consultation Workshops

In summary, all new CPSSs hired in 2025 will complete three phases of training in fulfillment of their initial CPSS training requirements within the timeframes listed below:

- Phase I: Will be completed within the first year of CPSS employment hire date.
- Phase II: Will be completed within eighteen months of the Phase I start date.
- Phase III: Will be completed within eighteen months of the Phase I start date.

The following describes the different phases in greater detail.

Phase I: Leadership Academy

Each new CPSS training cohort is required to complete, within their first year of hire, Leadership Academy online modules, corresponding debrief sessions, and one week of in-person practice model training, which in total takes approximately six months to complete.

The Leadership Academy modules were developed in conjunction with the UM-CCFWD and consist of four modules of on-demand learning through an online platform (eLearn/Canvas) CPSS complete asynchronously. The Leadership Academy curriculum has been developed since 2020 but was not formally implemented into new CPSS onboarding requirements until 2023. The Leadership Academy modules must be completed in full and is supported by a virtually proctored debrief of the content facilitated by the Training Bureau for all cohort participants. The Training Bureau establishes deadlines for completion of each module as part of the annual training plan. The Training Bureau actively monitors the participant's progression toward completion of each module to ensure that the intended schedule is maintained, competencies are achieved, and training requirements are met. Moreover, each module includes several participant activities, and competency checks that directly inform the debrief content and discussion points outside of the standardized outline. The Leadership Academy modules focus on the following pillars:

- Child Welfare Supervision

- Safety Model Facilitation
- Coaching to Permanency Outcomes
- Trauma-Informed Leadership Practices

A component of Phase I is the Practice Model Facilitation five-day in-person training, which was implemented as a requirement in 2022. This training is facilitated by the Training Bureau and historically covered topics associated with the SAMs in application of the FFA. As of January 2024, this training was expanded to address the following topics:

- Supervision Concepts
- Structure and Resources
- On-boarding of New CPSs
- Facilitation of the Family Functioning Assessment
- Case Planning and Management
- Legal Procedures, and Permanency

Additionally, Virtual Reality simulation content was incorporated into the Practice Model Facilitation training, with the second cohort of 2024 promoting consultation practice specific to initial contacts, immediate danger identification, and safety determinations. A second Virtual Reality simulation activity was added to the Practice Model Facilitation for Supervisor's training in March of 2025 to promote consultation practice specific to youth engagement, out-of-home placement, monthly home visiting, assessment of safety, and case planning.

The following table reflects the total number of new CPSSs who have completed the in-person Practice Model Facilitation training requirement since implementation.

Table 122: CPSS Practice Model Facilitation Training Completion Rate 2022-2025 (N=30)

Year	Total of CPSS Successfully Completed In-Person Training
2022	6 /20%
2023	6 /20%
2024	13 /43%
2025	5 /17%
Grand Total	30 / 100%

The Training Bureau has facilitated six sessions of new CPSS training since January of 2022, for a total of thirty-three new CPSSs reaching successful completion of their initial training requirements at the conclusion of May 2025. The following table reflects the completed cohorts for 2024 and 2025 total numbers of participants indicating that Phase I was 100% of the time provided to new CPSS within six months of their hire date and was completed 89% of the time by new CPSSs within the first year of their hire date.

Table 123: CPSS Training Cohort Completion Rate 2024-2025 (N=18)

Phase I Cohort and Year	New CPSS Hire Start Date Range	New CPSS Training Date Range	Total CPSS Enrolled Within First Year of Hire	Total CPSSs who Successfully Completed Within First Year of Hire	Total CPSSs who Successfully Completed After the Frist Year, but Within 13.5 Months of Hire
Cohort 1 2024	April 22, 2023 - January 27, 2024	January 22 – May 6, 2024	9	7	2
Cohort 2 2024	May 27, 2024 - July 1, 2024	August 12 - December 13, 2024	4	4	0
Cohort 1 2025	October 7, 2024 - January 21, 2025	February 3 - April 25, 2025	5	4 *On target to complete by May 30, 2025 (one participant resigned)*	0

The following table reflects the Phase I training schedule for 2025.

Table 124: CPSS Phase I 2025 Training Schedule

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

Phase II: Case Review

Phase II new CPSS Training is completed within 18 months of starting Phase I, as each phase is approximately 6 months to completion.

In early 2024, CFSD's CQI Bureau developed a six-module *Case Review* training course for CPSSs, specific to the CFSR to provide an overview of the case review process utilizing the OSRI tool. CPSSs complete both mock and formal case reviews during the training courses. The six-module course is sixty minutes and is facilitated virtually by CQI staff over a six-month period, including asynchronous practice activities in between modules. The modules are as follows:

- Module 1: Intro to Evaluation Measures
- Module 2: Safety Outcomes
- Module 3: Permanency Outcomes
- Module 4: Permanency Outcomes (continued)
- Module 5: Well-Being Outcomes
- Module 6: Wrap Up and OSRI Tool

In March of 2024, CFSD implemented this *Case Review* training, and required all actively employed CPSS and CWMs to participate for a total of forty-five participants.

All onboarding CPSSs in 2025 are required to complete the six-module *Case Review Training* and corresponding practice activities monthly over the course of a six-month timeframe. The following table reflects the Phase II training schedule for 2025, enrolled participants (N=13), status of training, and proposed number of months from Phase I start date to Phase II completion date. Each cohort is 100% on track to complete the required Phase II training within the eighteen months of the Phase I start date, though it should be noted that cohort two's start date of Phase II was delayed due to reorganization of the new CPSS training structure, and their cohort is nearing the eighteen-month mark.

Table 125: CPSS Phase II 2025 Training Cohorts

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

Phase III: Consultation Workshops (aka Leadership Labs)

In 2023, CFSD implemented additional training requirements for CPSSs requiring completion of six "Leadership Labs" facilitated by our Collaborative Safety partners. The six Leadership Labs present lessons on incorporating Safety Science principles into systemic practices across interactions with peers, staff, families, and community partners in promotion of quality information collection and informed decision-making. The six Leadership Labs were facilitated monthly on a virtual platform with the timeframe for completion being six months. During 2023, all new and tenured CPSS were required to participate in the Leadership Labs. During 2024, the first cohort to formally complete the Leadership Labs concluded with a 70% completion rate due to resignations of two of the seven CPSSs within the six-month time frame prior to completion of the sixth and final lab.

For 2025, Leadership Labs were rebranded to "Consultation Workshops. This was based on formal and informal feedback from CPSSs through direct communication with the Training Bureau and surveyed feedback from an April 2023 Supervisor's meeting. It was further determined that the Consultation Workshops would be most effective after new CPSSs had established an understanding of the CFSR standards explored through Phase *II: Case Review Training*. With an established understanding of the performance standards and evaluation method, the Consultation Workshops will promote the incorporation of the learned standards into the structured consultation strategies explored throughout the workshops. Thus, Phase II and III of the new CPSS Training were retitled as:

- Phase II: Case Review Training
- Phase III: Consultation Workshops

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

As a result of the reorganization, the first cohort of Phase III: Consultation Workshops was postponed until July of 2025, and although only one session of workshops will occur during 2025, the Training Bureau is including the 2024 cohort participants to ensure completion of the workshops prior to the conclusion of 2025. Additionally, the 2024 cohorts will still adhere to the intended eighteen-month training period. The following table reflects the training plan for Phase III 2025 Cohort 1.

Table 126: CPSS Phase III 2025 Training Cohort

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

CFSD's Requirement and Process of Ongoing Supervisor Training (Applicable to Child-Facing Positions)

Aside from the initial CPSS training content discussed above, ongoing training opportunities and requirements are offered through a variety of means for CPSSs. Supervisory staff participate in the monthly APT curriculum, and the annual Montana PCAN as described in previous sections. Supervisory staff are further encouraged to engage in learning opportunities outside of the Division. Supervisor training received through internal or external mechanisms is attributable to the required twenty hours of annual training in maintenance of the MT-CPS Certification, if participating in training content relevant to their role.

At the time of this assessment, CFSD had sixty-one child-facing supervisory staff in the following position types:

- Forty-five Child Protection Specialist Supervisors (CPSS)
- Nine Child Welfare Managers (CWM)
- Seven Regional Administrators (RA)

Additional ongoing training opportunities are detailed below.

State Supervisor Meetings

CFSD currently hosts a minimum of two in-person, eight-hour mandatory supervisor meetings and four virtual two-hour mandatory supervisor meetings annually, with an emphasis on the professional development of supervisory staff collectively accounting for approximately twenty-four hours of in-service per year.

Supervisor meetings, whether virtual or in-person, have an established agenda targeted at information sharing, skill building, resource awareness, and networking in satisfaction of statutory training obligations, meeting federal outcomes, and continuous quality improvement. Supervisor meeting content provides for adherence to annual trainings topics, as outlined in Statute and Administrative Rule and further includes topics associated with cross-system training needs, employee management strategies, practice trends, revisions to legislation or procedure, CFSD's objectives and announcements, and audit or federal review findings. Supervisor meeting attendance rates are high, consistently incorporating upwards of eighty-nine participants at each event. At a recent virtual State Supervisor's Meeting held on January 21, 2025, there were ninety-one invitations resulting in eighty participants. In attendance, there were 91% (56/61) of child-facing supervisor staff types (CPSS, CWM, and RA), which accounted for 70% (56/80) of the overall participants.

The following table reflects the Supervisor Meeting Agenda Topics discussed between 2023-2025.

Table 127: Supervisor Meeting Agenda Topics 2023-2025

Supervisor Meeting Agenda Topics 2023-2025
2023
Ethics for Managers
Eliminating Stigma: Substance Use Disorder
Remote Supervision
TALENT Goals/Prof Development
Practice Model Enhancements & Facilitation
Policy & Procedure
Application of New Legislation
Leading Toward Positive: Safety / Permanency / Well-being CFSR Outcomes:
Internal Case Review
Systemic Review
CQI Plan: Data Driven Training Topics
Ombudsman Collaboration/Data
Ombudsman Findings & Training Recommendations
Resiliency & Wellness
CAPS Training
Trauma-Informed Supervision
RMTS
2024
Foster Care: Recruitment, Licensure, Collaboration
ADA and Disability Inclusion
Human Resource (HR): Collaboration and Support for
Timesheets, On-call, Corrective Action, Family Medical Leave Act (FMLA), ADA, etc.
Practice Model Enhancements and Facilitation
Policy & Procedure Review and Training: • Safety Management Plans • Out-of-home Facility Investigation • Family Case Plan • Courtesy Supervision • Prevention Services Agreement • Investigative Determination Timeframes • TGH/QRTP Placements • Chafee, Youth 14+

Application of New Legislation
Leading toward positive: Safety / Permanency / Well-being CFSR Outcomes: • Internal Case Review • Critical Incidents • Systemic Review • Data Driven Training Topics • Fidelity Review Data • CQI Plan: Data Driven Training and Support Topics
Ombudsman: • Collaboration/Data • Ombudsman Findings & Training Recommendations
CAPS/MFSIS – Future CCWIS Training
Trauma Informed Supervision/Resiliency & Wellness
Low Impact Debriefing
Crisis Response Employee Assistance Program /Local Resource
Emergency Action Workplace Planning
Random Moment Time Study (RMTS) – Training, Data, & Tracking
QIC-EY: Youth Engagement, Supervisor Coaching, Program Model, & Systemic Capacity Building
Stakeholder Cross Training: • Office of Public Defender: Response to new legislation, infrastructure, collaboration/communication • Department of Criminal Investigation: Sex Trafficking, MT data, Cross-Reporting, Collaboration • Office of Legal Affairs (OLA): Support team, Inv (SUB) Determinations & Fair Hearings
CFSD Professional Employee Development: • MCAN Week 4 Expansion • CPS Training Manual • Employee Training Tracker / MT-CPS Certification Achievement & Monitoring • New CPSS Training Content Expansion
2025
CFSD Infrastructure: • Child Specific Recruitment Full Time Employee • American Indian CFS Specialist
Future CCWIS Training
Legislative Updates – Current Session
Ombudsman: • Collaboration/Data • Ombudsman Findings & Training Recommendations
Systemic Review Findings
Employee Wellness Programming
CFSR/Case Review: Training QA/Data
Child-Facing Staff Training & Tracking
Ethics for Managers
Tribal Health Disparities
HR: Corrective Action
HR: Coaching Performance Outcomes
QIC-EY Engaging Youth in Permanency Outcomes
QIC-EY Foster Youth Orientation

DPHHS Human Resource Training

Moreover, Supervisory staff have access to monthly virtual and on-demand trainings presented by DPHHS HR, specific to personnel management strategies such as goal setting, coaching and corrective action, ADA, and FMLA entitled LEAD Webinars.

LEAD webinars are offered once per month, virtually, and content runs sixty minutes in length, potentially accounting for twelve hours of approved training per year. LEAD webinars are only offered and accessible to employees in Supervisory positions across CFSD. LEAD webinars are facilitated live but recorded and stored on the LMS for on-demand learning opportunities.

Table 128: LEAD Webinar 2023-2025 Schedule

Month	2023 Lead Webinar	2024 Lead Webinar	2025 Lead Webinar
January	-	Employee Appreciation/Recognition	Labor Relations- Understanding Unions and Collective Bargaining Agreements
February	*TALENT System*	*Employee Orientation/On-Boarding*	Measuring Milestones: Goal Setting Essentials
March	*Managing Telework*	Employee Progress: Mid-Year Check-in	Cultivating a Positive Workplace Culture
April	*ADA & the Workplace*	Navigating Employee Leave Conversations	State Discipline Handling Guide
May	*FMLA*	Corrective Action	Delivering Performance Feedback
June	*TALENT Mid Pt Check-ins*	*Tech/Network Support & FAQs*	-
July	*ADA: Beyond the Basics*	Incident Reporting: Worker's Compensation	-
August	*Safety for Supervisors*	*Setting Up Employees for Success*	-
September	*Suicide Prevention*	Leveraging Learning Resources	-
October	*Employee Assistance Program*	HR/Management Relationship	-
November	*TALENT Yr End Evals*	Managing Employee FMLA	-
December	*LinkedIn Learning Catalog*	Time Management Strategies	-

DPHHS has further developed a LinkedIn Learning catalog that provides free access to a vast number of on-demand learning opportunities complimentary of professional skill development, cultural sensitivity, inclusion, coaching to success, critical thinking, wellness, public speaking, interviewing, group facilitation, remote supervision, and more.

LEAD webinar attendance and the use of the DPHHS LinkedIn Catalog are voluntary, albeit highly encouraged.

CFSD At a Glance Training Overview

Over the course of 2023 and 2024, CFSD Management and the Training Bureau offered CPS nearly forty hours, and CPSS upwards fifty hours, of mandatory training and instruction, which is twice the number of training hours needed to maintain the MT-CPS Certification. Although mandatory events do not equate to 100% attendance rates, the majority of targeted CPSs and CPSSs do attend the identified events consistently. Attendance records can be acquired and/or implemented to cross-reference with events for a more precise reflection of attendance rates. Establishing that the ratio of mandatory training hours offered each year to hourly requirements is 40:20 for CPSs, and 50:20 for CPSSs, meaning that CPS could be absent for 50%, and CPSS could be absent for 60%, of the trainings offered and still successfully maintain their MT-CPS Certification. Based on the positive attendance rates, the number of mandatory training events and corresponding hours offered to CPSs and CPSSs, in good faith, a conclusion could be drawn that a high percentage of CPS and CPSS are meeting their ongoing training requirements within the specified timeframe.

The following tables are listed as training opportunities, how often they are offered, and the total hours associated with the training.

Table 129: At a Glance - Initial CPSS Training (New Hire Onboarding)

TRAINING/CONFERENCE TITLE	Offered Times Per Month or Year	Hours Per Session/Module, *if applicable*	Total Hours
Phase I: Leadership Academy - *includes four modules and in-person training*	2 Cohorts a Year	4 hours per module 8 hours per day in-person training	46
Phase II: Case Review – *includes six sessions*	2 Cohorts a Year	90-minute sessions	9
Phase III: Consultation Workshops – *includes six sessions*	2 Cohorts a Year	90-minute sessions 4 hours of mock case review	12

Table 130: At a Glance - Ongoing CPSS Training

TRAINING/CONFERENCE TITLE	Offered Times Per Month or Year	Hours Per Session/Module, *if applicable*	Total Hours
STATE SUPERVISORS MTG (virtual)	4 times a year	2 hours	8
STATE SUPERVISOR MTGS	2 times a year	8 hours	16
REGIONAL LEADERSHIP MTGS	12 times a year (monthly)	1 +/- hours	12 +/-
LEAD WEBINARS	12 times a year (monthly)	1 hour per module	12
QIC Supervisory Coaching Model - *Engaging youth in permanency (Regions 1, 2, and 4).*	2 times a year	8 hours	16
COLLABORATIVE SAFETY LEADERSHIP LABS	1 time a month for six months	1.5 hours	9

Table 131: At a Glance - Initial CPS Training (New Hire Onboarding) – MT-CPS Certification

TRAINING/CONFERENCE TITLE *Required for MT CPS Certification*	Offered Times Per Month or Year	Hours Per Session/Module, *if applicable*	Total Hours
Pre-MCAN – *includes eight modules*	5 Cohorts a Year	2 hours per module	38
MCAN Week 1	5 Cohorts a Year	daily sessions	32
MCAN Week 2	5 Cohorts a Year	daily sessions	32
MCAN Week 3	5 Cohorts a Year	daily sessions	32
MCAN Week 4	5 Cohorts a Year	daily sessions	32

Table 132: At a Glance – SETs Training

TRAINING/CONFERENCE TITLE *Not required for MT CPS Certification*	Offered Times Per Month or Year	Hours Per Session/Module, *if applicable*	Total Hours
Skill Enhancement Training (SETs) – *includes eight modules*	5 Cohorts a Year	Varies between 1-3 hours per module	18

Table 133: At a Glance - Ongoing CPS Training

TRAINING/CONFERENCE TITLE	Offered Times Per Month or Year	Hours Per Session/Module, *if applicable*	Total Hours
QIC Workforce Training - *Engaging youth in permanency (Regions 1, 2, and 4).*	3 times a year	4-hour sessions	4
QIC Program Model - *Youth Orientation Training (Reg 1, 2, and 4)*	6 times a year	4-hour sessions	4
Advanced Practice Trainings (APTs)	12 times a year	2-hour sessions	24 +/-
Safety Science Training	4 times a year	2 day in-person	10
Forensic Interview Training	3 times a year	4 day in-person	32

Table 134: At a Glance - Initial and Ongoing Training Opportunities for All CFSD Staff

TRAINING/CONFERENCE TITLE	Offered Times Per Month or Year	Hours Per Session/Module, *if applicable*	Total Hours
Pre-MCAN – *includes eight modules*	5 Cohorts a Year	2-hour per module	20
CFSD Division Administrator Regional On-Site Visits - *Legislative Updates*	7 times a year (1 per region/hub)	2 hours per regional visit	2
Ethics Training	3 times a year	2-hour sessions	2
PCAN Conference	1 time a year	6.5 hours per day	13
Regional All-Staff Meetings	4 times a year	2-hour sessions	8
Local Office All-Staff Meetings	12 times a year	1-hour sessions	12
Advanced Practice Trainings (APTs)	12 times a year	2-hour sessions	24 +/-
Abbreviated MCAN	3 times a year	8-hour sessions	16
Wellness	12 times a year	1-hour sessions	12
CAPS/MFSIS Training	On demand	2-hour sessions	2 +/-
HIPPA/PHI	On demand	2-hour sessions	2 +/-
Bloodborne Pathogens	On demand	1-hour sessions	1 +/-
Cyber Security	On demand	2-hour sessions	2 +/-
DOJ PCX/Background Check – *Licensing Staff, CPS, CPSS, CWMs, and RAs*	On demand	2-hour sessions	2 +/-

CFSD Internal Process for Tracking, Monitoring and Evaluating Training

Much like the *Training Bureau CPS Pre-MCAN, MCAN, MT-CPS Certification Tracker* spreadsheet discussed in Item 26 for CPS onboarding, the Training Bureau tracks CPSS initial onboarding training through their *Training Bureau CPSS Phase I-III Initial Onboarding Training Tracker* spreadsheet through their first year of hire as a CPSS. This spreadsheet manages the following data tracking elements:

- CPSS Name
- Hire Date
- Phase I
  - Start and End Dates
  - All Applicable Modules Separately
- Phase II
  - Start and End Dates
  - All Applicable Sessions Separately
- Phase III
  - Start and End Dates
  - All Applicable Sessions Separately

Phase I: Leadership Academy modules are accessed in the LMS Canvas hosted by the UM-CCFWD. Training Bureau staff have "teacher" privileges in Canvas to monitor real time training progression and accomplishments to ensure that each of the four modules is completed as intended. The Training Bureau utilizes access to the LMS to not only monitor the training progression and accomplishments of each participant but to ensure quality assurance, compliance, and adherence to the training schedule and/or intended timeframes for completion as well. The Training Bureau staff facilitate virtual debrief sessions associated with each of the four Leadership Academy modules once the entire cohort has completed the module.

Phase II: Case Review Training is tracked in partnership with the CQI Bureau, who facilitates and tracks the participation and completion of the required training for Phase II. The Training Bureau provides the CQI training facilitator with each new CPSS Training roster as it develops, with names, location, and intended start dates as well as an indication of when the cohort has completed Phase I and is ready to receive confirmation from the CQI unit regarding their Phase II: Case Review Training structure and schedule. The CQI training facilitator maintains an excel spreadsheet, identifying each cohort by the participant's name and work location. The spreadsheet further identifies the six-sessions and as the cohort completes each session the CQI Unit records the cohort's completion date into the spreadsheet. The spreadsheet is shared with the Training Bureau as needed for progress updates and when the cohort has completed the training in totality. The data from the CQI spreadsheet is then input into the *Training Bureau CPSS Phase I-III Initial Onboarding Training Tracker*. The CQI

training facilitator, the Training Bureau, and each participant's supervisor communicate as needed regarding concerns for participation, communication, comprehension, or compliance. The CQI training facilitator will notify the Training Bureau upon closure with each cohort and the Training Bureau will resume communication with group to coordinate participation in Phase III of their new Supervisor Training.

Phase III: Consultation Workshops is tracked through similar mechanisms with the Training Bureau recording completion of each of the six-workshops into the *Training Bureau CPSS Phase I-III Initial Onboarding Training Tracker* as they occur for each individual participant and every cohort.

The Training Bureau will correspond with RAs via phone or email regarding concerns for participation, communication, comprehension, or compliance. The Training Bureau will more positively send correspondence to CPSS and their direct Supervisor via email when the CPSS has completed all three phases of their new CPSS Training.
At any point a new CPSS may deviate from the intended training plan and progression, documentation is made on the *Training Bureau CPSS Phase I-III Initial Onboarding Training Tracker* detailing the circumstance (i.e. resignations, medical leave, non-compliance and any other pertinent detail) in addition to identifying the training component that was delayed or incomplete.

As of April 1, 2023, all training completed by CFSD child-facing staff is to be documented in the *CFSD Employee Training Tracking* form, which is housed on a Microsoft form platform online, and accessible to all staff. CFSD is required to collect and store this information, and its employees are responsible for submitting their training information by entering it into the form. The Training Bureau is responsible for tracking all initial training required for CPS and CPSS through their first year of hire. Once the CPSS has completed their initial training requirements being tracked through the *Training Bureau CPSS Phase I-III Initial Onboarding Training Tracker,* the Training Bureau inputs the information into the *CFSD Employee Training Tracking* form.

After CPS and CPSS initial onboarding training is complete, they are then responsible for recording their annual training hours into the *CFSD Employee Training Tracker.* The Training Bureau quality assurance process is to verify the completion and eligibility of training manually entered that applies towards MT-CPS Certification, or recertification, for applicable staff. The tracker records the employee's name, employee Identification number, the name and date of the training they attended, the number of training hours they accumulated, and any additional information they have that is pertinent to training topics, may be uploaded inclusive of agendas, completion certificates, or course descriptions. CFSD staff can upload supplemental documents to justify how external training endeavors met criteria in contribution to their annual training requirements. Annual training requirements for child-facing staff types are formally tracked by Training Bureau staff on an annual calendar unlike the initial staff training requirements that are tracked through a twelve-month period initiated by the hire date of the applicable CPS or CPSS employee. The tracker data exports to an excel spreadsheet that can be utilized to sort and distribute data specifically by region, position type, year, and name. The Training Bureau shares the recorded training data individually upon request or twice a year with RAs for assistance in tracking the training requirements and prompting for compliance by year's end.

Additionally, CPSs and CPSSs are further encouraged to maintain a personal training record as well, to allow supervisory staff to assist in management of annual training requirements. The Training Bureau has provided staff with an Excel spreadsheet to be utilized as a personal training record meeting the necessitated standards of reporting inclusive of identifying information for the employee, training topic, and hours.

The *CFSD Employee Training Tracker* does accomplish the goals of recording and maintaining entered training data, the constant accumulation of data for an average of 250 child-facing staff is considerable. Excel provides a great deal of functionality in terms of organizing the data; however, the data from the spreadsheet then requires a cross reference with organizational charts representing active child-facing staff to generate an accurate depiction of the state of compliance amidst annual MT-CPS Certification requirements. This cross-reference is essentially an individualized data pull for each child-facing staff member and thus, not an easily accessed audit. The Training Bureau is encouraging the use of individualized training records, as some success has been found in having staff upload their annual training record accounting for all the required twenty hours of training into the tracking system rather than individualized training event entries. Cross-referencing an employees compiled hours on an annual basis could result in increased efficiencies for CPSSs, RAs, and Training Bureau staff when verifying maintenance of the MT-CPS Certification.

Per Human Resources directive, all employee training records are intended to be stored for ten years post-resignation or termination.

The Training Bureau is working to analyze the training data in determination of compliance rates associated with successful achievement of an annual re-certification and/or annual maintenance of the MT-CPS Certification for all child-facing staff types. Despite having the necessitated data accumulated, such determination is inconclusive at this time.

The Training Bureau conducted a compliance check regarding the initial MT-CPS Certification status of the active CPSs, CPSSs, CWMs, and RAs at the close of 2024 of staff employed in child-facing staff types since the implementation of the MT-CPS Certification. It was identified through this audit that forty-seven staff hired between 2022-2023 had not achieved their initial MT-CPS Certification. At the time of the audit, only twelve staff remained employed with CFSD in child-facing positions. Through reporting features in the LMS, the Training Bureau was able to engage RAs in assisting the remaining child-facing staff with individualized directives to rectify the status of their certification by completing their outstanding examinations. To date, all active child-facing staff post-MCAN completion, have successfully achieved their initial MT-CPS Certification. The circumstances associated with the twelve outstanding MT-CPS Certification is attributed to the following:

- 2021-2022 implementation pains of the then "new" MT-CPS Certification standards. CFSD has approximately 208 CPS employees, forty-five CPSSs, nine CWMs, and seven RA's. Difficulties were likely encountered when working to certify what may have been nearly 250 child-facing staff with limited knowledge of the process and competing demands of an active caseload. The Training Bureau, at that time, lacked a structured plan for completion or the tracking mechanisms to ensure compliance.
    - The Training Bureau has established a dedicated process for new child-facing staff to complete their MT-CPS Certification in conjunction with their new hire training. The Training Bureau has further established tracking mechanisms to ensure compliance across all child-facing staff types, alleviating the above-stated barriers.
- Lack of consistent access to Childhood Trauma training. Ten of the twelve outstanding certifications were out of compliance due to the CPS staff not having completed the required Trauma training and/or associated exam. The Training Bureau has experienced a fair amount of transition between the UM-WTCs and FLTS, and the current structure. Multiple changes in personnel have had a negative impact on the availability of staff able to consistently provide for the facilitation of the Childhood Trauma SETs.
    - The Childhood Trauma training course has now been incorporated into MCAN: Week 1. The associated exam is completed at the conclusion of week one MCAN and facilitated by the TDSS, alleviating the previous conditions contributing to outstanding certifications.

Aside from the tracking of initial child-facing staff training and annual training requirements, the Training Bureau tracks the training opportunities that were offered to CFSD staff internally each year by topic, the intended audience, and the number of hours associated with content delivery. By way of tracking the training opportunities offered to CPS and CPSS staff alike, the Training Bureau can evaluate the quality and amount of training opportunities being afforded to staff in provision of the highest degree of equity, accessibility and content. Through these tracking methods, the Training Bureau has the ability to cross-reference the training events with attendance records to estimate compliance with the MT-CPS Certification or other legally mandated training requirements outside of what is self-reported by child-facing staff in the *CFSD Employee Training Tracker*.

The CFSD Employee Training Tracker has more than 2500 entries in justification of completed annual training requirements for approximately 250 child-facing staff. Despite having accumulated data, the spreadsheet requires reconciling, and the data requires analysis through a cross reference of the CFSD organization chart, a hand count of everyone's recorded hours, and additional report creation to organize the personnel, based on compliance across calendar years. Currently, the data is inclusive due to capacity limitations in the Training Bureau. The Training Bureau has prioritized this data element for 2025.

CFSD Survey Evaluation

In consideration of the on-going professional development requirements outlined in MCA/ARM, it is important to not only ensure that CPSS have access to training but that they have access to the high-quality training topics that address the skills and knowledge necessary to carry out the duties of their job.

The Training Bureau and UM-CCFWD are continuously working to improve strategies to formally evaluate the effectiveness of training content for staff beyond their first year of employment to enhance ongoing learning opportunities and to positively promote professional development for all CFSD staff. The Training Bureau has utilized mechanisms such as Mentimeter and Microsoft survey to solicit feedback from child-facing staff to best inform modifications to training content, facilitation strategies, and participant satisfaction.

The Training Bureau in partnership with UM-CCFWD has committed to several formal evaluations of training.
2025 Evaluations:

- As stated in item 26, UM-CCFWD has updated the MCAN post-training evaluation and is issuing post-training evaluation surveys to all 2025 MCAN participants at the conclusion of week 2 MCAN, conclusion of week 4 MCAN, and will expand the MCAN evaluation further to re-engage participants at the conclusion of their first year of hire and again at eighteen-months of hire.
- Similarly, UM-CCFWD is nearing completion of a formal evaluation tool in assessment of all the new CPSS Training content. It is anticipated that all 2025 New CPSS training participants will be issued a post-training evaluation survey at the conclusion of Phase III. The Training Bureau will inform the training participants about the evaluation and provide QR codes at the conclusion of training. The UM-CCFWD staff are provided with the names of each participant and their email address as each cohort is developed prior to the start of Phase III. The UM-CCFWD staff then send email correspondence to each participant to encourage participation in the anonymous survey. The UM-CCFWD will provide the Training Bureau with raw evaluation data mid-year to allow for incremental adjustments to aspects of training, in addition to a formal annual report. Evaluation findings, raw and formal, will be shared with M-Team twice a year and the annual report will be shared with staff through Leadership teams.

Evaluations under development:

- UM-CCFWD is currently working to develop a formal training evaluation in assessment of the various on-going staff professional development opportunities to include APTs, State Supervisor Meetings, Regional All Staff Meetings, etc.
- UM-CCFWD is in the early stages of developing a training evaluation specific to Master and Bachelor level students participating and/or have participated in the IV-E student stipend and practicum program in conjunction with UM-CCFWD and partnering institutions. This evaluation will study the experiences of student employees in correlation with their training, education, skill development, and employment retention.

2023-2024 New CPSS Training Evaluation Survey

In March of 2025, CFSD issued a "*2023-2024 New CPSS Training Survey"* to the CPSSs who participated in the 2023 and 2024 CPSS training. There was not a formal survey for the 2023 participants, therefore they were included with the 2024 participants for the purpose of the survey. The survey was sent to sixteen CPSSs who had completed the new CPSS training, and eight of them responded.

- The eight CPSS participants were asked, ***"Rank the training mechanism you completed from <u>most</u> helpful to <u>least</u> helpful from the listed learning mechanisms."*** The following table represents the top three learning mechanisms chosen as the <u>most</u> helpful. Participants were provided with the following list of learning mechanisms to choose from:
  - New CPSS In-Person Safety/Practice Model Training
  - Supervisory Consultation with Regional Administrator or Child Welfare Manager
  - New CPSS Online Learning Modules (Leadership Academy)
  - New CPSS Online Learning Modules (Content Debriefing)
  - On-the-Job Training with Regional Administrator or Child Welfare Manager
  - On-the-Job Training with Peers in CPSS positions, or other Leadership Staff
  - Safety Science Leadership Labs
  - Case Review Training

Table 135: CPSS Most Helpful Learning Mechanism (N=8)

Learning Mechanism	Count / Percentage
In-Person Safety/Practice Model Training	6 / 75%
Supervisory Consultation with Regional Administrators or Child Welfare Managers	5 / 63%
Safety Science Leadership Labs	4 / 50%

- The eight CPSS participants were asked to, ***"Rate their level of confidence after completing the new CPSS Training in their ability to perform aspects of their supervisory role."*** Participants were given statements listed in the table below and were prompted to rate the statements by selecting one of the following options: completely confident, mostly confident, somewhat confident, or not confident. The following table represents the rated responses to the list of performance statements.

Table 136: Confidence Level After CPSS Training (N=8)

After Completing New CPSS Training, I Was Confident in My Ability to:	Mostly Confident	Somewhat Confident	Not Confident
Facilitate Quality Assessments and Decision-Making Using the CFSD Safety Model	8 / 100%	_	_
Coach Staff to Fidelity in Their Application of The CFSD Safety Model	7 / 87.5%	1 / 12.5%	
Structure Consultation Time with My Staff in a Way that Encourages Employee Wellness, Professional Development/learning, and Positive Outcomes	7 / 87.5%	_	1 / 12.5%
Coach Staff to Case Objective as Related to Safety, Permanency and Well-Being	6 / 75%	2 / 25%	_
Facilitate On-Going Assessment and Decision-Making Through Use of the Family Case Plan	5 / 62.5%	3 / 37.5%	_
Coach Staff to Best Practice and Federal Outcome Measures in Application of the Practice Model Case Open to Case Closure	5 / 62.5%	3 / 37.5%	_

- The eight CPSS participants were asked to, ***"Rate their new CPSS Training specific to the statements provided."*** Participants were given statements listed in the table below and were prompted to rate the statements by selecting one of the following options: yes, mostly, neutral, somewhat, and no. The following table represents the rated responses to the list of two statements.

Table 137: Rate CPSS Training (N=8)

New CPSS Training Statements	Yes	Mostly	Neutral
The New CPSS Training Helped Me Better Understand the Concepts of Child Welfare Supervision	4 / 50%	2 / 25%	2 / 25%
The New CPSS Training I Received Addressed the Skills and Knowledge Necessary to Perform the Duties of My Job	6 / 75%	1 / 12.5%	1 / 12.5%

2025 CFSD CFSR Round 4 SWA Internal and External Survey

In March of 2025, CFSD surveyed both internal staff and external stakeholders through the "2025 CFSD CFSR Round 4 SWA Internal and External Survey." As stated in Section 1 of this assessment, this survey was completed by 147 internal CFSD staff. There were questions embedded in the survey regarding professional staff development experiences. Of the 147 staff responding, eighteen of them were CPSSs, fifty-six were CPSs, and the remaining were various support positions throughout CFSD (licensing staff, Central Office staff, administrative staff, etc.).

- The eighteen internal CPSS participants were asked, "***Identify the <u>most</u> effective learning mechanism of training tools for their supervisory roles (from the list provided)."*** The following table represents the top three learning mechanisms chosen as the <u>most</u> helpful. Two CPSSs did not respond. Participants were provided with the following list of learning mechanisms to choose from:
    - Supervisory Consultation with Regional Administrator or Child Welfare Manager

- Advanced Practice Trainings
- Prevent Child Abuse and Neglect Conference
- CFSD LinkedIn Learning Catalog
- Regional Leadership/Supervisor Meetings
- Regional All Staff Meetings
- LEAD Webinars
- Wellness Collaborations
- State Supervisor Meetings

Table 138: 2025 CPSS Most Effective Learning Mechanism (N=16)

CPSS - Top Three Most Effective Learning Mechanism	Count / Percentage
State Supervisor Meetings	6 / 38%
Regional Leadership / Supervisor's Meetings	5 / 31%
Supervisory Consultation with Regional Administrators or Child Welfare Managers	5 / 31%

- The eighteen internal CPSS participants were asked, "***Identify the <u>most</u> hours spent on the learning mechanism of training tools for their supervisory roles (from the same list provided as above).***" The following table represents the top three responses for **most hours** spent per year in learning opportunities and applicable total responses.

Table 139: 2025 CPSS Most Effective Learning Mechanism (N=186)

CPSS Top Three Most Hours Spent at Learning Opportunities	Count / Percentage
Regional All Staff Meetings/Trainings	7 / 39%
Regional Leadership Meetings	4 / 22%
Supervisor Consultation with RA or CWM	3 / 17%

- The eighteen internal CPSSs, and the fifty-six internal CPS participants were asked, ***"Rate the following statements specific to skills and knowledge, and support in upholding your MT-CPS Certification specific to the list of statements provided."*** Participants were given statements listed in the table below and were prompted to rate the statements by selecting one of the following options: yes, mostly, neutral, somewhat, and no. The following table represents the rated responses of the CPSSs to the list of statements.

Table 140: CPSS Response Regarding MT-CPS Certification (N=18)

CPSS – MT CPS Certification Statements	Yes	Mostly	Neutral	Somewhat	No
CFSD provides ongoing professional development opportunities that address the skills and knowledge necessary to carry out the duties of my job.	8 / 44%	8 / 44%	2 / 11%	-	-
I have access to the training **topics** necessary to uphold my CPS Certification.	12 / 67%	5 / 28%	-	1 / 6%	-
I have access to the training **hours** necessary to uphold my CPS Certification.	14 / 79%	2 / 11%	-	1 / 6%	1 / 6%

Table 141: CPS Response Regarding MT-CPS Certification (N=56)

CPS - MT CPS Certification Statements	Yes	Mostly	Neutral	Somewhat	No
CFSD provides ongoing professional development opportunities that address the skills and knowledge necessary to carry out the duties of my job.	19 / 34%	22 / 39%	6 / 11%	6 / 11%	3 / 5%
I have access to the training **topics** necessary to uphold my CPS Certification.	34 / 61%	12 / 21%	4 / 7%	5 / 9%	1 / 2%
I have access to the training **hours** necessary to uphold my CPS Certification.	34 / 61%	10 / 18%	8 / 14%	3 / 5%	1 / 2%

- The fifty-six internal CPS participants were asked the following two questions specific to professional development:
  - *"Rank the following learning mechanism statements as most helpful to least helpful of the learning opportunities provided by CFSD."*
  - *"Rank the following learning mechanism statements as most hours spent to least hours spent in learning opportunities provided by CFSD."*

Participants were given the following statements to rank:

- Supervisory Consultation
- Field Experiences, Shadowing/Working Alongside CPSS, Leadership Staff or Peers
- Advanced Practice Trainings
- Unit Meetings
- Regional All-Staff Meetings/Trainings
- External: Conferences, Webinars, or Trainings Not Offered by CFSD
- Prevent Child Abuse and Neglect Conference
- CFSD LinkedIn Learning Catalog
- Wellness Collaboration

Table 142: CPS Most Helpful Learning Opportunities (N=56)

CPS Top Three Most Helpful Learning Opportunities	Count / Percentage
Field Experiences, Shadowing/Working Alongside CPSS, Leadership Staff or Peers	27 / 48%
Supervisory Consultation	23 / 41%
Unit Meetings	14 / 25%

Table 143: CPS Most Hours Spent Helpful Learning Opportunities (N=56)

CPS Top Three Most Hours Spent at Learning Opportunities	Count / Percentage
Supervisory Consultation	30 / 54%
Advanced Practice Trainings	18 / 32%
Field Experiences, Shadowing/Working Alongside CPSS, Leadership Staff or Peers	17 / 30%

- The eighteen internal CPSSs and the fifty-six internal CPS participants were asked, *"What would you recommend improving for professional development opportunities at CFSD?"* Participants provided open-ended answers that were reviewed and categorized by the Training Bureau, and the top answers are listed in the following tables. The following table represents the top two responses of CPSSs regarding improving Professional Development. One CPSS did not respond.

Table 144: CPSS Recommendations for Professional Development (N=17)

CPSS Recommendations to Improve Professional Development Opportunities	Count / Percentage
Increased Opportunities to Access Training Outside of CFSD	7 / 39%
More Support to Prioritize Attendance at Offered Trainings	5 / 28%

Table 145: CPS Recommendations for Professional Development (N=56)

CPS Recommendations to Improve Professional Development Opportunities	Count / Percentage
A Desire for Increased "In-Person" Training Opportunities	4 / 7%
More Variety in Training Topics and Increased Opportunities to Access Training Outside Of CFSD	6 / 11%
Increase Of Trainings Specific to Procedural or Technical Application and Support in the Field	5 / 9%
More Support to Prioritize Attendance at Offered Trainings	4 / 7%

These percentages indicate that most respondents affirm they have access to the training hours and topics necessary to uphold their MT-CPS Certification. Many respondents affirm the on-going professional development opportunities offered by CFSD, address the skills and knowledge necessary to carry out the duties of their job as a CPS. Additionally, findings indicate that staff value the training mechanisms being provided for child-facing staff. Staff are, however, craving external training opportunities and despite the benefits of the refresher course, staff also desire a variety of training topics. What cannot be underestimated, however, is the benefit of on-the-job training, shadowing, field experiences and one-on-one

supervisory consultation. Supervisory consultation was identified as one of the most valuable learning experiences by both the CPS and CPSS survey respondents. It is through the Consultation Workshops and on-going professional development trainings, that CFSD will continue to foster a culture of safety where staff and supervisors develop a supportive, reliable, supervisory relationship where learning and professional development occurs. The Training Bureau is committed to the continuous quality improvement of all three phases of the new CPSS Training and the professional development training mechanisms to provide our supervisory staff with the knowledge, skills, and abilities necessary to support the employee in meeting their wellness goals, as much as performance expectations. Dedication to new hire training for all child-facing staff and use of the adapted 2025 CPS Training Manual will support staff in accessing the necessary training support, increasing awareness concerning training expectations, and increasing reciprocal accountability for the learning objectives by both CPS and CPSS.

Inquiries such as those stated above will continue to be an area of focus in development of a more comprehensive evaluation of the on-going training opportunities provided to the child-facing staff types. On-going assessment of training will include confidence ratings associated with practice expectations outlined in federal practice measures associated with safety, well-being, and permanency objectives that will then be applied in conjunction with performance evaluations such as the FFA Fidelity Review, discussed further in Item 1, and Case Review findings.

Fidelity reviews and CFSR case reviews contribute to the evaluation and enhancement of training. The Training Bureau and CQI Bureau are in partnership to identify and study practice trends and outcomes in provision of targeted support to our child-facing staff and positive outcomes for families. The CQI Unit and the Training Bureau meet quarterly either indirectly through monthly M-Team meetings, Safety Committee meetings, or directly through joint bureau meetings and specialized work groups to discuss data associated with fidelity review, case review, or other various elements of practice or system factors impacting the workforce or performance outcomes. Collaboration among bureaus has informed several new or modified CFSD procedures, increased efficiencies across means of documentation, development of new staff training manuals, evaluation of training, and consequently informed the associated training concepts and content. The collaboration amidst bureaus, the use of self-reporting survey tools, and formal practice evaluations such as fidelity review and case review, will continue to be utilized to positively inform and impact training efforts through data informed augmentations.

The evidence CFSD has that ongoing training address the skills and knowledge needed by staff to carry out their duties are that CFSD has utilized data from employee self-reporting mechanisms, practice evaluation mechanisms such as Fidelity Reviews and Case Reviews, surveys, and external entities to evaluate child-facing staff's skills and abilities in adherence to federal practice standards and in promotion of positive outcomes for children.

Additionally, in representation of an external assessment of performance, DOJs Office of the Child and Family Ombudsman (OCFO), which has represented the demonstrated case practice of child-facing staff types at CFSD for nearly 10 years through annual reporting requirements.

The Ombudsman is an independent, impartial, and confidential resource in service to individuals impacted by the Montana child welfare system. Although separate from CFSD, the Ombudsman is knowledgeable about best practices, CFSD governing authorities, and procedures. The Ombudsman is given privileges under stated purpose and intent in statute MCA 41-3-1209 Hyperlink "to protect the interests and rights of Montana's children and families; and to strengthen child and family services by working in consultation with the department in cases under review". The Ombudsman responds to constituent's questions or concerns regarding their experiences working or interacting with CFSD. The Ombudsman can study the casework through review of the electronic case record and interviews with CFSD staff. The Ombudsman generates recommendations to CFSD on a case-by-case basis as a quality assurance mechanism to ensure CFSD staff are following procedures and acting within their authorities. "Request for Assistance" is the formal referral for the OCFO to open a case review. The table below represents the total number of citizens contacted and the formal request that OCFO has received.

Table 146: OCFO Citizen Contacts and Formal Request

Year	Number of Citizens OCFO Reported Contacting	Formal Request for Assistance
2022	350	146
2023	278	104
2024	281	136

After gathering information from the requestor, CFSD staff, and reviewing the electronic case file, the OCFO will decide that CFSD was either "acting within their authority" or the OCFO will make recommendations to the DPHHS, Director and CFSD Division Administrator in the form of a findings report. Finding letters cite non-conformity with procedure, statute, or violations of parent and children's rights, and further identify recommendations by way of training, or systemic enhancement to address the concern. The following is the percentage of times the request for assistance resulted in a findings report:

- 2022 – 3%
- 2023 – 2%
- 2024 – 3%

Of the recommendations made to the Division by OCFO in 2024, CFSD concurred with 82.6% of the findings and disagreed with 17.3%. OCFO conducts impartial reviews of case practice concerning families under investigative as well as those for whom CFSD has formally intervened in assessment of CFSD staff's application of policy and procedure. Over the course of the last three years, the OCFO has determined that CFSD is in adherence with procedure and acting within the Division's authority 98% of the time.

The evidence CPSSs have that the initial and ongoing training address the skills and knowledge needed by the CPSS to carry out their duties is that the CPSS who completed the new CPSS Training over the course of 2023-2024, self-reported satisfactory confidence ratings regarding their ability to facilitate decision-making, coach staff to fidelity of the safety model, and to meet safety, permanency, and well-being expectations from case opening to case closure.

Additionally, the results of a Fidelity Review data analysis validate these findings regarding CPSS application of the skills and knowledge needed to carry out their duties. To date there have been 359 Fidelity Reviews completed, and the results listed below were specific to the following case practices:

1. Supervisor Consultation
2. Timely Contact with Victim
3. Safety Decision Points

Supervisor Consultation

CFSD procedure requires that investigations be completed with supervisory consultation. In 285 Fidelity Reviews, all but one, documented evidence of supervisory consultation occurring. In the one report supervisor consultation is not evidenced in, there is documentation of the supervisor being involved in some activities surrounding the investigation, indicating consultation was likely occurring, though it was not documented. The following table represents the percentage of regional reports reviewed during Fidelity Reviews, of documented supervisor consultation.

Table 147: Regional Reports Fidelity Reviews of Supervisor Consultation

Region 1	Region 2	Region 3	Region 4	Region 5	Region 6
97%	100%	100%	100%	100%	99.6%

Timely Contact with Victim

When reviewing the percentage of reports in which contact was made timely with each child victim, overall, the results were about 79% statewide, although there is some variation across regions. There is also a higher rate of contacts being made timely on higher priority reports (i.e. P1s) than on lower priority reports. The following table represents the percentage of regional reports reviewed during Fidelity Reviews, of contact made on time in accordance with the state procedure timeframes, as identified in Item 1.

Table 148: Regional Fidelity Reviews Timely Contact

Region 1	Region 2	Region 3	Region 4	Region 5	Region 6
76%	79%	71%	83%	87%	78%

Safety Decision Points

When reviewing the safety decision points (Immediate Danger Determination, Safety Determination, and Safety Plan Type), overall, the results were that the reviewers agreed with the safety decision points in the reports 86-88% of the time. The following table represents the percentage of regional reports of safety decision point findings in which the reviewers agreed.

Table 149: Regional Fidelity Reviews Safety Decision Points

Decision Point	Region 1	Region 2	Region 3	Region 4	Region 5	Region 6
Immediate Danger	79%	86%	87%	90%	90%	78%
Safety Determination	76%	88%	87%	94%	91%	88%
Safety Plan Type	85%	82%	85%	90%	92%	91%

Comments regarding reviewers who did not agree with the above determinations were analyzed, and the following were the most common reasons for reviewers not agreeing:

- Immediate Danger: There was only one report in which reviewers ultimately did not believe the decision was correct.
- Safety Determination: There were two reviews in which reviewers noted very conflicting information between determinations, the FFA and summaries that made it difficult to determine.
- Safety Plan Type: There was one case in which documentation clearly supported an Out-of-Home plan, however an In-Home plan was done due to a court order.

Item 27 Performance Appraisal

For the CFSR Round 4 (2025) SWA, CFSD has rated *'Systemic Factor Item 27'* as a Strength.

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

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

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

Item 28: Foster and Adoptive Parent Training

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

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

- Among all current or prospective foster parents, adoptive parents, and staff of state-licensed or approved facilities who required ongoing training in a specified period, what percentage completed ongoing training in the required timeframe?
- What evidence does the state have that the initial and ongoing training addresses the skills and knowledge needed by caregivers and staff in licensed or approved facilities to carry out their duties regarding caring for foster and adoptive children?

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

Systemic Factor Item 28 was selected as a priority focus during the CFSR Round 3 PIP Measurement Period. CFSD began problem exploration and key findings, and set forth the following goals by focusing on implementation regarding the following strategies and key activities:

- PIP Goal #3: Improve service array through partnerships with service providers to increase reunification rates and decrease time to permanency.
  - Strategy 3.5: Improve services and supports to Kinship/Foster/Pre-Adoptive homes to increase placement stability and improved time to permanency.
  - Key Activities:
    - 3.5.3: Interested Foster Parents and agency staff will attend the North American Council on Adoptable Children (NACAC) Parent Leadership Training and co-develop peer-to-peer support groups around the state.
      - CFSD completed this key activity in August of 2020.
    - 3.5.4: Partner with existing community support groups to develop feedback loops through focus groups and surveys with the agency and foster parent community to inform training and resources currently available or needed, as well as inform changes to policy and procedures as appropriate.
      - CFSD completed this key activity in November of 2020.
    - 3.5.5: Create a Foster Parent Advisory Group with statewide representation to advise agency leadership on training and support needs as well as advocating for children in care.
      - CFSD completed this key activity in February of 2021.
    - 3.5.6: Use information collected from feedback loops and advisory group to train staff through the coaching/mentoring process outlined in the SFY20-24 CFSP Goal 1 on how to support placement providers effectively.
      - CFSD completed this key activity in January of 2022.

During the CFSR Round 3 PIP-Monitored period CFSD completed the following efforts to improve this item's performance outcome:

- CFSD completed updates to its initial training in 2018 with additional focus on trauma, child development, and positive discipline. CFSD then focused its attention on providing initial/pre-service training for eight hours and the agency's Title IV-E contract with the UM-CCFWD for staff knowledge of the local, state and national training resources, to support developing an array of opportunities to enhance the skills of families wanting to foster. In addition, this partnership supported ongoing training opportunities for licensed resource families renewing their license annually.

- The CFSD Licensing Bureau increased staff training opportunities focusing on increasing capacity to present the Keeping Children Safe (KCS) and Creating Lifelong Families (CLF) curriculum and engage families. The licensing staff, RFS and RFSS, adopted a learn, do, teach approach. RFS staff attended KCS as participants, then shared training responsibilities, and then led the class. Between these training events, the RFS actively engaged in developing a clear understanding of the role and responsibility of foster parents and the foster care system. RFS

staff also adopted a team approach to training, where teams of three led each KCS class. This increased the ability to respond to questions, ensured consistency in the approach, and enhanced each staff member's involvement in the training. RFSs complete the required training for all staff hired by CFSD identified in Item 26 of this assessment.

- Additionally RFS completes training with the Consortium for Children, which is focused on completing SAFE studies, the agency's format for home studies. The course educates RFSs to identify and explore the family's strengths, as well as potential concerns in a uniform, comprehensive, and sensitive fashion.

- With the addition of the National Training and Development Curriculum (NTDC) training components the RFS staff have all completed 'Train the Trainer' under the Spaulding staff, focusing on the understanding of the material, presentation of curriculum, and communication and engagement skills with participants. RFS staff also completed training with the Harmony Institute, focused on presenting the Creating a Lifelong Family curriculum.

- The LBC provides training monthly to all RFS staff focused on the skills and knowledge necessary to recruit, train and assess families for the role of foster parents. RFSs are provided with the opportunity to identify training topics, along with those identified by RFSS and the LBC.

- As discussed in Section 1 of this assessment, in 2021, CVMC was organized. The primary goal of CVMC is to provide feedback to agency leadership regarding training, resources, supports, and other topics related to the child welfare system in Montana, as identified by CVMC and/or CFSD. Representation consists of foster, kinship, biological, birth parents and youth with lived experience, and CFSD's LBC attends as the division's liaison. Having a foster parent advisory board has been a small but important recruitment tool for CFSD. Foster parents who feel they are heard or have a place to express themselves is important in retaining families.

  Vision Statement: CVMC seeks to provide a platform for professionals and families to communicate within the Montana child welfare system.

  Mission Statement: CVMC exists to provide a safe place for foster families, adoptive families, kinship families, birth families, and youth and adults with lived expertise to solve problems and collaborate.

  CVMC holds monthly virtual meetings and quarterly in-person meetings, and has provided input on training, policy, rule, and practice to CFSD. The meetings all have an opportunity for outside comment. CVMC is undergoing a transition currently, as members who have been actively involved are transitioning away due to a change in family circumstances. The recent survey of resource families included an opportunity for respondents to indicate an interest in learning more or becoming involved with CVMC. That information has been provided to the current members who will complete follow-up with the respondents, including an invitation to participate in upcoming meetings. CVMC will continue to work to engage with stakeholders to increase the diversity and number of participants in their group.

  Members from CVMC also participate in the SAC meetings quarterly, and one member is scheduled to participate in the 2025 CFSR stakeholder interviews.

  During the 2025 KCS Annual Survey, and the 2025 SWA and the 2025 CFSD's CFSR Round 4 SWA Internal and External Survey, foster, adoptive, and biological parent participants were asked if they knew about the CVMC, and if they responded 'No' or 'Unsure' they were then asked if they would like to learn more about CVMC and if so to provide their contact information. The table below reflects the participants' responses. This information was then provided to the CVMC board to reach out to thirty individuals interested in participating in discussing the CVMC mission and goals and explore their membership.

Table 150: Survey Type and Respondents

Survey Type	Participants	Had Been Invited	Had Not Been Invited or Unsure	Wanted to be Invited or Learn More
2025 KCS Annual Survey	92 / 79%	14 / 45%	78 / 91%	26 / 87%
2025 CFSD SWA Survey	25 / 21%	17 /55%	8 / 9%	4 /13%
Grand Totals	**117 / 100%**	**31 /100%**	**86 /100%**	**30 /100%**

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

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

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

Initial Training for Resource Families

All families are encouraged at inquiry or application to complete the NTDC self-assessment at the beginning of their foster care learning journey. The NTDC Self-Assessment survey provides prospective foster, kinship or adoptive parents with the opportunity to learn more about themselves while considering the characteristics and competencies that are important when parenting children who have experienced trauma, separation, and loss. The self-assessment is not reviewed by the RFS but is a tool to assist families in determining if foster care, adoption or kinship care is right for them. The use of the self-assessment came as part of the engagement with the NTDC system and the efforts to help families understand the role of resource families in the child welfare system.

Keeping Children Safe (KCS) Training

All resource parents (youth foster, kinship, adoptive) wanting to be licensed are required to complete eight hours of initial virtual training, designed to adequately support and prepare resource families to meet the needs of children in their care; aligning with CFSD's primary goals of safety, wellbeing and permanency. Families cannot move forward in the licensing process without completion of the initial training. There is not a set time frame to complete the training, but paperwork completed for licensing is only valid for a twelve-month period, so at a minimum, training must be completed within twelve months of applying and before a full license can be issued. The initial KCS training (eight-hour pre-service training) consists of:

1. KCS is live virtual training presented by the RFS staff (who also complete the licensing home studies and support the licensed resource families). KCS is provided three times per month on varying days and has the opportunity for additional scheduling to meet the needs of families who have applied, or those kinship families with placements.
2. KCS is based on the NTDC, who used research and input from experts, families who have experience with fostering or adopting children, and former foster and adoptive youth. The topics chosen to focus on are the understanding of trauma and the development of trauma-informed parenting skills, as well as the development of understanding of fostering, reunification and the legal system. CFSD began using the new curriculum in October of 2023. The update came because of input from field staff, families, and the RFS requesting a greater focus on trauma and the importance of reunification and the role of resource families in the child welfare system.
3. KCS is the continuation of the learning process (started with the self-assessment) for resource families. CFSD's intention is to ensure that resource families have a foundational understanding of trauma and its impact on the children they will be caring for. The training also prepares the framework for families to understand the child welfare system, including the key principle that reunification is a priority of child welfare and CFSD.

4. KCS training is a standardized and structured framework of best practices in caring for children who have experienced abuse or neglect. This training includes an orientation to resource parenting and content on child abuse and neglect; the impact of abuse on development; attachment, grief, and loss; discipline and stress management; licensing and medical policies; adoption and permanency; reasonable and prudent parenting; and special considerations related to culture with a focus on American Indian children and families' rights (Indian Child Welfare Act). KCS training encompasses the following:
    a. Understand your roles and responsibilities of resource parenting.
    b. Assess the impact parenting may have on your family.
    c. Understand CFSD's role and responsibility in keeping children safe.
    d. Begin to understand the impact trauma has on children/trauma-informed parenting.
    e. Understand the foster home licensing process.

Information regarding ongoing training opportunities, as listed in a sub-section below, are provided to each family completing KCS, including links to parentingmontana.org, UM—CCFWD and the CFSD site which lists a myriad of other training resources. In addition, CFSD continues to share ongoing training opportunities through the resource parent Listserv, or individual emails through their assigned RFS, that are based on resources locally, statewide, and nationally.

Core – Keeping Children Safe Training (Core-KCS)

Once families complete their initial KCS training, they are then referred to complete Core-KCS training, which must be completed within their first year for their license to be renewed, unless an exception is granted. The additional Core-KCS training (ten-hours self-paced e-learning training) consists of the following:

1. The Core-KCS online training modules allow learners to complete work on their own schedule, within a certain time frame. The training seeks to improve self-efficacy (self-belief), knowledge, and skills of resource parents to provide developmentally and culturally appropriate care that addresses the safety, permanency, and well-being needs of children placed in their care.
2. The Core-KCS training was developed in collaboration with the UM-CCFWD and is hosted on their e-learning site (previously Moodle, now Canvas). The curriculum builds on the information presented in the initial KCS training and is self-paced online learning. UM-CCFWD maintains the site, collaborates with CFSD on the curriculum, and provides all technical assistance for the training platform. In 2022, the online model was significantly revamped to include updated training content and voices of individuals with lived experiences (current and past resource families and youth who aged out of foster care), including the members of the Connected Voices for Montana Children board.
3. Core-KCS training encompasses:
    a. Positive Discipline
    b. Trauma
    c. Child and Youth Development
    d. Grief and Loss
    e. Culture
    f. Legal Process
    g. Reasonable and Prudent Parenting

Exceptions to KCS or Core-KCS Training

KCS is required to be completed prior to licensure and Core-KCS is required to be completed within the first year of licensure, before renewal can be approved. An exception to the requirement to complete either of these can be granted to waive training requirements. Over the past three years, there have been nine exceptions to the training requirement. The exception process is initiated at the field level and based on assessment of the family's understanding of child welfare and trauma, parenting experience, and other factors RFSs feel impact the request for exception. The family's RFS completes a written request on the exception form and submits it to the supervisor. Supervisors review the information and then approve or deny, completing the exception form. The exception is noted in provider case notes and documented in their home study. Training exceptions have been used on a limited basis in Montana, as there are very few families, including kinship, that understand the trauma that children experience, or have experience parenting a child in the child welfare system. Even though kinship families are often experienced in parenting children, they are not often experienced parenting children with the level of trauma displayed by children in foster care. Training exceptions have been granted for the initial KCS, CORE

KCS, and CLF.

Training Data

The providers' training completion is documented by CFSD staff, using the current electronic case management system. As shown in the table below, there have been 2014 prospective resource and adoptive parents who have completed the initial pre-service training (KCS and Core-KCS) from FFY 2022-2024. The data listed for the KCS and CLF training lists only those who completed, it does not include those who registered but did not attend.

CFSD does not have the data for individuals who apply or express an interest in licensure but fail to complete the initial training. Registrations are tracked but are done by hand count outside of the CCWIS system.

Table 151: Number of Participants in Training by Federal Fiscal Year Source: CFSD and UM-CCFWD Training Records

FFY	KCS	Core-KCS	CLF
FFY2022	600	572	97
FFY2023	746	644	112
FFY 2024	668	491	62

Annual Training for Resource Families

Resource families are required to complete fifteen hours of training to be approved for renewal after the first year (which requires completion of CORE KCS). RFS staff review training needs and completion at each of the six-month check-ins that begin as soon as a family is licensed. This "check-in" supports connecting families with training appropriate to their needs and the children in the home, as well as identifies barriers or delays in the family completing training in the required timeframe. All families report their ongoing training on their renewal application, and the hours and information are reviewed by the RFS and supervisor prior to approval of their renewal.

Annual training can be in the form of workshops, self-study courses, audio or video cassettes, books, web training or any other means by which the resource parent has the opportunity to gain further understanding of the issues of child maltreatment, placement and permanency or developing understanding of the needs of children placed in the home and the best methods to meet those needs and also includes participation in therapy or services for the child. Resource parents may claim hour for hour for any training they participated in, except for reading books. Resource parents may claim between one and four hours of training per book depending on subject and size.

Training must be approved by the department and may include training on the following topics:

a. Separation and Grieving
b. Loss and Attachment
c. Alternatives To Physical Discipline and an Explanation of the Department's Policy on Physical Discipline
d. Positive Parenting Techniques
e. The Department's and Foster Parents' Roles and Responsibilities
f. Biological Family Rights and Responsibilities
g. How and Why Children Come into Foster Care
h. Types and Behaviors of Children in Foster Care
i. Placement Process
j. Confidentiality
k. Sexual Abuse
l. Drugs and Alcohol
m. Interpersonal Communications
n. Foster Parent Insurance
o. Other Topics Approved by the Department

An exception to the required fifteen hours of annual training must be in writing and approved prior to a license being renewed. If the foster parents fail to obtain the required training hours, the license will be restricted to the care of the children in the home at the time until such time as the required training hours have been successfully completed; or (b) If there are no children in the foster home, the license will be deemed automatically suspended from accepting placement

until such time as the required training hours have been successfully completed. Families are notified at the time of renewal if they are restricted to the children currently in their home or restricted from accepting placement.

RFS staff follow up with families who have not completed the required training to provide opportunities, information and support to successfully achieve the requirement. They monitor and engage with the family until the training hour requirements are met. Resource families' annual training completion is documented in CSFDs SACWIS system.

There is no current data by region or otherwise that pertains to the number of families that have not completed their training in the required timeframe due to limitations of the current data system.

Adoption Permanency Training - Creating a Lifelong Family (CLF) Training

Resource families who are moving to adoption are additionally required to complete six hours of permanency training through CFSD's "Creating a Lifelong Family" training. CFSD recently updated the curriculum for this module and used curricula developed by the Harmony Family Center's Adoption Support and Preservation Program in collaboration with the Tennessee Department of Children's Services. The curriculum integrates components from the NTDC adoption training, focusing on trauma and permanency.

- Motivations and expectations in the adoption and guardianship process
- Common fears and concerns of adoptive and guardianship parents
- Understanding yourself in the adoptive and guardianship process
- Understanding common triggers for parents and children
- Attachment and attunement for the adopted or guardianship child
- Understanding a child's trauma and survival behaviors
- Significance of Adverse Childhood Experiences
- Impact of trauma and neglect on brain development
- Attachment parenting
- Avoiding ruptures in the attachment relationship
- Enhancing family communication skills
- Increasing family fun and internal support

Resource families' CLF training completion is documented by CFSD staff using the current Case Management system. CLF training hours can be counted toward a family's renewal training requirements.

Completion of the CLF curriculum is required before approval will be granted for an adoption to finalize, unless an exception has been granted – there is not a specific timeframe beyond that. All licensed families are referred to CLF and can complete it even if they are not preparing to finalize an adoption, but the timeframe requirement is specific to finalizing an adoption for mandatory completion.

The Licensing Bureau Chief verifies the completion of the CLF curriculum through review of the data management system training record for families (approval by the RFS and RFSS are sent via alerts to the LBC). After the training is verified, a written approval is created that is included in the adoption packet submitted for finalization.

Ongoing Resources and Training Opportunities for Resource Families

Parenting Montana

In 2021, DPHHS Addictive and Mental Health Disorders Division (AMHDD) also created a specific learning page for resource families on their Parenting Montana website: Parenting Montana Hyperlink. The information on the Parenting Montana site was derived from their 2019 survey responses of resource families. While the site provides educational topics for parents of all demographics, they also specifically added the following sections for resource families:

1. Deciding to Become a Foster Parent
2. Preparing for a Child in Foster Care
3. The First Twenty-four hours, Week, and Six Weeks of a Child in Foster Care Joining Your Family

CFSD Lunch and Learn

In 2024, CFSD provided the Lunch and Learn agency-directed training. The topics were based on information provided on resource family renewal applications and from a survey completed through the CVMC. The training was provided in a lunch period format, and all were virtual with many having an in-person option.

Notice was provided through the *Foster Care Parent Listserv* as well as individual notices from their assigned RFS. Notices were also sent to Tribal and therapeutic licensing staff.

Additional Training Topics

In 2024, the following training was made available to resource families across Montana. All training opportunities were hybrid options.

- Legal Proceedings - Val Winfield, Cascade County Deputy County Attorney
- Building Children's Resilience Training
- Trust Based Relational Intervention Training
- Internet Safety
- Suicide Prevention in Montana - Karl Rosston
- Autism & Autism Spectrum Disorder - Brett E. Gilleo, LCPC
- Attachment and Reactive Attachment Disorder - Theo Hanson, LCSW
- Parenting Lesbian, Gay, Bisexual, Transgender, Queer/Questioning, Intersex, Asexual, and Two-Spirit (LGBTQIA2S+) Youth
- BSMART Gun Safety and Storage
- Teens: Tips/Tricks Working Through Barriers
- Resources and Advocacy for Youth in the Foster Care System
- MCFCIP Program
- Education Right Time Training
- Navigating Kinship Care
- Trauma Effects on Children
- Indigenous Cultural Competency
- Dawson's Promise – Secondary Education for Foster Care Youth
- Panel: Understanding the Foster Care System (court hearings, meetings and treatment planning)
- Adoption 101

The information regarding additional training opportunities is provided to families through the *Foster Care Parent Listserv*. Families are added by their workers when they are licensed and can unsubscribe or request to be removed as they choose. The system allows tracking of the number of emails sent and the data regarding the number of times the email was opened as shown in the table below per training subject.

Table 156: Resource Parent Training Subjects

Subject	Total Sent	Total Opened
The CORE KCS training site has been moved - check it out!!!	1,591	1,069
Virtual; adoption support group	1,595	1,102
Connected Voices Public Comment	1,595	1,022
Reach Higher Summit Invitation - Second notice	1,601	1,002
Understanding Individualized Education Plans (IEP)	1,625	1,078
Reach Higher Summit	1,376	919
Teamwork and IEP	1,379	904
Prenatal Substance Exposure	1,383	796
CFSD Foster Parent Survey	1,384	849
Learn about the Montana Empowerment Center and IEP	1,355	799

Invitation to the Montana Prevent Child Abuse Conference	1,346	862
Invitation to the Connected Voices Quarterly Meeting	1,308	777
Engaging Families in Child Welfare and Mental Health Services	1,319	873
Learn about adoption assistance	1,326	934
Adoption and Post Adoption Conversation with CFSD	1,327	963
Invitation to Radiant women retreat for foster/adoptive moms	1,329	839
CPS and Foster Parent Panel on Providing Care	1,331	792
Connected Voices Quarterly Meeting Notice	1,338	815
Culturally competent resource parenting	1,338	862
Dawson's Promise for aging our youth	1,343	850
Neurobiology of connection	1,288	845
B=Navigating education as resource parents	1,290	845
Child Bridge upcoming training	1,294	866
The impact of trauma, separation and loss on development	1,286	761
Foster care and the legal process	1,288	768
Montana Kinship Navigator program introduction	1,291	700
Advocating for your child with special needs	1,292	740
Introduction to the Chafee Program	1,294	779
Trauma of Separation: The Manifestation in Developmental	1,295	843
Connected Voices Quarterly Meeting Notice	1,299	720
Do you have questions about IEP	1,293	844
Treating the family with technology chaos	1,296	558
Safe firearm storage in a foster home	1,275	671
Working through barriers with teens	1,276	695
Updates to your foster care licensing forms	1,276	768
Connected Voices Quarterly Meeting Notice	1,278	693
Supporting kinship families with LGBTQ2+ youth	1,279	708
Understanding Gender Identity	1,291	733
Attachment and Reactive Attachment Disorder	1,300	964
Notice of hearing in licensing rule changes	1,302	1088
Parenting a child with autism	1,295	780

Therapeutic Foster Care Training Requirements (Initial and Ongoing)

Montana currently has two agencies who license Therapeutic Foster Care Providers (TFC-P), and they have their own curriculum for training, which complies with the administrative rules regarding training. TFC-P are required to complete thirty hours of initial training before licensure. Currently, Dan Fox and Yellowstone Boys and Girls Ranch (YBGR) are the agencies who license TFC-P.

TFC families' initial application and renewal packets (after they have been approved in individual TFC program system) are completed by the CPAs licensing staff, reviewed by their licensing program managers and supervisors and submitted to CFSD to request a license be approved. A CFSD RFSS is responsible for all submissions for TFC licensing. The packets contain the same checklists used by CFSD RFS staff, listing the required licensing documents for initial and renewal of a license. RFSS reviews the list and verifies the attached documentation before issuing the license, which includes the training hours.

Each year thereafter, TFC-P must complete a total of thirty hours of annual training, including a minimum of fifteen hours of training directly related to: the special needs of youth with emotional disturbances receiving treatment for their emotional disturbance in a treatment family environment, and the use of nonphysical methods of controlling youth to assure the safety and protection of the youth and others.

- Each TFC-P in a two-parent foster home must complete at least five hours of training directly related to special needs of youth in therapeutic care and nonphysical methods of controlling behavior or specialized treatment training to offer therapeutic foster care in their home.

Dan Fox Youth Homes Training Requirements for Therapeutic Foster Care

For Dan Fox, a portion of their training is provided directly by their staff and the rest of the initial training is housed on the UM-CCFWD e-learning site (the same site as CORE-KCS) and is in the process of transferring from Moodle to Canvas. Each training course conducts a survey at the end, asking how they felt the training prepared them. Families receive a certificate for completion of each module of the following training courses available to them:

- In person or Zoom courses trained by Dan Fox staff
  - TFC Paperwork meeting:
  - Orientation and Foster Parent Panel:
  - Family Systems and Attachment:
  - Intro to Relationships
  - Support System and Services:
  - Communication/Reasonable & Prudent Parenting
- UM-CCFWD Online Courses: Via CANVAS
  - Child Safety
  - Discipline
  - Family Systems and Trauma
  - Intro to Relationships
  - Multi-cultural awareness

Dan Fox licensing staff keeps track of who has completed the training and who has not. They review responses to all training and provide follow-up to families as needed. In the last three years, they have had twenty-two families sign up, twelve families complete the training, and nine families have become fully TFC-licensed.

YBGR Training Requirements for Therapeutic Foster Care

YBGR has only recently taken over the TFC licensing process from a now closed TFC agency Youth Dynamics Incorporated (YDI) who closed abruptly. YBGR did not license TFC homes between 2023 and 2024. When YBGR incorporated the YDI program into their program– they transitioned to licensing TFC homes again (they had maintained their CPA license). They currently use the complete NTDC curriculum, using an in-person format. They have a limited number of families who are currently pursuing licensing.

Previously, according to YDI staff that transitioned to YBGR, they:

- Utilized Common Sense Parenting curriculum, which is a group-based class for parents comprised of weekly sessions led by a credentialed trainer who focuses on teaching practical skills to increase children's positive behavior, decrease negative behavior, and model appropriate alternative behavior. Each class is formatted to include a review of the prior session, instruction of the new skill, modeled examples, skill practice/feedback, and a summary.
- Provided individual support to families on the therapeutic foster care programs, expectations, and the licensing process.
- Prior to the merge with YBGR, had started implementing Attachment Regulation and Competency Reflection (an Annie E. Casey Foundation curriculum), a nine-session program that child welfare agencies use to train foster parents to better care for children who have had traumatic experiences.
- They provided training courses mostly online, and their licensing staff monitored and tracked what was completed, the time it took, and if they passed the quiz at the end of training. Otherwise, it was in person and their staff documented their participation.
- Required families to provide their yearly training log, certificates, and proof of their training into staff.

- Ongoing training was tracked by in-person attendance, certificates or self-report, following discussion. If it was training provided by the program, they maintained records. For other forms of in-person training or webinars, families were asked to provider certificates of attendance or completion or participation. If a resource parent reads books or listens to podcasts, etc., they were asked to visit with their treatment manager about the content and their takeaways.

As indicated above, the initial and renewal licensing packets are reviewed and approved by the CPA staff and then submitted to a CFSD RFSS who also reviews and verifies the documentation and issues the license.

Child Placing Agencies – Adoption Placements

CFSD CPA Licensing Program Manager is responsible for all submissions for Adoption Placement CPA licensing. The CPA Licensing Program Manager reviews the application, verifies the attached documentation before issuing the license, which includes the initial training hours.

The CPAs have their own curriculum for training, which complies with the administrative rules regarding training.

For renewals, the CPA Licensing Program Manager for CFSD review personnel records, and a percentage of foster home records and treatment service records for youth, per ARM. The renewal includes paper and electronic record reviews and staff interviews.

When a CPA is also licensed to complete TFC-P, their licenses are approved by both the Licensing Bureau as outlined above in the TFC-P section, and the CPA Licensing Program Manager.

Youth Congregate Care Facility Training Requirements

In Montana, the DPHHS Office of Inspector General (OIG) is responsible for licensing all 'facilities' that foster youth may be placed in (shelter, group, QRTP/TGH, and Psychiatric Residential Treatment Facilities (PRTF).

During 2021, the OIG partnered with CFSD to ensure that their standardized procedures for licensing would meet Title IV-E requirements for QRTP placements in Montana. CFSD refers to these QRTP licensed placements as TGH.

Licensed facilities, in addition to the application for licensure, are required to provide the OIG health statements, release of information, staff rosters, and staff background checks (including fingerprints).

All staff hired in licensed facilities are required to complete a minimum of twenty-four hours of initial Orientation Training. The Orientation Training consists of the following minimum requirements per ARM 37.97.142 ARM 37.97.142 Hyperlink:

- Overview of the Youth Care Facility policies, procedures, organization, and services.
- Mandatory child abuse reporting laws.
- Behavioral management techniques.
- Fire safety, including emergency evacuation routes.
- Confidentiality.
- Suicide prevention.
- Emergency medical procedures.
- Report writing, including the development and maintenance of logs and journals.
- Youth rights, as outlined in ARM 37.97.159 ARM 37.97.159 Hyperlink.
- Hours required for on-the-job training.
- Trauma Informed Care - *required of Psychiatric Residential Treatment Facilities and QRTP/TGH staff only*.

Orientation Training shall be completed and documented before the hired staff person may count in the "youth to awake staff' ratio as specified below:

- Youth Care Facility, ARM 37.97.141 ARM 37.97.141 Hyperlink
- Therapeutic Group Home, ARM 37.97.903 ARM 37.97.903 Hyperlink.

In addition, all 'direct care staff' within six months of hire are required to complete the following certification training in which the facilities must be maintained, and update training courses and certificates as required:

- Use of de-escalation training and methods of managing youth as described in the provider's policies and ARM 37.97.172 ARM 37.97.172 Hyperlink.
- First Aid and CPR certification; and,

In addition to the initial training, all licensed facility staff are required to complete annually a minimum of twenty hours of ongoing training to improve proficiency in their knowledge and skills, as appropriate, for the level of care they are providing.

The training required addresses the skills and knowledge needed by staff to carry out their duties in caring for all youth placed in a licensed facility, regardless of parental custody. The OIG ensures Initial Orientation Training, 'Direct Care Staff Six-Month Training,' and Annual Ongoing Training are met and tracked for all staff at each licensed facility by conducting a mandatory annual survey that reviews if mandatory records for a certain percentage of youth are available, staffing ratios, and employee files, staff training that includes certain hours and topics required for orientation and additional hours of ongoing training, as well as facility quality and maintenance. In addition to the survey, a training record review is completed with human resources, and feedback is gathered through staff interviews. OIG reported to CFSD that all training has been accounted for and tracked, and all current licensed facilities are in compliance with licensing standards and training requirements for their staff.

Provider and Adoptive Parent Training – Surveys/Evaluations/Assessments

2019 Montana Resource Parent Survey

In March of 2020, AMHDD provided CFSD with their '2019 Montana Foster Parent Survey Key Findings Report.' The Center for Health and Safety Culture developed a survey to explore basic beliefs of resource parents, their self-reported and emotional skills in the context of parenting, and their prioritization of potential topics to address on Parenting Montana website.

Respondents were recruited through the CFSD *Foster Care Parent Listserv* between November 5, 2019, and February 1, 2020. Because the sample was not randomly selected, the results are not necessarily generalized to all resource parents.

The survey asked the resource parents to specify their demographics (age, sex, race), and the results were recorded as follows:

- The average age of participants was forty-four years (standard deviation of 10.6 years)
- 85% were Female
- 2.4% were Spanish, Hispanic, or Latino
- 57% were White
- 1% were African American
- 4% were American Indian or Alaska Native

The survey asked the resource parents to specify the length of time they had been a resource parent for, and the age of children they had cared for during their time as a resource parent. The results were recorded as follows:

- Length of time as a resource parent:
    - Approximately 77% had been a resource parent for five years or less
        - 16% had been a resource parent for six to fifteen years
        - 6% had been a resource parent for twenty years or more
- The ages of the children they provide care for (in the past twelve months):
    - 41% had children aged birth to two years
    - 37% had children aged three to five
    - 38% had children aged six to eleven
    - 27% had children aged twelve to seventeen
    - 3% had children aged eighteen or older

The survey asked resource parents to list three skills a resource parent should have to be successful and three skills a child

in foster care should have to be successful in life, and the results were recorded as follows:

- The top five parenting skills were:
  - Love
  - Patience
  - Support
  - Understanding
  - Listening
- The top five child skills were:
  - Communication
  - Confidence
  - Trust
  - Love
  - Coping

A further review of all the skills revealed the following:

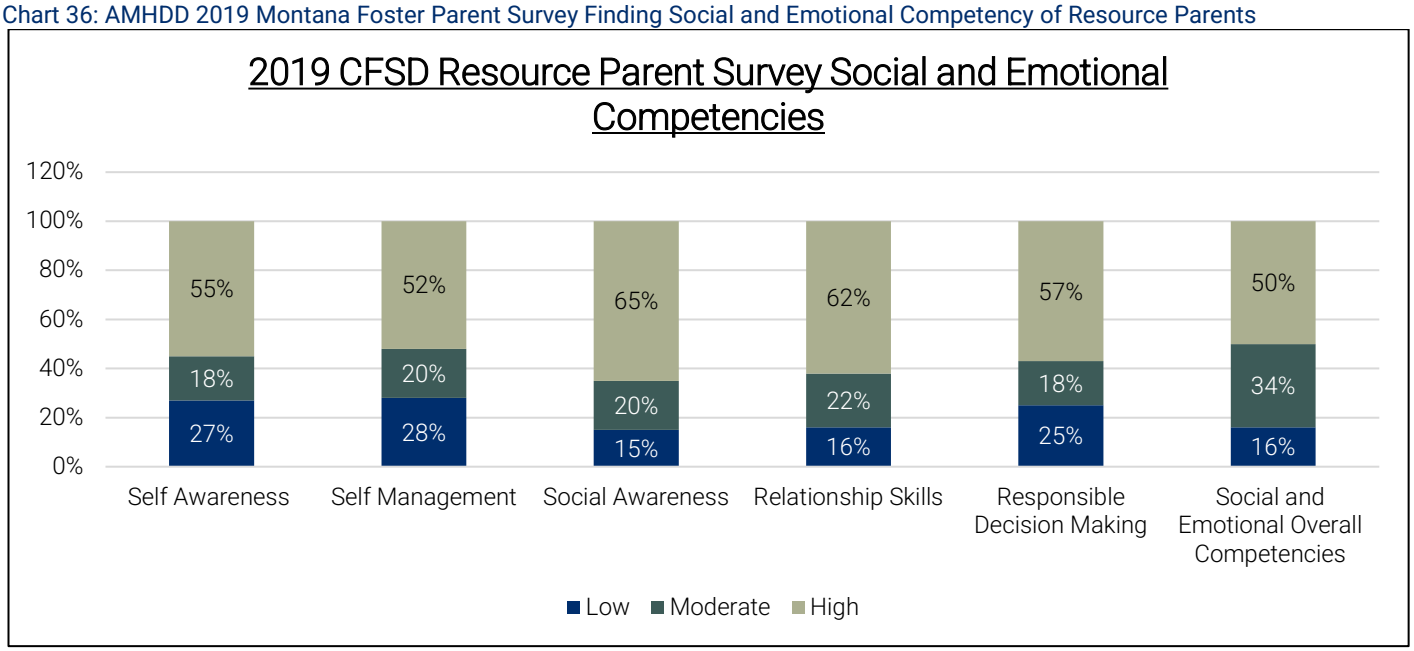
- 97% (553 of 571) of the skills identified for a resource parent to be successful were social and emotional skills.
- 97% (643 of 663) of skills parents identified their child needs to be successful were social and emotional skills.

The survey asked resource parents to measure their social and emotional competencies of resource parents in the following five skill areas:

- Self-Awareness: Identifying emotions, accurate self-perception, recognizing strengths, self-confidence, and self-efficacy.
- Self-Management: Impulse control, stress management, self-discipline, self-motivation, goal setting, and organizational skills.
- Social Awareness: Perspective taking, empathy, appreciating diversity, and respect for others.
- Relationship Skills: Communication, social engagement, relationship building, and teamwork.
- Responsible Decision Making: Identifying problems, analyzing situations, solving problems, evaluation, reflecting, and ethical responsibility.

The ratings of their own skills were divided into three groups – low, moderate, and high skill levels. The ratings for each skill area were averaged for an overall measure. As shown in the chart below, more resource parents rate themselves as highly skilled in social awareness and relationship skills than other skills. Some resource parents rate themselves as having low skill levels in self-awareness and self-management skills.

Chart 36: AMHDD 2019 Montana Foster Parent Survey Finding Social and Emotional Competency of Resource Parents



The survey asked resource parents why they chose to become a resource parent.

- The most frequently occurring reason people listed that they chose to take in children in foster care was that they recognized the great need for resource parents in their community, and they were responding to that need.
- Many parents of children in foster care reported that they felt they had love, a structured home life, safety, and opportunities for a good life to offer children in the foster system.
- Some parents' reasons for fostering were based on their overall love of children or their concern and compassion for children.
- Others stated more altruistic reasons that led them to fostering – "giving a voice to the voiceless," having a heart for service, and wanting to give back to their community.
- A few people noted their experience of working with children with special needs and/or high needs, so taking in such children was a way they could help meet that specific need in their community.
- Some parents who were fostering were particularly interested in taking infants and did so to fill their own personal affinity for infants.
- Some empty nesters who were not quite ready to have child-free households, or younger couples and single adults who did not have children of their own chose to bring children into their homes and either become or remain parent figures.
- Some were not biologically able to have their own children, and the foster system provided an opportunity for parents and perhaps even a path to adoption.
- Some people thrived in large families and enjoyed bringing additional children into their homes.
- Others felt that since they had raised successful children of their own, that taking in children in need of giving them the same opportunity was a gift they could give.
- Several parents mentioned the benefits their own biological children had received from taking in children/siblings in the foster system, and how they became foster families to help their own children become better people.
- Many people became parents to a child in the foster system to take in a family member, a friend or acquaintance's child, or a child they knew of from some other personal connection (student, patient, clients, etc.).
- Some became resource parents because they knew other families who fostered and were inspired by them.
- A few people stated that their reason for being a resource parent was simply fulfilling their general want to be a resource parent, and some noted that they do it because it is personally rewarding.
- Some said they felt they had a calling to be a resource parent and of those a few noted that calling was a religious one.
- Another reason some people chose to become parents to children in foster care is that they were former children in the foster care system themselves who had tumultuous childhoods and felt strongly about giving better opportunities to current children in the system.
- A few shared strong concerns for teens in the system and specifically became resource parents to take in teens.

The survey asked resource parents to rank fifty-six parenting topics based on what they were most interested in learning. The following list includes those ranked in the top third.

- Teaching how to deal with anxiety (like how to seek help and manage it)
- Challenging behaviors: Disrespect
- How to help children to be more responsible
- How to help children to be more compassionate
- Childhood trauma (how to deal with trauma, seeking help, managing, things that trigger)
- How to help children to be more independent
- Eating/food concerns like hoarding, overeating, trauma, healthy eating habits/nutrition, picky eating, etc.
- How to help children to be more loving
- How to help children to be more confident
- An issue just happened, and now what do I do? Next steps... ("I can't believe they just did that, now what?" like risky behaviors, bullying, etc.)
- How to help children to be more empathetic
- How to help children to be more fulfilled
- Challenging behaviors: Defiance
- Challenging behaviors: Power struggles
- Helping a child respond to failure

- Challenging behaviors: Aggressive or violent
- Teaching a child to ask for what they need (like with a teacher at school or a caseworker or in court)
- Picking up and understanding a child's cues
- Hygiene (developing healthy habits like covering your mouth when you cough or regularly bathing as a teen)
- Challenging behaviors: Swearing

Since creating the survey, AMHDD has reported to CFSD the following about the Parenting Montana website:

1. It has three "I Want to Know More" resources developed specifically for perspective and current foster families. The approximate number of views per resources has been to date:
    a. Deciding to Become a Foster Parent – 226 views
    b. Preparing for a Child in Foster Care – 151 views
    c. The First Twenty-four Hours, Week, and Six Weeks of a Child in Foster Care Joining Your Family – 2,206 views
2. It has reached a large and growing audience. Between January 2020 and March 2023, the site had over 335,000 cumulative daily users from the United States. Most accessed topics on the website were: tantrums, establishing routines, lying, chores, and defiance and power struggles.

2023 Online-KCS Training Pilot Evaluation (now known as Core-KCS)

In March of 2023, UM-CCFWD completed an evaluation of the piloted online-KCS training, which was later adopted as the "Core-KCS" training. The evaluation report provided the following:

There was a range of thirty-eight to 160 resource parents who completed the online-KCS modules. The range is in part due to the migration from one online platform to another; in other words, some resource parents did not need to complete some modules as they completed them in the previous system. The migration occurred because the initial online learning platform that hosted the online-KCS modules was costly and there was feedback from resource parents that it was difficult to navigate. UM-CCFWD would get multiple phone calls from resource parents or state workers about weekly challenges with the system, primarily related to registration and lost log-in information. Since moving to the new platform approximately six months ago, UM-CCFWD has had twenty-six resource parents seeking support. The following is a list of the modules followed by the number of participants who have completed the module in order of least to greatest:

- Creating a Lifelong Family (N=38)
- Reasonable and Prudent Parenting Standard (N=103)
- The Legal Process (N=110)
- Culture (N=114)
- Grief and Loss (N=124)
- Child and Youth Development (N=133)
- Trauma (N=139)
- Positive Parenting (N=160)

Key Demographics

To date, resource parents who have completed modules have come from twenty-three of Montana's fifty-six counties. Cascade County has had the highest participation with 18% of all participants. Next, Montana's most populated county, Yellowstone, represented 13% of all participants. The next three counties with larger participation were Flathead, Missoula, and Lewis and Clark, which are all also largely populated counties.

Table 157: Participants Role (N=96)

First Time Fostering	Renewal – Fostering 1-3yr	Renewal – Fostering 3-6 yr	Renewal – Fostering 7-10 yr
36 / 38%	53 / 55%	6 / 6%	1 / 1%

Table 158: Type of License (N=108)

Youth Foster Home	Kinship	Tribal	Therapeutic Foster Care
53 / 46%	41 / 35%	5 / 4%	9 /8%

Table 159: Race of Participants (N=98)

White	American Indian	Asian, Hispanic/Latino, and Native Hawaiian
86 / 88%	6 / 6%	6 / 6%

Table 160: Age of Participants (Youngest = 23 yr) (N=95)

20-29	30-39	40-49	50-59	60-69

14 / 15%	30 / 32%	26 / 27%	10 / 11%	15 / 16%

Table 161: Education Level (N=94)

Less than an Associate Degree	Associate's degree	Bachelor's Degree	Master's Degree	Doctoral Degree
46 / 59%	14 / 15%	20 / 21%	12 / 13%	2 / 2%

Table 162: Positive Discipline Module Evaluation (N=161)

As a result of the Positive Discipline course, I have an increased:	Strongly Agree	Agree	Disagree
Confidence to use non-physical methods to redirect children to assure safety and protection of children and others.	97 / 60%	63/ 39%	2 / 1%
Confidence in using course strategies to model behavior management to children in my care.	77/ 48%	82 / 51%	2 / 1%
Understanding how emotional responses may impact on how I discipline children	72 / 45%	89 / 55%	0 / 0%
Knowledge of the requirements to use positive discipline techniques under the Montana law and policy.	71 / 44%	85 / 53%	5 / 3%

Table 163: Trauma Module Evaluation (N=150)

As a result of the Trauma course, I have an increased:	Strongly Agree	Agree	Disagree
Confidence in my ability to create safe environments for children in my care after completing the trauma module.	86 / 57%	62 / 41%	3 / 2%
Understanding of how Adverse Childhood Experience (ACEs) impact brain development.	80 / 53%	68 / 45%	3 / 2%
Understanding how the key types of childhood trauma affect children in foster care.	80 / 53%	68 / 45%	3 / 2%

Table 164: Child and Youth Development Module Evaluation (N=139)

As a result of the Child and Youth Development course, I have an increased:	Strongly Agree	Agree	Disagree
Knowledge of how trauma impacts youth development following participating in this module	65 / 47%	71 / 51%	3 / 2%
Confidence in supporting children to develop self-confidence/positive self-image.	63 /45%	71 / 51%	6 / 4%
Confidence to use techniques that promote bonding with children placed in my care.	58 / 42%	79 / 57%	1 / 1%
Knowledge of normative child development.	58 / 42%	81 / 58%	0 / 0%

Table 165: Grief and Loss Module Evaluation (N=132)

As a result of the Grief and Loss course, I have an increased:	Strongly Agree	Agree	Disagree
Knowledge of common behaviors and emotions children display when they experience grief and loss.	69 / 52%	63 / 48%	0%
Confidence in my ability to respond to children with empathy as they process their grief.	63 / 48%	67 / 51%	1 / 1%
Understanding of the complexities of grief experienced by the biological family when a child is removed from their care.	62 / 47%	69 / 52%	1 / 1%
Confidence in recognizing signs of grief and loss in foster children.	61 / 46%	70 / 53%	1 / 1%

Table 166: Culture Module Evaluation (N=126)

As a result of the Culture course, I have an increased:	Strongly Agree	Agree	Disagree
Understanding how culture positively impacts healthy identity development in youth in care.	58 / 46%	68 / 54%	0 / 0%
Confidence in my ability to manage my own bias when working with others whose values are different than myself/my family	58 / 46%	66 / 52%	3 / 2%
Knowledge of techniques to learn the culture of children in my care.	55 / 44%	71 / 56%	0 / 0%
Knowledge of how to locate diverse cultural resources (e.g., media, events, food, and connect to diversity in community).	54 / 43%	71 / 56%	1 / 1%

Table 167: Legal Process Module Evaluation (N=120)

As a result of the Legal Process course, I have an increased:	Strongly Agree	Agree	Disagree
Knowledge of the roles involved in the legal process related to foster children's cases.	54 / 45%	65 / 54%	1 / 1%
Knowledge of the role of resource parents in court proceedings (including reunification efforts).	54 / 45%	66 / 55%	0 / 0%
Understanding of their role as a mandated reporter for past and current child abuse.	53 / 44%	66 / 55%	1 / 1%
Confidence in their ability to advocate on behalf of the child's best interests, not just their own needs and desired outcomes.	53 / 44%	65 / 54%	2 / 2%
Knowledge of common legal proceedings that can occur during a child's first year in foster care.	52 / 43%	67 / 56%	1 / 1%

Table 168: Reasonable and Prudent Parenting Module Evaluation (N=112)

As a result of the Reasonable and Prudent Parenting course, I have an increased:	Strongly Agree	Agree	Disagree
Confidence in locating extracurricular, enrichment, cultural, and social opportunities for youth in my care.	54 / 48%	56 / 50%	2 / 2%
Confidence in my ability to implement reasonable and prudent parenting standards.	52 / 46%	60 / 54%	0 / 0%
Knowledge of my legal obligation to support foster youth's participation in social, scholastics, and activities with peers.	52 / 46%	60 / 54%	0 / 0%
Ability to define normalcy as related to children in foster care.	52 / 46%	59 / 53%	1 / 1%

Table 169: Creating a Lifelong Family Module Evaluation (N=39)

As a result of the Creating Lifelong Family course, I have an increased:	Strongly Agree	Agree	Disagree
Knowledge of the difference between fostering, guardianship, and successful adoption.	23 / 59%	16 / 41%	0 / 0%
Confidence in my ability to empower children to participate in their adoption process (based on age and cognitive abilities).	21 / 55%	18 / 45%	0 / 0%
Confidence in using strategies for creating a lifelong family for children in my care.	20 / 51%	19 / 49%	0 / 0%
Knowledge of the key characteristics of successful adoption.	19 / 49%	20 / 51%	0 / 0%

2023 Foster Care Renewal Application Survey

In July of 2023 the CFSD staff gathered 218 renewal applications from across the state. Because the format of the applications only provides for written comments and not check boxes, the information was summarized as follows.

RFSS reviewed the renewal applications for the region(s) they are assigned to. The following information represents the 218 renewal applications that were collected by the states RFSS and reviewed per region:

- Region 1 – Twenty-Nine Respondents
- Region 2 – Thirty-One Respondents
- Region 3 – Sixty-Three Respondents
- Region 4 – Fifty-Two Respondents
- Region 5 and 6 – Forty-Three Respondents
    - These regions were combined as the same RFSS oversees both regions.

The information identified in the table below was taken from the renewal applications received between January and June 2023. Participants could provide more than one suggested program need in their open-ended response. CFSD's licensing staff then categorized the open-ended responses into the following statements listed in the table below.

Table 170: Renewal Application (N=218)

Renewal Application Statements	Respondents Count / Percentage
Indicated a need for better communication within the child welfare system between staff, providers, and courts.	78 / 36%
Indicated a need for services such as respite, childcare, and counseling.	76 / 35%
Indicated a need for better communication by child and family service staff (caseworker and/or licensing).	65 / 30%
Indicated concerns about CFSD staff workload, caseloads and turnover.	54 / 25%
Indicated a need for more staff and retention of staff.	50 / 23%
Indicated a need for better system/process (court, visitation, services to families).	46 / 21%
Indicated a need for better accountability from CFSD regarding case decision making and transparency.	46 / 21%
Indicated a need for additional or specific types of training for individuals.	24 / 11%

Additionally, families indicated frustration with the court system related to timelines including delays and opportunities for parents. It is not known if the issues with communication, staff turnover or what is seen as too large caseloads affect this frustration with the court system. They also commented in equal numbers that the overall system is a frustration, including visitation (too much or too little), resources for families, both birth and foster, and other support services.

2024 Connected Voices for Montana Kids Survey

In February of 2024, the CVMC also completed a survey regarding the needs of resource parents. They shared the survey questions via the CFSD resource parent Listserv, and there were forty-two respondents to the survey. The survey results were:

Table 171: Participant's Role within Montana's Child Welfare System (N=42) **Note: Participants could select more than one.*

Biological Parent	Resource Parent	Kinship Parent	Adoptive Parent	Former Resource Parent	Other
4 / 10%	30 / 71%	8 / 19%	19 / 45%	1 / 2%	6 / 14%

Table 172: Participant's Region/Demographics (N=42)

Region 1	Region 2	Region 3	Region IV	Region V	Region VI
5 / 12%	8 / 19%	10 / 24%	12 / 29%	6 / 14%	1 / 2%

Table 173: Participant's Length of Time Involved with Montana Child Welfare System (N=42)

Less than 1 Year	1-3 Years	4-7 Years	8-10 Years	More than 10 Years
1 / 2%	16 / 38%	12 / 29%	5 / 12%	8 / 19%

- The forty-two participants were asked, ***"In your experience, what is one strength of Montana's Child Welfare System."*** Participants provided open-ended response, and CVMC members then categorized the open ended responses into the top four categories listed in the table below. Three participants did not respond.

Table 174: Strengths of Child Welfare (N=39)

Strength of Montana's Child Welfare System	Respondents Count / Percentage
Caring CFSD Staff Helping Children and Families.	12 / 31%
Linking Families to Individualized Resources/Wrap Around Services.	8 / 21%
Unsure of Strengths.	6 / 15%
Advocating for Children's Best Interest.	4 / 10%
Grand Total	30 / 77%

- The forty-two participants were asked, *"If you could change one thing about Montana's Child Welfare System, what would it be?"* Participants provided open-ended response, and CVMC members then categorized the open- ended responses into the top four categories listed in the table below.

Table 175: Considerations to Change about Child Welfare (N=42)

One Consideration to Change about Montana's Child Welfare System	Respondents Count / Percentage
Caseworker Communication to Be More Transparent, Timely, and Consistent Across All Regions.	14 / 33%
More Focus on the Child's Best Interest, and Less Focus on the Parents Wants, Wishes, and Rights.	9 / 21%
Time to Permanency for Children Being Shortened.	7 / 17%
More Caseworkers, and Resources for Caseworkers.	4 / 10%
Grand Total	34 / 81%

The forty-two participants were asked, *"What training topic(s) would you find most relevant to your experience?"* Participants provided open-ended response, and CVMC members then categorized the open-ended responses into the following categories listed in the table below. Participants could list multiple trainings in their response.

Table 176: Training Topics (N=42)

Training Topics Most Relevant to Experience	Respondents Count / Percentage
Trauma Informed Parenting Techniques	26 / 62%
Advocating for Children in Foster Care	25 / 60%
Navigating the Court System	25 / 60%
Effective Communication with CPS	19 / 45%
Understanding ICWA	13 / 31%
Finding Time for Self-Care	12 / 29%
Navigating the School System and Individualized Education Plans	11 / 26%

2024 KCS Training Evaluation

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

Table 177: Overall Course Feedback (N=620)

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

Table 178: Materials Were Beneficial for Enhancing my Learning (N=595)

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

Table 179: How would you rate the Resource Parent Training Series? (N=595)

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

Table 180: Knowledge/Ability Statements (N=600)

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

Table 181: Type of Licensure (N=694)

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

Table 182: Length of Licensure (N=590)

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

Table 183: Education Level of Participants (N=577)

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

Table 184: Age Group of Participants, Youngest=15 yr., Oldest=80 yr., Average Age 42 yr. (N=562)

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

Table 185: Race of Participants (N=637)

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

Table 186: Participants by County (N=586)

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

Overall Series Feedback

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

The primary requests for improvement included: expanding content to better support LGBTQIA2S+ youth, presenting ICWA from a less adversarial perspective, and providing more information on the legal process and roles. Additionally, feedback indicated that several links and videos were broken or outdated, prompting requests for updated materials: especially post-pandemic information. There were also suggestions to provide printed materials and improve video accessibility. There were requests for more interactive elements such as Zoom meetings or live discussions to accompany the training.

Future Training Requests

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

1. Home Preparation and Safety: Requirements for different ages (beds, outlet covers, pet safety), checklists for foster child's needs, and preparing the home to make children feel welcome.
2. Special Needs and Developmental Support: Caring for children with special needs and learning disabilities, working with children with developmental or physical needs, and understanding and navigating IEPs and school resources.
3. Legal and System Navigation: In-depth courses on legal processes and resource parents' rights, navigating child protection services, ICWA, and resource parent support in the legal system.
4. Behavioral and Emotional Support: Applied Behavior Analysis, addressing behavioral problems and trauma responses, and positive discipline and handling disrespectful behavior.
5. Health and Safety: Basic nutrition by developmental stage, first aid and CPR training, and understanding drug-exposed behaviors.
6. Cultural Competency and Diversity: Courses on different cultures and LGBTQIA2S+, navigating tribal laws and working with tribal social services, and addressing racism and fostering children from different ethnic backgrounds.
7. Parenting and Family Dynamics: General parenting training, supporting biological children in resource families, creating healthy boundaries with birth families, dealing with complicated birth parents and family dynamics, and handling bullying and social media dangers.
8. Trauma-Informed Care: Understanding how trauma affects development, trauma-informed strategies, and helping children cope with trauma.
9. Practical Resources and Support: Local resources and contacts, FAQs for first-time licensees, strategies for accessing community support, and support for grieving resource parents.

What Advice Do You Have for Future Participants?

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

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

Table 187: Positive Discipline (N=785)

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

Table 188: How Would You Rate the Course Content on Positive Discipline? (N=757)

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

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

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

Table 189: Trauma (N=735)

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

Table 190: How would you rate the course content on Trauma? (N=706)

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

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

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

Table 191: Child and Youth Development (N=703)

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

Table 192: How Would You Rate the Course Content on Child and Youth Development? (N=673)

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

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

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

Table 193: Grief and Loss (N=694)

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

Table 194: How Would You Rate the Course Content on Grief and Loss? (N=662)

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

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

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

Table 195: Culture (N=675)

As a result of the Culture course, I have an increase in:	Respondents Count / Percentage
Knowledge of techniques to learn the cultures of children in your care.	662 / 98%
Understanding how culture positively impacts healthy identity development in youth in care.	660 / 98%
Confidence in my ability to manage my own bias when working with children, biological family and other team members who have different cultural behaviors, beliefs, and values than myself/my family.	660 / 98%

Table 196: How Would You Rate the Course Content on Culture? (N=637)

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

Culture Comments: Resource families shared that the course helped them explore topics they had not previously considered, such as prejudice and bias.

For improvement, participants suggested adding more content focused on specific cultural groups and including information on children with disabilities. Many also expressed a desire for takeaway materials, such as guides for community connections and ongoing mentorship or support. Several families recommended reviewing and updating the

videos to make them more engaging and relevant. Some felt that certain videos or content segments were too long and suggested breaking them into smaller sections. Additionally, there were frequent comments about the need to review quizzes for spelling errors and improve the clarity of question wording. Others noted that some links within the course were broken and required attention.

Table 197: The Legal Process (N=655)

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

Table 198: How Would You Rate the Course Content on The Legal Process? (N=629)

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

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

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

2025 KCS Annual Training and Needs Survey

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

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

Table 199: Respondents were asked to list what County they reside in? (N=136)

County	Respondents Count / Percentage
Beaverhead	1 / 1%

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

Table 200: Licensed Foster Parent (N=136)

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

Table 201: Years as a Foster Parent (N=105)

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

Table 202: Annual Training Requirements: Three participants listed not applicable and those are not reflected in the table below. (N=102)

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

Table 203: Barriers to Completing Annual Training Requirements (N=11)

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

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

Table 204: Method of Completing Annual Training Requirements (N=90)

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

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

Table 205: Access to Locate Ongoing Trainings (N=123)

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

Table 206: Access to Lunch and Learn Trainings (N=123)

Have you attended your local Lunch and Learn training facilitated by CFSD?	Respondents Count / Percentage
Yes	22 / 18%
No	101 / 82%
Grand Total	123 100%

Table 207: Barriers to Accessing Lunch and Learn Training (N=94)

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

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

Table 208: Training Enhances Skills (N=108)

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

Table 209: Additional Training Topics to Explore for Future Trainings (N=69)

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

Table 210: Resource Parent Strengths (N=102) – Respondents could select more than one.

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

Table 211: Resource Parent Needs (N=99)

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

Item 28 Performance Appraisal

For the CFSR Round 4 (2025) SWA, CFSD has rated *'Systemic Factor Item 28'* as a Strength.

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

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

The variety of training for resource and adoptive families is extensive. Options in topics, times, and delivery platforms are varied to accommodate for many differing needs. For instance, training for providers is held both on a weekday and a Saturday each month and can be modified or include other days, as needed, for families. CFSD has partnered with other state agencies who serve parents or parenting individuals to create as robust of a learning culture as possible.

Collaboration with programs like Child Bridge, who provide training activities targeted at resource families, also enhances not only the opportunity for families to expand their knowledge and skills but according to families, the training resources have expanded their knowledge and skills.

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

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

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

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

E. Service Array and Resource Development

For the CFSR Round 4 (2025) SWA, CFSD has rated *"Service Array and Resource Development – Items 29 and 30" as a* Strength.

- *Note: In CFSR Round 3 (2017), this was rated an Area Needing Improvement.*

Item 29: Array of Services

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

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

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

services, services to support reunification, and school-based social/mental health services. Stakeholders said that the difficulties in accessing mental health and substance abuse treatment and appropriate placement resources for youth resulted in placing youth out-of-state.

Systemic Factor Item 29 was selected as a priority focus during the CFSR Round 3 PIP Measurement Period. CFSD began problem exploration and key findings, and set forth the following goals by focusing on implementations regarding the following strategies and key activities:

- PIP Goal #2: Improve Family-Centered Practice through meaningful engagement of parents and children.
    - Strategy 2.2: Ensure children are safely maintained in their home whenever possible and appropriate.
        - Key Activities:
            - 2.2.1: Revise the Safety Plan Determination worksheet to ensure alignment with the practice model to clearly delineate when a child can remain in their home once the assessment has been completed, and the child has been found to be unsafe.
                - CFSD completed this key activity in August of 2020.
            - 2.2.2: Utilize the coaching/mentoring process as defined in Goal 1 to ensure workers understand and are using the worksheet correctly.
                - CFSD completed this key activity in November of 2020.
            - 2.2.3: Develop partnerships with service providers to ensure availability of in-home services for at risk families.
                - CFSD completed this key activity in January of 2021.
            - 2.2.4: Provide training on the practice model and ensure safety services are part of the contract expectations.
                - CFSD completed this key activity in January of 2021.
            - 2.2.5: Use data from fidelity reviews in Strategy 2.1 to evaluate the use of the Safety Plan Determination worksheet to determine whether the intervention resulted in the desired outcomes.
                - CFSD completed this key activity in January of 2022.
- PIP Goal #3: Improve service array through partnerships with service providers to increase reunification rates and decrease time to permanency.
    - Strategy 3.2 Develop Family Support Teams to improve timely safety and support services to ensure children remain in the home or are reunified in a timely manner.
        - Key Activities:
            - 3.2.1: Gather data to evaluate adaptation, implementation and project efficacy in Cascade County.
                - CFSD completed this key activity in July of 2020.
            - 3.2.2: Develop a safety monitoring protocol between the agency and providers for Cascade and Yellowstone Counties.
                - CFSD completed this key activity in August of 2020.
            - 3.2.3: Develop policy for Family Support Teams.
                - CFSD completed this key activity in August of 2020.
            - 3.2.4: Train CFSD staff and community providers in Yellowstone County on the Family Support Team and how these teams support CFSD Safety model for in-home services and/or reunification.
                - CFSD completed this key activity in October of 2020.
            - 3.2.5: Implement Family Support Team Structure in Yellowstone County.
                - CFSD completed this key activity in January of 2021.
            - 3.2.6: Conduct thorough review of qualitative and quantitative data in Cascade and Yellowstone Counties to determine effectiveness of FST and make modifications where necessary to continue to increase the number of in-home cases and decrease the time to reunification.
                - CFSD completed this key activity in January of 2022.
    - Strategy 3.3: Develop Addiction Recovery Teams (ART) to ensure timelier permanency for families dealing with chemical dependency issues.
        - Key Activities:

- 3.3.1: Complete implementation of ART teams in Yellowstone and Missoula County field offices.
    - CFSD completed this key activity in September of 2019.
- 3.3.2: Develop and train on the use of an evaluation tool to measure effectiveness of the program and make modifications as needed.
    - CFSD completed this key activity in December of 2020.
- 3.3.3: Reviews will occur quarterly to monitor adherence to the model.
    - CFSD completed this key activity in January of 2022.
- 3.3.4: Using the results of the evaluations, if warranted, a plan will be developed for roll-out to additional sites.
    - CFSD completed this key activity in January of 2022.

During the CFSR Round 3 PIP-Monitored Period, CFSD reduced the removal rates from 10.6% in SFY19 to 8% in SFY21 in part by refocusing on the use of the Safety Plan Determination (SPD) worksheet as a tool to engage families and children, allowing CFSD staff to be more effective at assessing when children can be maintained safely in their home. The SPD worksheet is used each time an impending danger is identified, the danger is not being managed by anyone internal to the family system, and there is posed danger to the child that persists due to the safety threat(s). A robust review by CFSD examining the SPD worksheet was completed formally through fidelity reviews, or a review of the SPD completion in regional meetings, and no errors were found in the SPD worksheet, or application of the agencies safety model in making each case determination.

In conjunction with the Capacity Building Center for the States, CFSD held a series of key stakeholder focus groups in 2018. One of the efforts being used in some regions included a team approach at the start of the case when a child was first determined to be unsafe and was identified as at-risk of removal or had already been removed. This team approach brought the child, CFSD staff, providers and other stakeholders to one table to identify and secure services based on a review of each family's needs with the goal of keeping the child at home, or if removed already, to return the child home, with safety resources in place to mitigate the safety concerns. From these focus groups, CFSD created FST which is a voluntary process for families. The following occurred throughout the PIP period:

- June 2018 - FSTs launched in Cascade County.
- June 2018 – FST Tracking Log created. However, through multiple revisions the data was not tracked accurately until June of 2019.
    - Data reflected from June 2019 – June 2020, that half of the children removed prior to a FST were able to return home with an In-Home Safety Plan in place, along with intensive services to meet the family's needs.
- January 2020 - Eastern counties in region 1 completed their provider Core Training and launched FSTs.
- July of 2020 – FST Procedure was developed.
- August of 2020 - FST Facilitators and Regional leadership (regions 1, 2, and 3) received FST Procedure training, and then regional leadership trained their staff shortly thereafter.
- September of 2020 - Yellowstone County completed their provider Core Training.
- December of 2020 – Yellowstone County launched FSTs.

A CQI Specialist provided ongoing support to regions launching FSTs. This included oversite and initial training for the FST facilitators and monitoring the FST tracking log.

Through the PIP-Monitored Period, CFSD found that FSTs led to more of Montana's children being safely prevented from entering the foster care system or being exited from in a safe and timely manner. FSTs also helped in producing a more effective assessment at the start of the case and providing services for the children and families that address the reasons for CFSD's involvement in both home and out-of-home cases. FSTs also broadened the inclusion of other family members and natural support to help with case and safety planning at start of CFSD's involvement. Aside from the benefits to the families and children, FSTs helped strengthen CFSD's collaboration with community providers. More providers have been able to step in more quickly to help families access formal and informal support and services while the full assessment and treatment planning process is being completed. Overall, this has led to a decrease in the lag time between the investigation and initiation of services, and through collaboration CFSD staff become more aware of what services in their community are available to families.

CFSD found that with the utilization of the SPD worksheet and FSTs, that families were accessing services in a timelier manner, which helped reduce the overall number of children coming into foster care.

Another pilot project CFSD engaged in during the PIP-Monitored Period was the ART in Yellowstone and Missoula counties. CFSD used the CQI process of Plan, Do, Study and Act (PDSA) to assess the intervention and determine whether it was a sustainable and viable program.

CQI evaluation of the ART pilot in Yellowstone and Missoula counties, as well as discussion among M-Team based off of aggregated data that was submitted to ACF-CB in the final PIP report, led CFSD to determine that ART were not an impactful program to the CFSD safety, permanency and well-being outcomes; and therefore, CFSD did not continue with implementation of this program throughout the state. Overall, the study of the ART pilot showed little difference between families engaged in the ART pilot as compared to a county that did not have ART, as it related to engagement with substance abuse treatment services. It also did not show significant difference in timeliness of permanency. While the ART pilot project was not as successful as CFSD initially expected, CFSD was able to identify two key components, listed as follows, that were found to be beneficial and intended to move forward on finding ways to incorporate across regions:

1. Use of Peer Support Consultants – CFSD found many families who declined services and did not remain in the pilot project remained connected to their Peer Support Consultant, who in turn helped the family see the value in and connected them to substance abuse treatment services.
2. Tele-health Resource – Though an unintended result of working under the conditions of the COVID-19 pandemic, CFSD was forced to use tele-health to connect with families in more rural areas. This allowed service providers and Peer Support Consultants to connect more readily to clients in rural areas which lack service infrastructure.

During the previously mentioned 2018 focus group with contracted providers across the state, the group clearly expressed a need for a broader array of services with more service providers so that the right services could be offered to the family at the right time.

In early 2019, to better accommodate the needs of the families throughout Montana with best practices and to help prepare for the Title IV-E Families First Prevention Support Services State Plan development, CSFD collaborated with external stakeholders statewide, focusing on growing the utilization of evidence-based interventions throughout the state.

In July 2019, in addition to the strategic efforts to expand the utilization of evidenced-based interventions across the state to better serve families, CFSD launched 'Open Enrollment Fee for Service Rate Matrix Contracts' outlining both approved model interventions and the associated hourly/session rate of the intervention. These contracts are called "Child Welfare Prevention and Support Service (CWPSS)," and they adhere to federal and state contract compliance procedures and protocols. These contracts are overseen by CFSD's Title IV-B Program Manager. The CWPSS services focus on taking a strength-based approach to building on a family's focused goals and abilities designed to ensure the safety of children. The CWPSS contractors are required to have the ability to provide at least one of the following service categories of Title IV-B subpart 2: family support, preservation, and family reunification. The actual services provided are dependent upon CPS using family engagement tools to assess the families' individualized needs. CPS and CWPSS contractors collaborate with families to develop plans to address their families individualized service goals. The level of intensity and the length of time each family is provided by these services change greatly between prevention, preservation, crisis intervention, family support, and reunification; and there are no limits on how many times a child and family can receive services. In 2019, the CWPSS contracts expanded from eleven to forty. This helped reduce the family's distance to support and assistance.

Since the completion of the PIP-Monitored Period goals, strategies and key activities, CFSD currently strives to ensure that children and families have access to the services and support they need to accomplish their case plan goals and lead safe, stable lives without agency intervention. However, CFSD recognizes service needs are not universally met due to the rural landscape within our sizeable geographic area. The services described within this SWA reflect those in place at the time of this assessment.

As previously stated within this assessment is the fact that a disproportionate percentage of children in our child welfare system identify as American Indian. CFSD encourages CPS and CWPSS contractors to assess families in a culturally responsive manner that reflects the unique needs of children and families being served. It is notable that multiple evidenced-based interventions used by CFSD contractors and stakeholders encompass cultural practices and flexibility. However, CFSD recognizes this is an area of practice that needs to continue to improve.

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

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

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

To help assess children and families, and to determine their service needs, CFSD utilizes the following tools:

Centralized Intake Hotline Intake Assessment

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

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

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

Child Protection Services Assessment

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

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

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

Family Functioning Assessment

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

This assessment is completed in all regional CFSD offices statewide by the assigned caseworker and their immediate supervisor. Every report investigated is closed in the SACWIS system only when the CPS completes the FFA justifying the determination of maltreatment and findings and a supervisor approves the FFA. The data collected in the MPATH system is

limited and cannot be generated to ensure that FFAs are being completed on all reports as required; however, a report cannot be closed in the SACWIS system without approval of a CPSS, CWM, or RA.

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

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

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

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

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

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

- The initial FCP must be completed, and approved by CPSS, within 60 days from the case opening date.
    - For Legal Interventions, aka court filings:
        - The FCP will be updated, and approved by CPSS, within the following timeframes/circumstances:
            - Every 6 months until case closure.
            - Any of the following circumstances occur:
                - Prior to Foster Care Review Committee (FCRC)
                - Child's Change of Placement
                - Change of Household Composition
            - Prior to case closure to support the case closure determination process.
    - For Prevention Service Agreements:
        - The FCP will be reviewed monthly with the applicable family members.
        - The FCP will be updated, and approved by CPSS, within the following timeframes/circumstances:
            - Every 6 months until case closure.
            - Any of the following circumstances occur:
                - Services/Task Change
                - Change of Household Composition
                - Intervention Level Changes from Prevention to Legal Intervention
            - Prior to case closure, to support the case closure determination process.

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

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

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

Family Support Team (FST) Meetings

Since CFSR R3 PIP-Monitored reviews concluded, CFSD re-expanded the use of the FST meetings.

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

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

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

- August of 2018 – Region II, Cascade County (Great Falls).
- Spring of 2020 – Region I, Custer County (Miles City), Big Horn County (Hardin), Valley County (Glasgow), Dawson County (Glendive), and Roosevelt County (Wolf Point). These mentioned Region I CFSD county hub offices cover all eighteen counties in the eastern side of the state. Region 1 has been innovative in expanding the use of the model to include a broader array of cases; however, continues to maintain adherence to the model in all other aspects.
- December of 2020 - Region III, Yellowstone County (Billings).
- April of 2021 – Region V, Missoula County (Missoula).
    - In late SFY23 FSTs were put on hold due to staff capacity. FSTs were reinstated with stakeholder engagement in May of 2023.
- Spring of 2023 – Region IV, Lewis and Clark County (Helena) and Silver Bow County (Butte).
    - Due to issues with staff capacity, FSTs in Butte were put on hold with the intention of restarting in SFY25.
- May of 2024 - Region VI, Flathead County (Kalispell).

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

Table 212: **Statewide Number and Percent of Children Involved in FSTs by SFY and Outcome (In-Home or Out-of-Home)**

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

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

CFSD created an FST survey that has been active since October of 2023 to solicit feedback regarding preparation for the meeting, meeting agenda and facilitation, and post meeting collaboration. The FST facilitators provide the survey link (QR code) at each FST. To date, there have been 115 responses to the survey (101 from region 2, and 15 from region 1). Overall, the FST survey open-ended feedback responses indicated that the FST model has been successful in "jump starting" services more quickly and there is increased collaboration between CFSD, parents and community stakeholders. In addition, there is an indication of more timely coordination of the services being referred to, and started, with providers. The survey has been and will continue to be used to collect quantitative data and responses will be shared in future APSRs. The FST survey responses are captured in table below. (N=115)

Table 213: Participant's Role at FSTs (N=115)

Role Category	Total by Role
Parent/Guardian	34 / 30%
Other Family Member/Natural Connection	6 / 5%
Community Service Provider	75 / 65%
Grand Total	115 / 100%

The thirty-four parent/guardian participants were asked to ***"Rank the following statements regarding their experience at FSTs."*** Their collected responses are reflected in Table below. (N=34)

Table 214: Parent/Guardian Responses to their FST Experiences

Statement	Strongly Agree	Agree	Neutral	Disagree
I was treated with respect.	25 / 74%	8 / 24%	1 / 3%	-
My cultural background was considered.	15/ 44%	8 / 24%	10 / 29%	1 / 3%
My needs were recognized by the facilitator.	26 / 77%	6 / 18%	2 / 6%	-
I was able to take an active role to identifying services to participate in.	24 / 71%	8 / 24%	2 / 6%	-
I was able to participate in the creation of a plan.	24 / 71%	9 / 27%	1 / 3%	-
Services I was referred to will be helpful in ensuring my child remains safe.	23 / 68%	9 / 27%	2 / 6%	-

The other eighty-one participants (seventy-five community services providers / six other family members or natural connections) were asked similarly, ***"Rank the following statements regarding their experiences at FSTs."*** Their collected responses are reflected in Table below. (N=81)

Table 215: Community Service Providers and Other Family Members/Natural Connections Responses to their FST Experiences

Statement	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree
I was treated with respect.	75 / 93%	3/ 4%	1 / 1%	1 / 1%	1 / 1%
The family was treated with respect.	75 / 93%	3 / 4%	2 / 3%	1 / 1%	-
The family's cultural background was considered.	64 / 79%	13 /16%	2 / 3%	2 / 3%	-
The family's needs were recognized by the facilitator.	73/ 90 %	6 / 7%	-	2 / 3%	-
The family was encouraged to take an active role in identifying services to address their needs.	72 / 89%	9 / 11%	-	-	-
The family was encouraged to participate in creating a plan.	68 / 84%	11 / 14%	1 / 1%	1 / 1%	-
The services the family members were referred to will be helpful in ensuring the child(ren) remain safe.	67/ 83%	11 / 14%	3 / 2%	1 / 1%	-

All the participants were asked, "Do you believe the FST meet was beneficial to ensuring the child(ren) either were able to maintain in their homes (for unremoved children), or were returned more quickly when removal had occurred?" Out of 115 participant responses, 100 chose "Yes" and fifteen chose "Unknown."

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

CFSD Engagement and Support Meetings - Not Already Specified

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

- Family Engagement Meetings (FEM): Are a creative tool used by CFSD to empower families in formulating a plan of treatment to provide a safe protective environment for their children where issues of abuse/neglect have come to the attention of the CFSD. The goals and purposes for holding a FEM meeting should change and be adapted to meet the needs of each family. More about FEMs can be found: CFSD Family Engagement and Support Meetings Hyperlink.
- Youth-Centered Meetings (YCM): Are a creative tool used by CFSD to empower youth in formulating a plan to support foster care youth ages fourteen or older in various topics: placement stabilization, permanency, education, well-being, independent living, aging out of care, community resources and supports, etc. More about YCMs can be found: CFSD Family Engagement and Support Meetings Hyperlink.
- Permanency Planning Team (PPT) Meetings: Are a creative tool used by CFSD as an approach to help eliminate delays in attaining permanent families for children and youth in foster care. Effective implementation requires comprehensive and early assessment. It involves identifying and working toward a child's primary permanency goal (such as reunification with the birth family), while simultaneously identifying and working on a secondary goal (such as guardianship with a relative). This practice can shorten the time to achieve permanency if efforts toward the primary goal prove unsuccessful because progress has already been made toward the secondary goal. More about PPTs can be found: CFSD Concurrent Planning Procedure Hyperlink.

Post-Permanency Services Program Intake and Assessment

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

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

Community Provider Intake Assessments

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

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

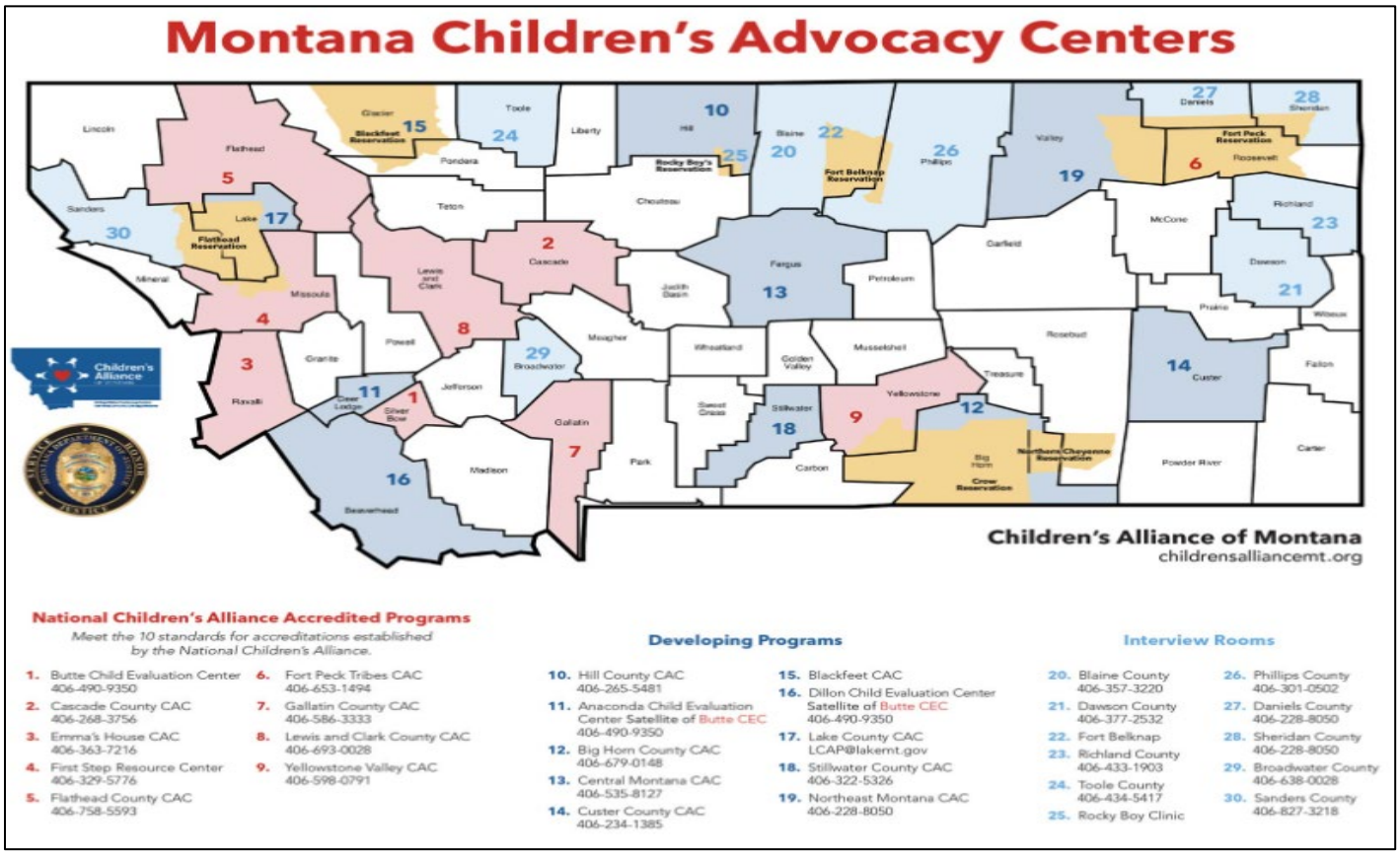
Children's Advocacy Center's Assessment

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

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

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

Chart 37: MT CAC Centers



In July of 2023, with the support of the ACF-CB, CFSD transitioned oversight of the Children's Justice Act (CJA) Grant to stakeholder and partner, CAM. CAM is now the designated Montana agency that is responsible for oversight of the CJA Grant.

Data recorded and analyzed by CAM regarding the CACs for the past two years can be viewed in the following hyperlinks:

- CAC's Year in Review for 2023: CAC 2023 Year in Review Hyperlink
- CAC's Year in Review for 2024: CAC 2024 Year in Review Hyperlink

Additional resources for CAM are:

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

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

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

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

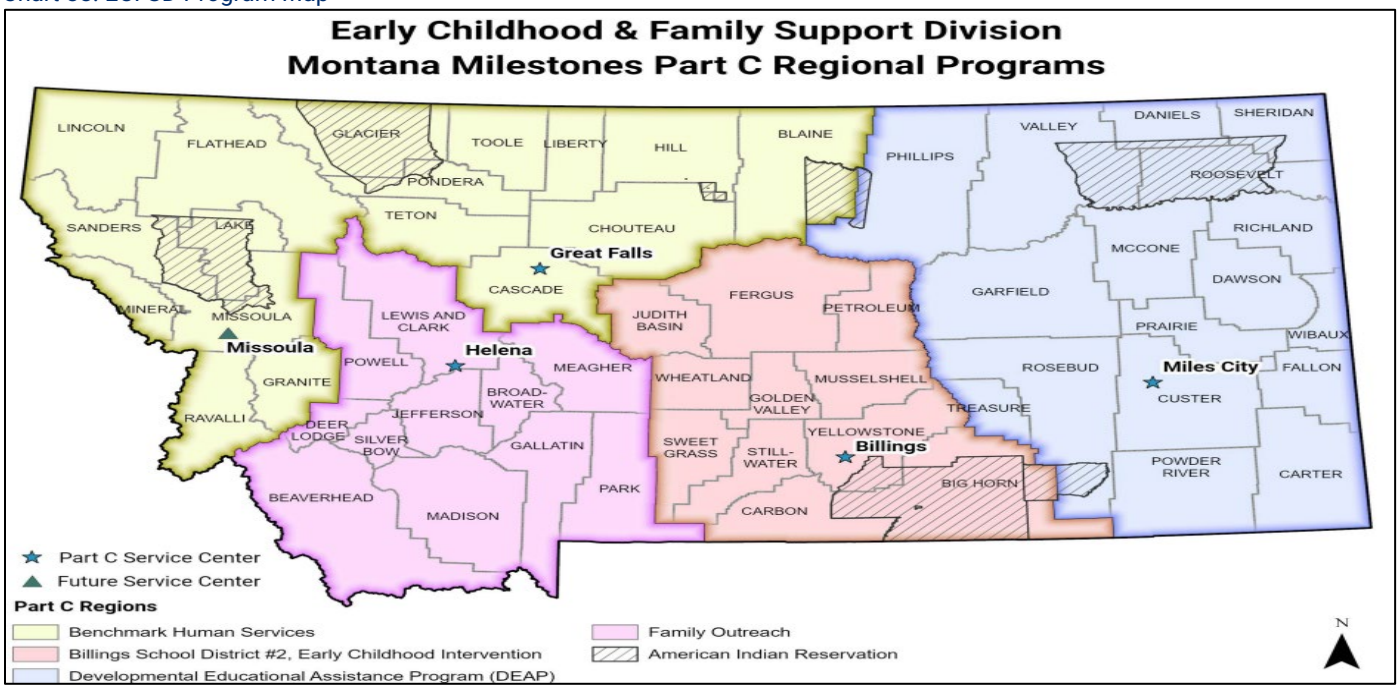
As reported in the Health Care Oversight and Coordination Plan attached to the SFY2025-2029 CFSP submitted to ACF-CB in June of 2024, the current CFSD procedure CFSD Case Management Procedure Hyperlink requires that children with substantiated abuse and/or neglect allegations, as well as all children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

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

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

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

Chart 38: ECFSD Program Map



Ansell Casey Life Skills Assessment (ACLSA)

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

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

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

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

Ten-4 FACES Medical Assessments

There is significant data supporting the need to identify and evaluate for child abuse in the clinical environment to provide an opportunity to intervene before abuse escalates.

In 2024, CFSD collaborated with the Montana Chapter of the American Academy of Pediatrics (MTAAP), who is part of a nationwide campaign to raise awareness about child abuse, to expand knowledge about TEN-4FACESp clinical tools that helps identify injuries concerning physical abuse in young children. The Governor of Montana declared October 4, 2024, TEN-4 Day.'

To ensure that all clinicians in Montana are utilizing the TEN-4FACESp Clinical Assessment Tool, MTAAP is piloting a project in 2025 with hospitals in Missoula, Montana, to support training and education on Child Abuse Clinical Decision Support process utilizing the TEN-4FACESp Clinical Tool focused on expanding implementation of the assessment tool across the state.

The TEN-4FACESp is clinical tool assessment that is provided statewide by clinicians and the findings can be used by the CFSD assigned caseworker to further assess the family's needs.

Court Appointed Qualified ICWA Experts

ICWA QEW are representatives of the Montana Tribes in ICWA cases. As ICWA states, "A person may be designated by the Indian child's Tribe as being qualified to testify to the prevailing social and cultural standards of the Indian child's Tribe." They provide input regarding the prevailing social and cultural standards of the family's Tribe to the child welfare agency and child and family team. They identify and address barriers to family preservation and assist with coordinating services when appropriate which can then be utilized by CFSD to further their assessments of the strengths and needs of the family unit.

2025 CFSD CFSR Round 4 SWA Internal and External Survey

In March of 2025, CFSD surveyed both internal staff and external stakeholders. As stated in Section 1 of this assessment, this survey was completed by 147 internal CFSD staff, and 219 external stakeholders (including youth, parents, Tribal members, court personnel, etc.). The following were the questions and responses collected specifically to Item 29 Category 1.

- The 147 internal staff and the 219 external stakeholder participants were asked, ***"Reflect on their response in accordance with specific statements listed regarding service array, availability and individualization, etc. for children and families."*** The statements were:
    - Child and Family Services' caseworkers complete an assessment of all family members' strengths and needs to help determine service needs.
    - Children and families receive services that help them create a safe home environment or maintain a child in their home safely with parents when reasonable.
    - Children and families receive services that help children in foster and adoptive placements achieve permanency.
    - Services received by children and families are developmentally appropriate.
    - Services received by children and families are culturally appropriate.
    - Services received by children and families are individualized to meet their unique needs.
    - There are waitlists for children and families for the services they need.

  Participants could choose from the following options: always, sometimes, usually, rarely, never, or unsure. Results are as follows in the table below.

Table 216: Internal Response of Service Array (N=147)

Internal - Statement Regarding Service Array	Always Count / Percentage	Sometimes Count / Percentage	Usually Count / Percentage	Rarely Count / Percentage	Unsure Count / Percentage	Grand Total Count / Percentage
Caseworkers complete assessments to determine service needs.	53 / 36%	11 / 7%	57 / 39%	6 / 4%	20 / 14%	147 / 100%
Children and families receive services to create a safe home environment to maintain children in the home safely.	33 / 22%	18 / 12%	77 / 52%	5 / 3%	14 / 10%	147 / 100%

Child and families receive services that help children in placement achieve permanency.	28 / 19%	30 / 20%	73 / 50%	3 / 2%	13 / 9%	147 / 100%
Services received by children and families are developmentally appropriate.	31 / 21%	27 / 18%	72 / 49%	3 / 2%	14 / 10%	147 / 100%
Services received by children and families are culturally appropriate.	22 / 15%	45 / 31%	57 / 39%	10 / 7%	13 / 9%	147 / 100%
Services received by children and families are individualized to meet their unique needs.	21 / 14%	42 / 29%	67 / 46%	4 / 3%	13 / 9%	147 / 100%
There are waitlists for getting children and families the services they need	39 / 27%	39 / 27%	55 / 37%	2 / 1	12 / 8%	147 / 100%

Table 217: External Response of Service Array (N=219)

External - Statement Regarding Service Array	Always Count / Percentage	Sometimes Count / Percentage	Usually Count / Percentage	Rarely Count / Percentage	Never Count / Percentage	Unsure Count / Percentage	Grand Total Count / Percentage
Caseworkers complete assessments to determine service needs.	28/13%	49/22%	62/28%	13/6%	9/4%	58/26%	219/100%
Children and families receive services to create a safe home environment to maintain children in the home safely.	38/17%	61/28%	78/35%	15/7%	4/2%	23/10%	219/100%
Child and families receive services that help children in placement achieve permanency.	28/13%	67/30%	82/37%	6/3%	3/1%	33/15%	219/100%
Services received by children and families are developmentally appropriate.	29/13%	54/25%	87/40%	7/3%	6/3%	36/16%	219/100%
Services received by children and families are	23/10%	56 /25%	71/32%	23/10%	5/2%	41/19%	

culturally appropriate.							219/100%
Services received by children and families are individualized to meet their unique needs.	21/10%	65/30%	69/31%	26/12%	10/5%	28/13%	219/100%
There are waitlists for getting children and families the services they need	45/20%	52/24%	66/30%	8/4%	3/1%	45/20%	219/100%

Category 2: Services to Address the Needs of Families, in Addition to Individual Children, to Create a Safe Home Environment and Enable Children to Remain Safely with their Parents when Reasonable.

CFSD Child Welfare Prevention and Support Services (CWPSS) Contractors Service Array

As mentioned previously in this item section, the CWPSS contractors are required to have the ability to provide at least one of the following service categories of Title IV-B subpart 2: family support, preservation, and family reunification. The actual services provided are dependent upon CPS using family engagement tools to assess the families' individualized needs. CPS and CWPSS contractors collaborate with families to develop plans to address their families individualized service goals. The level of intensity and the length of time each family is provided by these services change greatly between prevention, preservation, crisis intervention, family support, and reunification; and there are no limits on how many times a child and family can receive services.

The CWPSS contractors' robust service array of family support, family preservation, and reunification services include the following, but are not limited to:

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

- Well-supported, supported, promising, and general practice models as appropriate (i.e., evidence-based, trauma-focused, or evidence-informed practices, models, and programs)

The CWPSS contractors are encouraged to be trained and certified in at least one of the models listed below, and most contractors are trained and certified in three or more model interventions. The large majority of the CWPSS contractors also offer Family Based Services (FBS) in addition to the model interventions listed below:

- SafeCare Augmented SafeCare Model Hyperlink
- Trauma-Focused Cognitive Behavior Therapy (TF-CBT) TFCBT Model Hyperlink
- Parent-Child Interaction Therapy (PCIT) PCIT Model Hyperlink
- Motivational Interviewing (MI) MI Model Hyperlink
- Child Parent Psychotherapy Psycho-therapy Model Hyperlink
- Common Sense Parenting Common Sense Parenting Model Hyperlink
- Functional Family Therapy FFT Model Hyperlink
- Nurturing Parenting 0-5 NP 0-5 Model Hyperlink
- Nurturing Parenting, 5-12 NP 5-11 Model Hyperlink
- Nurturing Parenting Models using Supered Visitation Network SVN Model Hyperlink
- 1-2-3 Magic 1-2-3 Magic Model Hyperlink
- Circle of Security COS Model Hyperlink
- All Babies Cry ABC Model Hyperlink
- Parenting a Second Time Around PASTA Model Hyperlink
- Attachment, Regulation and Competency ARC Model Hyperlink
- Love and Logic Love and Logic Model Hyperlink
- Exchange Parent Aide EPA Model Hyperlink
- Various Parenting Classes using the models listed above.
- Family Time "Visitation" utilizing the models listed above.
- Visit Coaching (Marty Beyer Model) Visit Coaching Model Hyperlink
- Therapeutic Supervised Visitation Therapeutic Supervised Model Hyperlink
- Couples Therapy – Various Models
- Co-Parenting – Various Models
- Screenings:
    - Adverse Childhood Experience ACE Model Hyperlink
    - Ages and Stages Questionnaire ASQ Model Hyperlink
    - Protective Capacity

Geographical accessibility continues to be a factor in providing and sustaining effective services in Montana. Although there is an adequate array as described above, access to services is limited in some jurisdictions of the state, especially in the rural areas. In 2019, the CWPSS contracts expanded from eleven to forty. This helped reduce the family's distance to support and assistance. Through SFY20 to SFY24, due to very large geographic area and relatively small populations, forty-nine of the fifty-six counties had services available to them through the CWPSS contracts, as well as other community supports/services provided in the next SWA Sub-Section of this item. Though there are limited providers in the rural areas that are not contracted with the division, CFSD works with the providers in contracted counties to provide services if the need arises. CFSD staff may occasionally provide a limited number of trauma-informed evidence-based programs referenced above; however, these types of services provided by CFSD staff are rarely paid from Title IV-B subpart 2 funds.

CWPSS Contractors are required to provide an update to their service delivery on a bi-annual basis, certificates of training, and share in how they are meeting fidelity requirements of the model interventions offered in their approved contract service array. The CWPSS Program Manager then provides to CFSD staff the bi- annual desk catalog showing contractors, service arrays and geographical locations that services are being provided. CFSD staff are provided with updates on any changes that have been made that affect the service array offered in their areas. In addition to these updates for staff, the CWPSS Program Manager provides additional information and training to all six regions around model interventions that are accessible to families in their region specifically, and tips on how to refer for the services based off a family's needs.

Currently there are thirty active CWPSS contractors. The following six charts reflect the region served, and the available services provided in the region.

Chart 39: Region 1 CWPSS Contract Services

CWPSS Contracted Services

- **Family Based Services**
- **Family Visitation-General Monitoring:** Incorporation of Nurturing Parenting 0-5 and 5-12; Common Sense Parenting; Love and Logic parenting; Attachment, Regulation, Competency (ARC).
- **Parenting classes/models:** Active Parenting (4th edition); ARC; Circle of Security; Common Sense Parenting; Love and Logic.
- **SafeCare**
- **Visit Coaching** (both CFSD and contracted provider)
- **Screenings:** Ages and Stages; Adverse Childhood Experiences.

Current Active Providers

- **Boys and Girls Club of Richland County**
- **Hi-Line Home Program**
- **Yellowstone Boys and Girls Ranch**

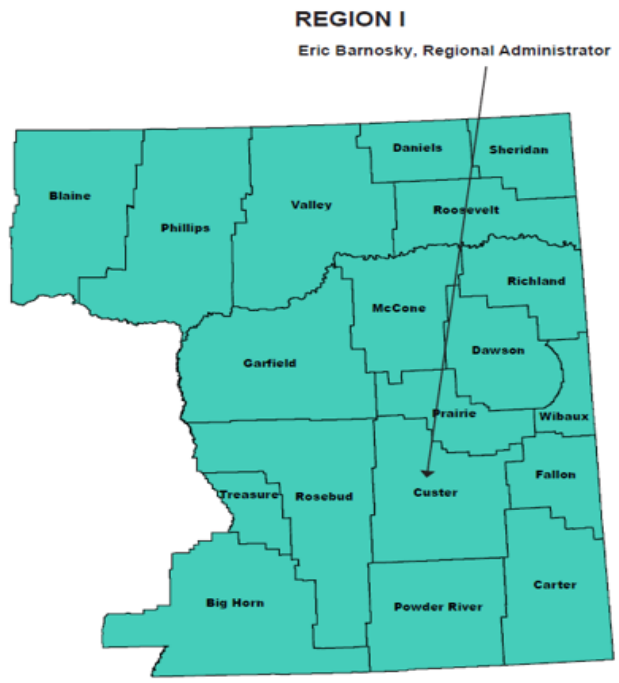


Chart 40: Region 2 CWPSS Contract Services

CWPSS Contracted Services

- Family Based Services
- Family Visitation-General Monitoring: Incorporating models- ARC, Common Sense Parenting.
- Exchange Parent Aide
- Nurse Family Partnership
- Parents As Teachers
- Parenting Classes: *Nurturing Parenting 0-5 and 5-12; Circle of Security; Common Sense Parenting*
- SafeCare
- Visit Coaching
- Therapeutic Visitation
- Screenings: *Ages and Stages; Healthy Families Parenting Inventory; Protective Factor Survey; Adverse Childhood Experiences.*

Current Active Providers

- Cascade County Health Department
- Family Reunification Solutions
- Many Rivers Whole Health
- MisFits Counseling
- RE Family Services
- Yellowstone Boys and Girls Ranch

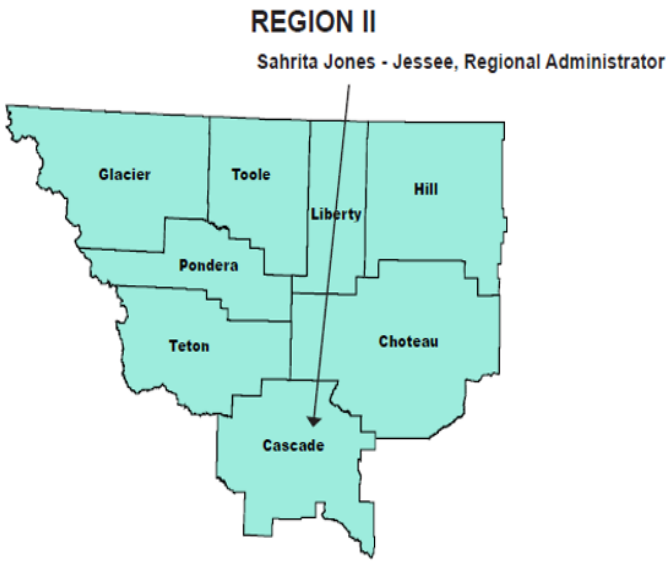


Chart 41: Region 3 CWPSS Contract Services

CWPSS Contracted Services

- **Co-Parenting education:** 24/7 Dad; Understanding Dad
- **Family Based Services** – One provider integrating Trauma Yoga Therapy
- **Family Visitation-General Monitoring:** Incorporating models- 1-2-3 Magic; ARC; Circle of Security; Common Sense Parenting; Love and Logic; Nurturing Parenting 0-5 and 5-12.
- **Exchange Parent Aide**
- **Nurse Family Partnership**
- **Parents As Teachers**
- **Parenting Classes:** 1-2-3 Magic; 24/7 Dad; All Babies Cry; ARC; Common Sense Parenting; Love and Logic; Nurturing Parenting 0-5 and 5-12; Parenting a Second Time Around (PASTA); Understanding Dad.
- **SafeCare**
- **Screenings:** Ages and Stages; Protective Factor Survey; Adverse Childhood Experiences
- **Supervised Visitation Network**
- **Visit Coaching**
- **Therapeutic Visitation**
- **Screenings:** Ages and Stages; Healthy Families Parenting Inventory; Protective Factor Survey; Adverse Childhood Experiences.

Current Active Providers

- **A Guiding Light Family Center**
- **Beautiful Directions**
- **Empowering Connections**
- **Family Tree Nurturing Center**
- **RE Family Services**
- **Yellowstone Boy and Girls Ranch**
- **Bear Family Ties**
- **Divine Growth**
- **Family Support Network**
- **Growing Together**
- **Village**



REGION III

Deb Cole, Regional Administrator

Chart 42: Region 4 CWPSS Contract Services

CWPSS Contracted Services

- **Attachment and Bio-Behavioral Catch-up**
- **Family Based Services**
- **Family Visitation-General Monitoring:** Incorporating models- 1-2-3 Magic; ARC; Circle of Security; Common Sense Parenting; Nurturing Parenting 0-5 and 5-12;
- **Exchange Parent Aide**
- **Nurse Family Partnership**
- **Parents As Teachers**
- **Parenting Classes:** 24/7 Dad; ARC; Circle of Security; Common Sense Parenting; Conscious Parenting; Conscience Discipline; Nurturing Parenting 0-5 and 5-12; Parenting through Separation
- **SafeCare**
- **Parents as Teachers**
- **Visit Coaching**
- **Therapeutic Visitation**
- **Screenings:** Ages and Stages; Healthy Families Parenting Inventory; Protective Factor Survey; Adverse Childhood Experiences.

Currently Active Providers

- **Anaconda Family Resource Center**
- **Butte 4C's**
- **Dan Fox Youth Homes**
- **Florence Crittenton**
- **Gallatin Valley County Health Department**
- **Hearts and Homes Help Center**
- **Lewis and Clark County Health Department**
- **RE Family Services**
- **Resilience Visitation**
- **Yellowstone Boys and Girls Ranch**



REGION IV

Laura McCullough, RA for L&C County and Centralized Intake Bureau Chief

Jennifer Hoerauf, Regional Administrator

Chart 43: Region 5 CWPSS Contract Services

CWPSS Contracted Services

- **Co-Parenting education**
- **Family Based Services**
- **Family Visitation-General Monitoring:** Incorporating models- ARC, Circle of Security; Common Sense Parenting; Love and Logic
- **Exchange Parent Aide**
- **Parenting Classes:** Circle of Security; Children in Between; Common Sense Parenting; Nurturing Parenting 0-5 and 5-12; Stress and Anger Management.
- **SafeCare**
- **Visit Coaching**
- **Therapeutic Visitation**
- **Screenings:** Ages and Stages; Protective Factor Survey; Adverse Childhood Experiences.

Currently Active Providers

- **Anaconda Family Resource Center**
- **Dan Fox Youth Homes**
- **Evolution Services**
- **Missoula County Health Department**
- **Olive Branch Counseling**
- **Parenting Place**
- **Yellowstone Boys and Girls Ranch**
- **Youth Connections**



REGION V

Kate Larcom, Regional Administrator

Chart 44: Region 6 CWPSS Contract Services

CWPSS Contracted Services

- **Co-Parenting education**
- **Family Based Services**
- **Family Visitation-General Monitoring:** Incorporating models- ARC, Common Sense Parenting.
- **Exchange Parent Aide**
- **Parents As Teachers**
- **Parenting Classes:** 1-2-3 Magic; Active Parenting 4th Edition; ARC; Circle of Security; Common Sense Parenting; Nurturing Parenting 0-5 and 5-12;
- **SafeCare**
- **Supervised Visitation Network**
- **Visit Coaching**
- **Therapeutic Visitation**
- **Screenings:** Ages and Stages; Adverse Childhood Experiences.

Currently Active Providers

- **Cedar Creek**
- **Yellowstone Boys and Girls Ranch**
- **Youth Connections**

REGION VI

Jennifer Blodgett, Regional Administrator



CWPSS Data Elements

CWPSS contract data is limited; however, the CWPSS contractors submit a monthly billing log to the IV-B/CWPSS Program Manager. The billing logs indicate which model of intervention was utilized to support the family. The submitted logs have created an opportunity for CFSD to provide an approximate hand count number of children and families served through the SFY. However, though the CWPSS are instructed to reflect each child in the family billed on each month at least once on their monthly log, there are times that CWPSS contractors will bill all the services provided to a family to only one child

repeatedly throughout the month to streamline the billing process, as it is very time consuming to enter each child associated with each service provided to the family on the billing log.

The following table reflects the reported children and families' numbers from the past five years, which was also reflected in CFSD's previous APSR submissions.

Table 218: SFY20-24 Children and Family Count of IV-B Services Received

State Fiscal Year	Family Count Receiving Family Support and Family Preservation Services	Family Count Receiving Reunification Services
SFY20	630 (approximately 900 children)	775 (approximately 1100 children)
SFY21	1100 (approximately 1500 children)	900 (approximately 1100 children)
SFY22	1200 (approximately 1900 children)	1100 (approximately 1400 children)
SFY23	1300 (approximately 2000 children)	300 (approximately 400 children)
SFY24	980 (approximately 1400 children)	600 (approximately 900 children)

For SFY24 the contractor's billing logs were compared to CFSD's SACWIS system to provide an example of families served throughout the state as shown in the # of tables below. The categories listed are In-Home Cases, Removal Cases, and Trial Home Visit Cases. There continues to be data limitations due to there being various ways CFSD staff enter information into the SACWIS system currently, and the way the contractors bill mainly under one child. Due to these limitations, this prevents CFSD from providing an accurate child and family count; however, this is the most accurate CFSD has been able to report by manually comparing the reports and hand counting the information.

In the first category 'SFY24 In-Home Cases,' the data in the table below reflects approximately 40% of families or 43% of children involved with CFSD in an 'In-Home' case were enrolled in CWPSS services. This data doesn't account for the other 60% of families receiving any services outside of the CWPSS contractors.

Table 219: SFY24 In-Home Cases Data

Region/State *(Data method indicated as SACWIS or CCWPS)*	In-Home Cases		Gender		Race						
	Family Count	Child Count Approx.	Female	Male	AI/ AN	Asian	Black/ AA	Hispanic	Multi Race	White	Other Not Specified
Reg 1 (SACWIS)	34	80	36	44	36	0	0	0	3	40	1
Reg 1 (CWPSS)	10	31	15	16	14	0	0	0	1	16	0
Reg 2 (SACWIS)	42	88	47	41	15	0	0	8	26	39	0
Reg 2 (CWPSS)	25	61	35	26	8	0	0	6	23	24	0
Reg 3 (SACWIS)	70	132	65	67	17	1	1	14	10	89	0
Reg 3 (CWPSS)	32	63	38	25	6	1	0	8	5	43	0
Reg 4 (SACWIS)	60	121	56	65	10	0	2	5	2	102	0
Reg 4 (CWPSS)	15	26	11	15	1	0	0	1	0	24	0
Reg 5 (SACWIS)	24	41	23	18	5	0	0	3	3	30	0
Reg 5 (CWPSS)	13	23	12	11	2	0	0	0	1	20	0
Reg 6 (SACWIS)	21	41	19	22	0	0	0	0	1	39	1
Reg 6 (CWPSS)	7	14	6	8	0	0	0	0	0	13	1
State Total (SACWIS)	**251**	**503**	**246**	**257**	**83**	**1**	**3**	**30**	**45**	**339**	**2**
State Total (CWPSS)	**102**	**218**	**117**	**101**	**31**	**1**	**0**	**15**	**30**	**140**	**1**

In the second category 'SFY24 Removal Cases,' the data in the table below reflects approximately 44.47% of families or 52.2% of children involved with CFSD in a 'Removal' case were enrolled in CWPSS services. This data doesn't account for the other 53% of families receiving any services outside of the CWPSS contractors.

Table 220: SFY24 Removal Cases Data

Region/State *(Data method indicated as SACWIS or CCWPS)*	Removal Cases		Gender		Race						
	Family Count	Child Count Approx.	Female	Male	AI/ AN	Asian	Black/ AA	Hispanic	Multi Race	White	Other Not Specified
Reg 1 (SACWIS)	84	112	56	56	56	0	0	1	7	48	0
Reg 1 (CWPSS)	28	42	20	22	11	0	0	0	6	25	0
Reg 2 (SACWIS)	164	284	142	142	80	0	1	38	64	101	0
Reg 2 (CWPSS)	80	159	80	79	23	0	0	35	44	57	0
Reg 3 (SACWIS)	229	406	208	198	99	0	7	50	29	221	0
Reg 3 (CWPSS)	152	273	140	133	64	0	6	38	18	147	0
Reg 4 (SACWIS)	141	236	119	117	16	0	6	19	16	178	1
Reg 4 (CWPSS)	44	88	44	44	10	0	2	3	6	66	1
Reg 5 (SACWIS)	68	126	71	55	12	0	0	7	7	95	5
Reg 5 (CWPSS)	35	73	43	30	8	0	0	4	3	57	1
Reg 6 (SACWIS)	64	108	53	55	32	0	0	0	3	72	1
Reg 6 (CWPSS)	17	29	15	14	0	0	0	0	1	27	1
State Total (SACWIS)	750	1272	649	623	295	0	14	115	126	715	7
State Total (CWPSS)	356	664	342	322	116	0	8	80	78	379	3

In the third category 'SFY24 THV Cases,' the data in the table below reflects approximately 62.64% of families or 64.63% of children involved with CFSD in a 'Removal' case were enrolled in CWPSS services. This data doesn't account for the other 38% of families receiving any services outside of the CWPSS contractors.

Table 221: SFY24 Trial Home Visit Cases Data

Region/State *(Data method indicated as SACWIS or CCWPS)*	THV Cases		Gender		Race						
	Family Count	Child Count Approx.	Female	Male	AI/ AN	Asian	Black/ AA	Hispanic	Multi Race	White	Other Not Specified
Reg 1 (SACWIS)	41	60	28	32	34	0	1	2	3	20	0
Reg 1 (CWPSS)	20	34	15	19	19	0	0	2	2	11	0
Reg 2 (SACWIS)	112	196	113	83	73	0	0	21	48	54	0
Reg 2 (CWPSS)	74	134	77	57	41	0	0	19	45	29	0
Reg 3 (SACWIS)	149	241	123	118	53	0	3	20	18	147	0
Reg 3 (CWPSS)	111	174	91	83	39	0	1	16	13	104	0
Reg 4 (SACWIS)	77	122	59	63	11	0	1	9	10	90	1
Reg 4 (CWPSS)	37	65	30	35	7	0	0	6	7	44	1
Reg 5 (SACWIS)	32	45	25	20	3	0	0	1	6	35	0
Reg 5 (CWPSS)	21	33	19	14	1	0	0	1	5	26	0
Reg 6 (SACWIS)	44	71	41	30	23	0	0	0	3	45	0
Reg 6 (CWPSS)	22	35	20	15	2	0	0	0	3	30	0
State Total (SACWIS)	455	735	389	346	197	0	5	53	88	391	1
State Total (CWPSS)	285	475	252	223	109	0	1	44	75	244	1

Data was collected utilizing CFSD CWPSS contractor billing logs that were submitted to CFSDs IV-B/CWPSS Program Manager spanning the SFY 2021-2023 period to assess the outcomes of two programs specific to visitation and their impact on reunification and re-entry into the child welfare system within twelve months of case closure. These two programs were specific to visitation:

- General Monitoring – Supervised Visitation: No specific model intervention utilized.
- Visit Coaching – Supervised Visitation: Visit Coach model utilized.

The children from the CWPSS contractor billing logs were cross-referenced with MPATH data for non-reinvolvement in six- and twelve-month timeframes by specifically filtering for:

- *Federal Discharge Reason of Reunification with Parents or Primary Caregivers* and whether they met the requirements for *Maintained with Family* at six and twelve months.
- *Case Anchor End Date* of June 30, 2023, with these children removed from totals if they had a case that did not fit the timeframe with those that had a six-month but not twelve-month evaluation period recorded.
- Duplicates were removed, taking data from the most recent state involvement.

There were limitations in collecting the data that should be considered, and they were as follows:

- Focused on no-reinvolvement of CPS, not report recurrence.
- Data reviewed was per child, not family group.
- Case end date of June 30, 2023, for twelve-month cutoff to coincide with SFY.
- Does not consider whether service was provided at home or in the office.
- Does not monitor what region or what provider provided services.
- Does not consider the length of time services were provided or length of time family was involved with department.
- Does not consider number of times child/family had previously engaged CFSD services and only measures most recent services provided.
- It is unknown what external barriers or support systems the children and families had in place outside of the services studied.
- Data does not take into consideration SST/CPS monitored visits, only CWPSS contracted services.

To objectively assess the outcomes of the two programs presented a challenge, as each family is unique and presents its own challenges and opportunities. Ultimately some families take several years to work towards a permanent solution, while others have a much shorter completion timeframe. There are several limitations to take into consideration which are outlined below, as well as keeping in mind that the data from CWPSS contract billing logs and MPATH were manually compared, allowing for a margin of human error. The total number of children receiving these two visitation programs between SFY21-SFY23 was 1,615, and it is recorded that only 154 of those individuals received both visitation programs.

- No Entry: Identified as having no CPS involvement at six months or twelve months after case closure; this did not include reports that did not lead to department involvement.
- Re-Entry: Identified as having CPS involvement at six months or twelve months after case closure; this did not include reports that did not lead to department involvement.

Table 222: CWPSS Visitation Program Evaluation

Visitation Program (SFY21-SFY23)	Total Number of Children Received Service	No-Entry 0-6 Months Count / Percentage	No-Entry 6-12 Months Count / Percentage	Re-Entry 0-6 Months Count / Percentage	Re-Entry 6-12 Months Count / Percentage
General Monitoring	N=722	671 / 93%	600 / 83%	51 / 7%	71 / 10%
Visit Coach	N=893	874 / 98%	760 / 85%	19 / 2%	114 / 13%

The results of the evaluation indicated that there is high success of children not returning to care within twelve months of receiving support from visitation services through either program. There isn't a significant difference whether the family receives general monitoring or visit coaching. It should be noted that this data is only quantitative and does not include any qualitative data from CWPSS contractors providing the service, or the families receiving the service.

2025 CFSD CWPSS Focus Group

On February 26, 2025, a member of the CFSD CQI team and the CWPSS Contract Manager met with the CWPSS contractors for a *CFSR Round 4 Focus Group* during their regularly scheduled monthly check-in to discuss:

- CFSR Round 4's Process, Goals, and Overarching Purpose
- Timeline of the CFSR Round 4 Process

- Statewide Assessment Process and Purpose
- MT Safety and Permanency Data Profile as of August 2024
- CFSR Round 4 Handout Specific to Community Providers

There were twenty-one individuals representing fifteen contracted agencies. The following table reflects the region in which the contractor is contracted to provide services, and though the number representing each region was not substantial, there was a participant from each region.

Table 223: 2025 CWPSS Focus Group Members by Region

Region	Total Number of Contracted Agency
Region 1	1 / 7%
Region 2	2 / 13%
Region 3	4 / 27%
Region 4	4 / 27%
Region 5	2 / 13%
Region 6	2 / 13%
Grand Total	15 / 100%

The twenty-one contractors were asked, ***"Reflect on the strengths you have observed in the state, ensuring the above referenced services are available in each CFSD jurisdiction."*** Responses were collected by the CQI unit staff and summarized, as follows, with the region (R) number, or specific city/county of the individual responding, *if collected*:

- When providing services, they can apply different curriculums that deal with trauma with kids and parents. Families aren't then just going through the motions with visits, they are able to connect on a deeper level, which there's a need for. (R3)
- Providing education and Co-parenting, even to foster parents. (R3)
- There is an increase in ability to make the parenting classes individualized through the Supervised Visitation Network (SVN) program. They have observed parents not necessarily doing well in a group setting, so being able to use the SVN program and really individualize it to the family and what that family needs, especially in the moment or even the ongoing, has been the biggest strength seen. (R3)
- They have seen an increase in parents attending parenting classes. Have offered that class for a very long time and looking at offering the 24/7 dad and the Teen parenting one also. (R4)
- Parents are attending and completing and last time had twenty-two parents complete. Big enough that had to split the class but share more when in intimate settings. Offered the class during the day, and then again in the evening, to meet family's needs. (R4)
- This increase can be attributed to communication and collaboration as they're going to monthly meetings with local CFSD offices and talking about services; talking about what is effective for families and what isn't.
- Have learned that Safe Care should come later in the case, not in the beginning. (R4)
- Have support program "Parents for Parents" where someone with lived experience helps who had her children removed and navigated the system. CFSD refers families to this individual and they can communicate what the family needs to do to move the case forward. (R4)
- In the last several years, collaboration with CFSD, especially regarding foster care adoption, FBS, and Home Support Services, has been great. (R5)
- Collaboration and communication with each other as a team has really been very, very good and very much appreciated to serve the needs of the kids and believe that dept went above and beyond to look at their rules, especially in terms of things like transferring licenses back and forth. There was a time in past years when that was a very difficult thing. (R5)
- CFSD has changed its structure to make it much more fluid to meet needs. (R5)
- Success with FBS; especially with kids who are needing trauma support. (R6)
- Doing a lot of FBS with parents and foster parents; seeing a lot of success with foster parents and decreased stress and more stability in home with children. (R6)

- Getting more referrals for just FBS and been able to get a lot of parents needing Substance Use Disorder (SUD) services into the services timelier. Whether getting them referred for evaluations, or follow up treatment (inpatient or outpatient), seen quite a bit of success with.

The twenty-one contractors were asked, *"What services might address the needs of the families and individuals to create a safe home environment? How do these services impact maintaining children in their home? How do these services impact children achieving permanency?"*

- Responses to Specific Service Impacting Families were collected by the CQI Unit staff, and summarized as follows with the region number, or specific city/county of the individual responding (if collected):
    - Additional services are very beneficial so there's extra support in the home. There are services that are needed during the transition period of a family being involved with the state and their case being closed. Service providers can support families through the resource of FBS, as mentioned earlier, at the end of cases, which can be huge because they are the ones helping them with parenting plans, Medicaid adjustments, daycare adjustments, which are huge in that transition to make them successful and feel like they're supported even at the end. (R3)
    - Family Support Team meetings have been helping families avoid getting further into the system. (R5)
    - FBS, Circle of Security, and Home Support Services are impacting families maintaining children in their homes, or during the reunification period. (R5)
    - Interim support where other services cannot be paid for in other ways or accessed in a timely manner(R5)
    - Contractors, who primarily serve Medicaid patients with outpatient services, can provide access to resources through the CWPSS contracts when people don't have insurance for a period. (R5)
    - Parents are participating in active parenting classes which are helping them overall. (R6)
    - Parents who are being provided with Circle of Security have done well applying what they have learned, which has impacted visiting time in helping them maintain that kind of regulation with their kids and understand what their kids need more, which then just helps them to meet their needs. Helps meet needs at all developmental stages. (R6)
- Responses to Challenges of state ensuring assessments addressing the services enabling at home, maintain the child at home and then helping the kids in foster care—observed challenges/gaps/barriers were collected by the CQI unit staff, and summarized as follows with the region number, or specific city/county of the individual responding (if collected):
    - The group agreed that one of the biggest gaps for services across the state is services to kids who have been exposed to domestic violence. (All)
    - A program in Butte provides dinner and activities for domestic violence victims and their children. During dinner, they will pull the kids aside separately and let them have a group. It's not very structured though so some kind of acute/structured care is what is needed to fill the gap. (R4 – Butte)
    - Similarly, it is a struggle to find services to support kids exposed to domestic violence. (R5)
    - There is a program in Lake Sanders County that is a support group for women and children, and they separate out like what is stated above for Butte. (R5 – Lake Sanders)
    - Their program is now able to offer Moral Reconation Therapy specific to domestic violence as well as complete domestic violence assessments. (R6)
    - There are often more resources for the offenders than for the victims (outside of mental health services). For collateral victims, such as the kids, there are not a lot of resources available. There is a non-profit in their community that offer some loose services but all focus more on the direct victim parent or the offender parent, not the child who witnessed everything. (R6)

CFSD Montana Chafee Foster Care Independence Program (MCFCIP) Contractors Service Array

CFSD continues to serve eligible youth as allowed in the Chafee Foster Care Independence Grant requirements within the MCFCIP. The MCFCIP is administered, supervised, and overseen by CFSD's MCFCIP Program Manager.

Specifically, the populations eligible to be served are youth:

- Between the ages of fourteen to twenty-one who are currently in foster care (including youth on a THV since 2024).
- Who aged out of foster care.
- Who achieved adoption or guardianship after the age of sixteen and have not yet reached age twenty-one.

Even though a youth aged eighteen to twenty-one may receive MCFCIP services, in these cases CFSD does not extend title IV-E foster care assistance to youth aged eighteen to twenty-one unless there is a rare circumstance in which an individual has a special consideration needed to support them in finalizing their high school education. In these cases, the individual must be willing and able to enter into an individualized agreement with CFSD. CFSD will not be extending the MCFCIP services to age twenty-three.

The continued focus of MCFCIP is meeting each youth where they are, to provide resources, support, connections, and services based on their immediate and ongoing needs. MCFCIP focus has shifted its attention to services that will assist the youth with long-term, successful independence. MCFCIP and CFSD continue to be proactive when connecting with other states regarding youth who are eighteen to twenty-one and moving from state-to-state. CFSD has built relationships with states to make sure youth are not losing services for long periods of time so that their transition can be as smooth as possible.

CFSD determines eligibility for benefits and services in a variety of ways. The MCFCIP Program utilizes the eligibility referral process by pulling from CFSD's case management system, CAPS, a list of eligible youth in the Montana foster care system ages fourteen and up to distribute to local providers on a consistent monthly basis. This notification and list serve as CFSD's referral to the local provider. If a youth is outside of the Montana foster care system and is otherwise MCFCIP eligible, the MCFCIP Program Manager has a standardized process for determining eligibility for benefits and services in collaboration with other states.

CFSD works collaboratively with local MCFCIP contractors to ensure effective programming and service delivery. The MCFCIP Program Manager oversight includes the following, but is not limited to:

- Monthly virtual meetings with MCFCIP contractors for ongoing technical assistance, education, and training regarding MCFCIP requirements and services, as well as NYTD survey and reporting.
- Monthly Provider Billing Review - This review ensures that purchases are well documented, appropriate, and allowable.
- Monthly Comprehensive MCFCIP Contract Review - These reviews cover a variety of factors, including increasing youth engagement, service provision and availability, and compliance with federal and state regulations. (*These were quarterly reviews that were changed to monthly in SFY25).*
- Annual site visits at the CFSD office and local MCFCIP providers.
- Annual Business Process Meetings - In the fall of each year MCFCIP contractors meet with CFSD to review program requirements, NYTD data, and work on the MCFCIP program plan for the upcoming SFY ensuring comprehensive and appropriate service delivery and availability are efficient statewide.
- Ongoing CFSD Procedure Documents Review and Updates – To ensure state and federal processes are included.
- Ongoing Medicaid Coverage Review – To ensure youth aging out of foster care receive the eligible Medicaid.
- Ongoing CFSD MCFCIP Website Maintenance: CFSD MCFCIP Website Hyperlink
- Ongoing Service Organization and Reporting System (SOARS) Data Site – Data tracking system that MCFCIP contractors can enter all services and associated documentation into one system. CFSD hopes to streamline the SOARS system into the new CCWIS system being developed.

MCFCIP includes the following service array, as provided to ACF-CB in CFSD's CFSP SFY2025-29:

- Transitional Living Plans – For each MCFCIP enrolled youth within sixty days of the MCFCIP contractors first contact and updated every six months.
- Transitional services such as assistance obtaining a high school diploma and post-secondary education, career exploration, vocational training, job placement and retention, training, and opportunities to practice daily living skills, substance abuse prevention and preventative health activities.
- Youth Bill of Rights
- QIC-EY Project - Long-term permanent relationships with mentors focused on permanency outcomes. Opportunities to engage in developmentally appropriate activities, Positive Youth Development (PYD) and experiential learning that reflects what their peers in intact youth families experience.
- Credit Reports
- Provide financial, housing, counseling, employment, education, and other appropriate support to complement the youth's efforts to achieve self-sufficiency.
- Mentorship Program - Strengthening service delivery and service array will be a major focus for the MCFCIP in

coordination with stakeholders. Over the next five years, the MCFCIP will expand the pilot mentor program to develop more flexible, innovative, and targeted mentoring, education, and housing services.

- Level All - is an online platform that offers comprehensive content to foster youth covering areas such as success in high school, college and college alternative paths, life skills, financial literacy, career exposures and planning, apprenticeships, community college pathways, and leadership development.
- Foster Youth to Independence (FYI) Housing Vouchers - Stable housing leads to a safer and more stable environment for fostering youth that already face more challenges.
- Education and Training Vouchers (ETV)
- Reach Higher Montana (RHM) – Increasing educational outcomes for youth currently attending high school and to prepare them to achieve post-secondary educational goals is another forward focus. RHM provides targeted, local services in the schools to eligible youth focusing on classes and abilities needed to graduate timely, apply for and attend the post-secondary program of their choice, and plans to secure funding towards these pursuits. CFSD has been collaborating with the Office of Commissioner of Higher Education to develop a process for the new program established by House Bill (HB) 482 - Montana Foster Higher Education Assistance Program. This program will help fill the gap of funding needed for Chafee/ETV eligible students to attend college at little or no cost. Montana's ETV program will continue to comply with the conditions specified in subsection 477(i) of the Act. CFSD awarded a new contract to RHM to administer ETV funds and collaborate to ensure the ETV program runs efficiently. RHM is the public benefit partnership between Student Assistance Foundation and the Montana Higher Education Student Assistance Corporation. RHM is a 501(c)3 organization which helps students strategically pursue educational opportunities. RHM is uniquely qualified to administer ETV funding and programs.
- Workforce Investment and Opportunities Act (WIOA) programs.
- Resource Development Councils (HRDCs) provide employment skills and paid internships and apprenticeships. Montana's Governor developed a goal to increase the number of foster care students who are enrolled in VRBSs Pre-Employment Transition Services Program (Pre-ETS) by 50%, by June 30, 2024. CFSD surpassed this goal.
- Job Corps – A program for youth who are a suitable fit for their services.
- Action Inc. is an MCFCIP provider and the lead organization for the Youth Homeless Demonstration Program (YHDP). MCFCIP works closely with Action Inc. on their coordinated community approach to preventing and ending youth homelessness.
- Social Security or Supplemental Security Income Benefits – Assists in navigating the processes and understanding the Social Security benefits to which an eligible youth is entitled to receive.
- Dawson Promise – A program at Dawson Community College in Glendive Montana is a program aimed at helping youth who are aging out of the foster care system, unaccompanied, or homeless, to obtain a two-year education without debt. Through Dawson Promise, students are provided with opportunities that may have previously seemed out of reach. More about this program can be found at: Dawson Promise Hyperlink.

MCFCIP services are individualized and based off a youth's current needs and situation. While service availability in the communities across the state varies, the way MCFCIP services are provided does not largely change. In more rural areas, often MCFCIP local providers need to travel great distances to engage youth in community services which may not be available in their area. Being able to meet virtually is something that allows all youth to be engaged to the MCFCIP. CFSD has designated MCFCIP service areas, broken up into five regions and covering all counties in the state. These regions ensure statewide coverage, that all political subdivisions in the state are served, and that youth in both rural and urban areas are served. The regions are as follows.:

- Region 1: Phillips, Valley, Daniels, Sheridan, Roosevelt, Richland, McCone, Garfield, Dawson, Prairie, Wibaux, Fallon, Custer, Powder River, Carter Counties, and eligible youth on the Fort Peck Reservation.
- Region 2: Glacier, Toole, Liberty, Hill, Blaine, Chouteau, Pondera, Teton, Cascade, Judith Basin, Fergus, Petroleum Counties and the Fort Belknap, Rocky Boy, and Blackfeet Reservations.
- Region 3: Wheatland, Golden Valley, Musselshell, Yellowstone, Stillwater, Sweet Grass, Carbon, Big Horn, Crow, Rosebud, Treasure Counties, and Northern Cheyenne.
- Region 4: Lewis & Clark, Powell, Granite, Deer Lodge, Silver Bow, Beaverhead, Madison, Gallatin, Park, Jefferson, Broadwater, Meagher Counties.
- Region 5: Lincoln, Flathead, Sanders, Lake, Mineral, Missoula, Ravalli Counties
- CFSD and MCFCIP contractors continue to work very closely with Montana's Tribes to provide Chafee services to eligible youth residing on or off Montana's reservations. The MCFCIP Program Manager collaborates with CFSD's

IV-E Program Manager and Program Bureau Chief to administer training and technical assistance to the Tribes or when answering questions from Tribal Social Services staff. These discussions include:

- Goals of the Chafee program.
- Services offered by each provider and contact information.
- Ways to determine eligible youth and eligibility criteria.
- Federal reporting requirements.
- Improving outcomes for young adults in foster care; and,
- Referral process.
- Service Delivery – MCFCIP contractors discussions with you and the service intervention most frequently happen over the phone or virtually to ensure timely service delivery. CFSD continues to partner with Tribes to become more aware of the best way to serve Tribal Chafee eligible youth.

The above meetings are provided at a minimum annually, and more frequently on an 'as needed' basis. Currently, six of Montana's Tribes have requested that the Chafee eligible youth residing on their reservations receive transition services from CFSD's local contracted service providers, as described above. The state's agreements with the service providers have been written to accommodate each Tribe's requests. Tribes can opt out of this arrangement at any time and negotiate to receive a prorated portion of the State's Chafee allocation (based on the State's foster care population) to provide Chafee on their individual reservations. Tribal youth served by the State's contracted service providers have access to the same services as Chafee eligible youth residing off-reservation. Currently, Tribes are not expressing concerns with the Chafee program or service provision. Also, there has been no mention of barriers to Tribal youth accessing services.

In addition, CFSD successfully negotiated, in good faith, an agreement with the CSKT to administer and supervise the MCFCIP to eligible Tribal children residing on the reservation and to receive an appropriate portion of the state's allotment for the administration and supervision of such agreement. CSKT is the only Tribe requesting funding from Montana's Chafee allocation to provide transition services on their reservation. CSKT has developed their own program to best meet the needs of transitioning youth on their reservation so CSKT's services may look somewhat different than those provided by the state's contracted service providers.

Though administrative data is limited, CFSD has actively worked with the MCFCIP contractors' providers towards compliance with federal requirements (expectations regarding data collection, service delivery, NYTD requirements, and youth engagement). Per NYTD reporting, CFSD serves upwards of 400 unduplicated Chafee eligible youth each year. NYTD reporting shows differences in services for youth of varying ages and stages of achieving independence. Eligible youth currently in foster care, as opposed to having exited the foster care system, often receive different types and intensity of services because they have an additional support system as they move towards independence. Specifically, housing, employment, and budgeting services are not provided as frequently to youth currently in the foster care system. There is a vast increase in these types of services, as young people become more independent. The NYTD data collected has been provided to ACF for FFY20-24, and can be reviewed on the ACF websites listed below:

- MT NYDT Chafee Data FFY20-FFY24 Hyperlink
- National NYTD Chafee Data FFY20-FFY24 Hyperlink

Title IV-E FFPSA - Prevention Plans

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

In 2020, CFSD made significant efforts to identify, increase and implement evidence-based prevention models and updated their prevention process to engage and support families through what is now called a 'Prevention Plan'.

On January 5, 2022, Montana's Title IV-E Prevention Services State Plan was approved by the Administration of Children and Families. CFSD's implementation of Prevention Plans are to improve outcomes for children and families resulting in parents safely caring for their children in their homes or with kinship, thus preventing foster care placement whenever possible. The purpose of these plans is to enhance the following areas specific to the family's needs:

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

CFSD chose already established home visiting and mental health models that were Well-Supported to be in the Title IV-E Prevention Plan. The four well-supported FFPSA evidenced-based models listed in the Montana Title IV-E Prevention Services State Plan are:

- Parents As Teachers (PAT) (Home Visiting) – A model focused on engaging parents and caregivers in promoting the optimal early development, learning, and health of young children, emphasizing parent-child interaction, development-centered parenting, and overall family well-being. This includes personal visits, building connections, resource network, and conducting child development, health, hearing, and vision screenings. This model is a good fit for parents who are expecting or who have a child under age five at enrollment. Existing research indicates Parents as Teachers improved parenting knowledge and skills, prevention of child abuse and neglect, increased school readiness, and early detection of developmental delays and health issues. This model is provided in twenty-two counties across the state, which can be found in the program map on this website: ECFSD Voluntary HV Provider Map Locator Hyperlink.
- Nurse Family Partnership (NFP) (Home Visiting) – A program supporting moms who enroll receiving care and support to have a healthy pregnancy and families have a trusted resource on child development and future economic self-sufficiency for their new family. This includes specially educated nurses regularly visiting the expectant or new mom. This model is a good fit for first-time moms, starting early in the pregnancy and continuing until the child's second birthday. Research indicates measurable, long-term differences for the whole family, including positive maternal and child outcomes for low-income families. This model is provided in six counties across the state which can be found in the program map on this website: ECFSD Voluntary HV Provider Map Locator Hyperlink.
- Healthy Families America (HFA) (Home Visiting) – A model that seeks to engage parents to improve parent–child interactions through positive parenting, promoting child health and development, and family self-sufficiency. Providers visit homes weekly until the child's third birthday, and preferably until the child's fifth birthday. This model is a good fit for high-risk families before the child's birth or within three months of the child's birth. This program is theoretically rooted in attachment and bio-ecological systems theories, and research shows improvements in parenting practices, healthy child development, and enhanced family well-being. This model is currently only provided in one county (Region 5 – Missoula).
- Parent Child Interaction Therapy (PCIT) (Therapy) – This model first focuses on warmth in the parent-child relationship, then treatment builds skills for parents to manage behaviors while remaining confident, calm, and consistent in discipline. Therapy involves twelve-twenty sessions in two phases, child-directed interaction and parent-directed interaction, in which therapists instruct and coach caregivers in play therapy and operant conditioning skills. This model engages both parents and was originally intended to treat disruptive behavior problems in children aged two to seven years. Research indicates the program reduces negative parent-child interactions and increases parental warmth and consistency among other well-being improvements for both parent and child. This model is provided in eleven counties currently:
    - Region 2 – Cascade
    - Region 3 – Yellowstone
    - Region 4 – Broadwater, Gallatin, Lewis and Clark, Madison, and Silver Bow
    - Region 5 – Powell and Missoula
    - Region 6 – Flathead and Lincoln

CFSD has not claimed any Title IV-E funding to offset costs for services listed on Prevention Plans with families. These models are currently funded through other grants, MIECHV funding, Medicaid and private community funding. This has been a barrier in braiding funding for CFSD as FFPSA funding is Payer of Last Resort, and all the models already have a funding stream to pay for the services.

- Parents as Teachers (PAT) and Nurse Family Partnership (NFP): ECFSD uses MIECHV grant funding to cover the cost of these two models.
- Healthy Families America (HFA): The agency providing HFA uses private funding to cover costs for families enrolled in the program. CFSD has collaborated with them on reaching out to other states who have HFA also listed in their FFPSA State Prevention Plan to learn ways of leveraging funding to support families with the model intervention.

Criteria of how families are eligible and enrolled in the model often do not align with CFSD Prevention Plan timeframes, efforts, requirements, etc. Other states have reported similar barriers during the All-State FFPSA meetings. CFSD will continue to collaborate with HFA nationally and locally to explore ways to overcome model barriers to support applicable families with the model.

- Parent and Child Interaction Therapy (PCIT): PCIT is a model whose cost is covered by Medicaid and Insurance in Montana. Over the past several years, CFSD hosted training to increase the number of therapists in Montana that were certified in the model. Approximately twenty therapists were trained through SFY23, and an additional five were trained as trainers for their agency during SFY24.

CFSD's current electronic case record system was designed to allow Title IV-E funds to be used, based on a child's Title IV-E eligibility for allowable foster care, adoption, and guardianship services. Title IV-E Prevention Services has a different eligibility criterion requiring significant changes to the electronic case management system. CFSD continues to collaborate with the Technology Bureau, as well as the non-agency vendor responsible for making changes to CFSD's electronic case record system. CFSD future planning is to capture FFPSA requirements within the new CCWIS system being developed set forth in CFSD's SFY25-29 CFSP goal 3.

FFPSA required program evaluation to understand how and if services were meeting the intended legislative goal of keeping families together. CFSD currently contracts with MSU and their Extension Family & Consumer Sciences Program (MSU-E) to meet the evaluation requirements of the program. Implementing consistent process and outcomes evaluation across the state can help CFSD to improve programmatic flexibility to meet changing community needs efficiently and effectively. Safely and supportively keeping children in their homes could have long-term positive impacts on individual, family, and community well-being for years to come. The plan involves encouraging evidence-based programming as a part of prevention services. The plan also involves evaluating the use and success of these programs to ensure CFSD is meeting the goals of FFPSA. After initial exploration, some evaluation plans shifted to better answer questions at present stages of implementation. For example, we initially planned to assess fidelity to delivery and outcomes for well-supported models, but due to low statewide numbers, this would not have resulted in practical or generalizable information. This evaluation will help identify strengths and opportunities to work towards additional funding to help families access these services. The goal of the plan is to improve the lives of Montana's youngest residents by supporting strong and healthy families. In efforts to evaluate Prevention Plans, CFSD assigned a staff member from each region to track Prevention Plans, service referrals, and overall outcomes. This information is shared quarterly with the MSU-E evaluator, and reports are generated on an annual basis. Below is the most updated MSU Evaluation FFPSA Report information.

Montana FFPSA Prevention Plan Evaluation 2024

On February 9, 2018, the landmark bipartisan Family First Prevention Services Act (FFPSA) was signed into law. The FFPSA includes reforms that support keeping children and youth, where possible, safely with their families, and helps ensure they are placed in the least restrictive, most family-like setting appropriate to their special needs when foster care is needed.

Children experience trauma from maltreatment which can be compounded when a child is removed from a home they are familiar with. While sometimes necessary for safety, trauma can continue when they are returned to a parent after growing attachment to foster families (Gauthier, Fortin, & Jeliu, 2004). When a child can safely stay in their home situation while parents get support in protective caregiving and wraparound care, research would suggest children experience less future maltreatment and greater placement stability (Rivera, & Sullivan, 2015).

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

In 2020, CFSD made significant efforts to identify, increase and implement evidence-based prevention models and updated their prevention process to engage and support families through what is now called a 'Prevention Plan'.

Montana's FFPSA State Plan was approved by Administration of Children and Families on January 5, 2022. The four well-supported FFPSA evidenced-based models listed in the Montana FFPSA Plan and counties the services are provided in:

- Parents As Teachers (Home Visiting) – Twenty-Two Counties

- Nurse Family Partnership (Home Visiting) - Six Counties
- Healthy Families America (HFA) (Home Visiting) - One County
- Parent Child Interaction Therapy (PCIT) (Therapy)- Eleven Counties

Overall CFSD expects that the outcomes provided by the prevention plan will result in parents being better able to safely care for their children in their homes or with kinship, thus preventing foster placements when possible. CFSD implementation of Prevention Plans are to improve outcomes for children and families in areas specific to their needs as follows:

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

Families enter a Prevention Plan with CFSD when the following occur:

1. CFSD investigates a report alleging abuse/neglect and has identified 'Impending Danger' as present.
2. CFSD determines if a Safety Plan can be put in place to allow for the child to remain in their home safely.
3. CFSD offers the Prevention Plan when parent(s) agree to participate in the intervention and the identified 'Impending Danger' can be mitigated.
4. CFSD and the parent(s) develop the Prevention Plan together, outlining tasks and individualized community services to support change.
5. The Prevention Plan is signed by all parties, monitored by CFSD, and in place for three to twelve months depending on the circumstances of the families' individualized needs.

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

Evaluation Components

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

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

Data Elements Collected

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

In partnership with CFSD, Montana State University Extension Assistant Professor Brianna Routh, PhD, provided program evaluation planning and implementation support. Data collection for these new program components was designed to determine current outputs and outcomes and to help consider what would be most valuable in future case-tracking systems. Regional representatives collected information from Protection Plans and Prevention Plans provided the data to the research team on a quarterly basis. The data included:

- Community report reasons for CFSD involvement.
- Protection and/or Prevention plan open date.
- Services to which families are referred by CFSD staff.
- Services families receive CFSD staff knowledge.
- Prevention Plan closure date and reason.

Reasons for Reports to CFSD

The charts below list out the report reasons for 2023 and 2024 collected by the regional representative from Protection and Prevention Plans. As shown, the top two reasons for both years were the same:

1. Chemical Dependence (39.7% recorded in 2023 and 35.9% recorded in 2024)
2. Domestic Abuse (19.5% recorded in 2023 and 13.4% recorded in 2024

In addition, from 2023 to 2024, there was a 4% increase in the category "Lack of Parenting Skills," and a slight 1.6% decrease in the category "Mental Health Concerns.

Chart 45: FFPSA 2023 Evaluation Reason for Reports

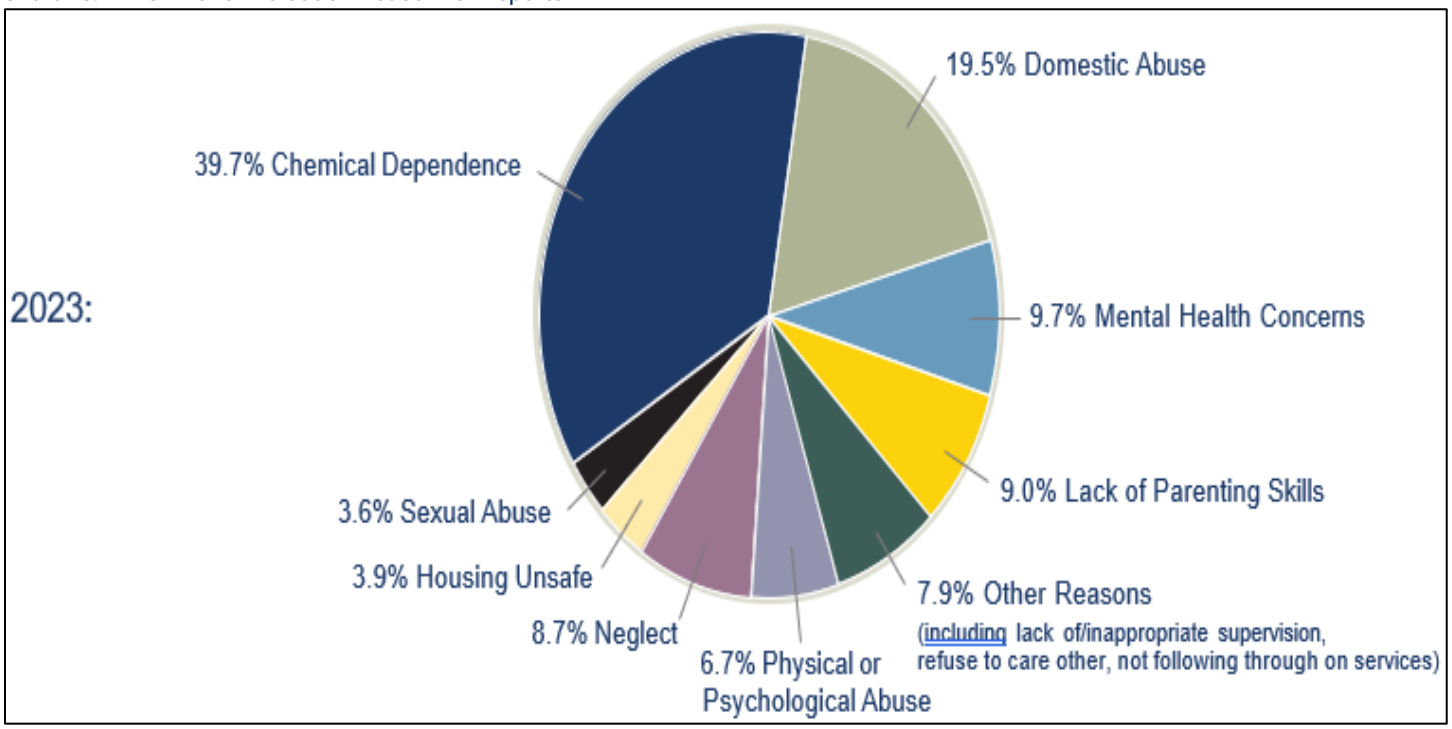
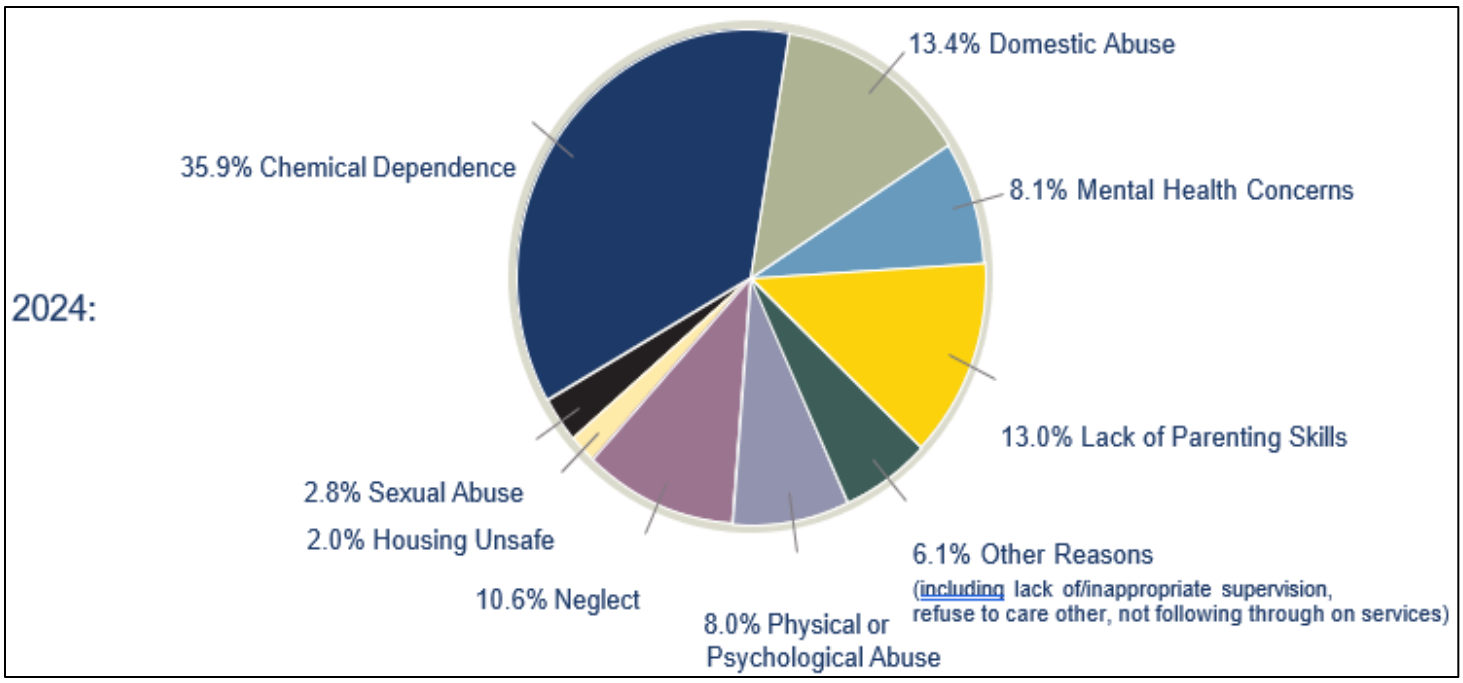


Chart 46: FFPSA 2024 Evaluation Reason for Reports



During an investigation of a report, families may enter a Protection Plan (up to thirty days for Out-of-Home and sixty days for In-Home) with CFSD for further assessment of child safety risk to occur. CFSD may offer a Prevention Plan to a family if during the investigation they determine that a family is willing/able to mitigate for safety of their child(ren) as well as participate in wraparound support type services enrolling in a Prevention Plan. Families who enrolled in a Prevention Plan with CFSD were on average referred to at least three services/providers for additional support.

The table below reflect the percentage data collected by the regional representatives for 2023 and 2024 regarding the total number of Prevention Plans enrolled, the associated Protection Plans of the enrolled prevention plans, and the total number of services referred. This data shows a decrease from 2023 to 2024 in families enrolled (though not significant), an increase in Out-of-Home Protection Plans, a decrease in In-Home Protection Plans, and a decrease in numbers of services referred to. However, this aligns with the number of reports investigated across the state decreasing as well.

Table 224: FFPSA 2023 and 2024 Protection Plans

Year	Total Protection Plans Enrollment	Out-of-Home Protection Plans	In-Home Protection Plans	Combination Protection Plans	Total Number of Service Referred
2023	N=91	22 / 24%	67 / 74%	2 / 2%	378
2024	N=86	36 / 42%	46 / 545%	5 / 5%	220

Examples of the service array categories recorded in the regional representatives collected data were:

- Home Visiting Models (*FFPSA approved models are bolded*) – **Healthy Families America, Nurse Family Partnership, Parents as Teachers**, SafeCare, etc.
- Parent Education Models - *Nurturing Parenting Program, Parenting Class, Circle of Security, FBS, etc.*
- Mental Health Services - **Parent Child Interaction Therapy**, Anger Management, Domestic Violence, Couples Therapy, Individual Therapy, Wraparound, etc.
- Substance Use Disorder Services - Chemical Dependency, Multisystemic Therapy, etc.
- Family Support Referrals - Medical, Community Resources (general), Part C-Screenings, etc.

The table below show the percentage of services for each category, and in alignment with reasons for the initial CFSD report, the most common service referred was mental health services for the individual, couple, or family. The data reflects that while many parent education models were referred to, none of these services currently have a 'Well-Supported' rating from the Title IV-E Clearinghouse.

Table 225: FFPSA 2023 and 2024 Service Referred Category

Service Referred to Category *Note: Families Could be Referred to Multiple*	2023 N=378	2024 N=220	Difference ↑↓
All MT FFPSA Well-Supported Families Programs	1.9%	4.1%	↑ 2.2%
Home Visiting	6.3%	4.5%	↓ 1.8%
Family - Support or Other	5.8%	10.5%	↑ 4.7%
Parent Education	24.9%	15.5%	↓ 9.4%
Substance Use Abuse/Disorder	8.2%	24.1%	↑ 15.9%
Mental Health Counseling	45.5%	54.8%	↑ 9.3%

Outcomes from Prevention Plans

From the regional representatives tracked data of Prevention Plans case status at the time of closure, CFSD was able to determine that there appears to be an increase rate in achieving the family goal of keeping the child safely in the home at closure, when CSFD makes referrals to relevant supports and resources for the parent, caregiver or child.

The table below shows the percentage of each 'Reason for Closure' category on the Prevention Plans that closed during 2023 and 2024. As reflected below, there were no significant differences from 2023 to 2024 in the data collected per category; however, during 2024, the CQI Specialist overseeing the regional data collection and the MSU evaluator met with each region to discuss data tracking accuracies, as it had been identified that what the regional representatives were listing in the 'other' column for reason for closure was applicable to the already existing categories provided they could select. For this reason, the trackers were encouraged to use applicable categories more often than selecting "other" as an option.' There was a significant decrease in using the option 'other' in 2024.

Table 226: FFPSA 2023 and 2024 Reason for Prevention Plan Closure

Reason for Closure Category	2023 N=98	2024 N=101
Closed for 'Other' Reason Not Listed (*including another family guardian found or another report received*)	4 / 4.1%	1 / 1%
Moved Away	3 / 3.1%	5 / 5%
Lacked Cooperation with Plan	13 / 13.3%	14 / 13.9%
Child Removed	14 / 14.3%	15 / 14.9%
Achieved Family Goal of Safely Maintaining Child in the Home	64 / 65.3%	66 / 65.3%
Grand Totals	**98 / 100%**	**101 / 100%**

Title IV-E FFPSA - Qualified Residential Treatment Program (QRTP)

During 2019-2022, CFSD partnered with the DPHHS Developmental Services Division, Children's Mental Health Bureau, to establish Montana's licensing requirements for QRTP placements, as defined in the Social Security Act. This partnership led to:

1. Establishing the licensing requirements into the MCA and ARM. In Montana, these placements fall under the TGH placement definition. CFSD continues to partner with the Children's Mental Health Bureau who provides an oversight of the TGH placements throughout Montana. The following are the TGH applicable MCA and ARM:
    a. MCA MCA Definition Hyperlink
    b. ARM TGH Staffing Requirements ARM - TGH Staffing Requirement Hyperlink
    c. ARM TGH Clinical Assessment ARM - TGH Clinical Assessment Requirement Hyperlink
    d. ARM TGH Treatment Plan ARM - TGH Treatment Plan Requirement Hyperlink
2. Selecting the child placement assessment tool, training qualified individuals, and establishing a reimbursement plan through Medicaid when the tool is administrated. Montana chose the Child and Adolescent Service Intensity Instrument (CASII) as its assessment tool.
    a. The CASII is facilitated by a Qualified Individual (QI) which is defined as a trained professional, youth

Targeted Case Manager (TCM) or licensed clinician, who completes a CASII assessment on a youth to assess the strengths and needs of the child, make recommendations on the most appropriate placement setting for the child, and recommend short and long-term goals. The Children's Mental Health Bureau established ARM to support this process.

i. ARM Targeted Case Managements Services for Youth with Serious Emotional Disturbance, Provider Requirements ARM - TCM Provider Requirements Hyperlink .

The CASII is developmentally informed and developed on the foundation of a System of Care approach embracing individualized service planning, supporting the use of intensive care coordination or wraparound planning teams, and providing a broad service array. CASII recognizes that the use of home and community-based services and natural supports can provide increased service intensity instead of relying just on "bricks and mortar" to achieve higher levels of service intensity. The CASII is applicable to children living in a variety of settings including those within a community with their parents or extended family, those in foster care, and to children in institutional settings. The CASII assesses the service intensity needs of children and adolescents presenting with psychiatric, substance use, medical and/or developmental concerns. It incorporates holistic information on the child within the context of his/her family and community by assessing service intensity needed across six dimensions including:

i. Risk of Harm
ii. Functional Status
iii. Co-Occurring Conditions
iv. Recovery Environment
v. Resilience/Response to Services
vi. Involvement in Services

The CASII links the results of a clinical assessment with a defined level of service intensity using a clinically derived and empirically tested algorithm. It is user-friendly, culturally informed, and supports active participation by children and family. The CASII can be used at all stages of intervention and is designed for use in all child-serving systems, including behavioral health, physical health, education, child welfare, juvenile justice, substance use, and development to facilitate integrated attention to the child's needs. It is independent of diagnosis, promotes effective communication between providers and systems, and informs clinicians' engagement with the child, family, and community.

The CASII is intended to do the following:

- It assists providers in creating comprehensive, strength-based, individualized, and coordinated service/treatment plans for children 6-18 years of age.
- It can be used to evaluate children and adolescents presenting with mental health challenges as well as those with medical, substance use, and developmental co-occurring disorders.
- It supports active participation by children and family.
- It can be used as a metric to measure and monitor progress in treatment.
- It can help assess the effectiveness of a program or intervention at a system's level.
- It provides a common language for different providers to address the needs of a child and their family.

The CASII is not intended to do the following:

- It does not provide a clinical diagnosis for a child or family.
- It does not prescribe a specific plan or setting.
- It does not replace comprehensive clinical evaluation or judgment.

CFSD partnered with a Montana Attorney to develop the necessary TGH Placement Hearing process, necessary caseworker affidavit template, and sworn declaration template for the QI who completes the CASII.

In April of 2022, CFSD developed the Therapeutic Group Home Referral and Placement Process Procedure and trained the CFSD staff in the process.

In October and November of 2023, the CQI Unit completed an evaluation to determine if regions were completing the

required steps that had been outlined in the previously trained TGH procedure. The CQI Unit met with each region's assigned leadership who was responsible for developing and implementing the TGH placement steps, as outlined in the procedure. In some cases, the assigned caseworker to the youth were brought in for discussion. The elements discussed, and the findings, were:

- Level of Care Assessment Team Meeting (LCAT) Date and Documentation
  - Most did not understand the process of the meetings as part of the requirements.
  - Not occurring in a formal matter, and the ones that did occur would not meet the federal requirements.
  - No formal documentation tool was provided to support the facilitator in collecting the required information.
- CASII Completion Date and Documentation
  - Most understood this requirement but regionally were facing barriers in timeliness of the CASII being completed, or provider availability to even refer the youth to.
  - When the CASII was being completed it was not always occurring prior to placement, or within the 30 days of placement start date.
  - Difficulty in setting up the QI to complete the CASII, when youth did not already have an established TCM.
    - Upon further evaluation this appeared to be an issue with providers not able to open for TCM services until a Clinical Assessment at their agency had been completed. Most providers during this time were lacking mental health counselors to do the Clinical Assessments, and this was causing quite a bit of delay for the TCMs to be established and completed the CASII.
    - In addition, since CFSD was not holding the LCAT, there was no meeting discussion, or summary of meeting, for the QI to use as part of their assessment. Which indicated that even when the CASII's were being completed timely, they didn't adhere to the federal requirements.
- Caseworker Affidavit Filing Date and Documentation
  - Most understood this requirement, but there were regions who reported never seeing the affidavit templates.
  - There were barriers with CFSD County Attorneys understanding the requirement, which in turn delayed the filing of the caseworker's affidavit, and overall, the advocation of the hearing needed to occur.
- QI Sworn Declaration Date and Documentation
  - There were a lot of barriers regarding this element across the state. Largely CFSD regional staff were perceiving their local QIs as resistant in their willingness to sign the Sworn Declaration template.
    - Upon further evaluation with QI providers, the CQI Unit learned that the biggest issue was the language within the template stating that either the QI had attended the LCAT meeting or had received a summary from the LCAT meeting that they then used as collateral for the youth's CASII final recommendations. Since CFSD was not facilitating these LCAT meetings, the QIs were instructed by their agency's attorneys to not sign the document. In one region, CFSD was requesting a copy of the CASII they knew had been completed recently without even speaking to the QI who completed it, and then CFSD forwarded the QI the Sworn Declaration template and requested them to sign and send it back.
- Court Hearing Date and Documentation
  - Most understood this requirement across the state; however, it was unclear if an extension or status hearing would also apply to this type of hearing. The requirements of what the court hearing is to discuss, was not always occurring in court hearings that were not specific to TGH placement. Therefore, these would not meet the federal requirements.
  - Most reported that the state's County Attorneys, the Public Defenders, and the Judges, were largely confused about the court hearing and the judicial requirements.
- PPT Meetings Required Every Ninety Days While Youth is in TGH Placement
  - Most regions did not know that the time requirement for PPT meetings was shortened to ninety 90 days when a child is placed in a TGH.
- Division Administrator Extended Stay Authorization Dates and Documentation
  - Most did not know this was a requirement.
  - No form had been developed to consistently collect this information.
- Aftercare Tracking Dates and Documentation (Required for six-months after a TGH discharge).
  - Most did not know this was a requirement.

In early 2024, based off of the information gathered, the CQI Unit revised the TGH Procedure to further clarify the requirements and process CFSD TGH Referral and Placement Process Procedure Hyperlink, developed support forms listed

below, and each region then trained their staff on the updated procedure and the forms:

- Level of Care Assessment Team Meeting Form
- Child Protection Specialist TGH Placement Checklist
- Division Administrator Extended Stay Authorization Form
- Aftercare Tracking Form

In March of 2024, the CQI Unit was assigned oversight of the tracking log developed to support regions in developing processes to adhere to the steps required to place in a TGH placement and draw IV-E funding down for the placement and services. Since the QRTP process changes from state to state, CFSD focused on evaluating the state's efforts of adhering to the procedure for youth placed in TGH in Montana. A tracking log was developed to collect information applicable to the discussed elements above. Most regions selected their CWM to provide an oversight of their region's process and track the information. The CQI Specialist met with each of the trackers to discuss the elements and provided a detailed manual on using the tracking log. Every month the CQI Unit updates the tracking log to reflect the youth who are placed in TGH placements, and it is the responsibility of the regional tracker to enter dates and assurances that the placement steps are being adhered to.

- Though data has been collected for over a year, data was not pulled for this SWA from the tracking logs, as the process is inconsistent across the state and some regions have not updated any information on the log for their region. However, through ongoing support calls and discussion with the regions, the CQI Unit determined there continues to be a challenge in getting the CASII completed, and there are barriers around timeframes and reimbursement of the CASII being completed as well. The barrier is as follows:
  - The CASII is a Medicaid billable service. It must be completed by QI, who traditionally are a trained professional, TCM, or licensed clinician who have received training in administrating the CASII. When a youth already has a TCM set up prior to the LCAT there has not been any reported delay in completing the CASII. However, the challenges arise <u>when a youth does not have a TCM set up prior to the LCAT</u>**.** These challenges exist for our internal staff and our external partners (MH providers) as follows:
    - Our internal staff must meet federal requirements and timeframes. Federal Act states: The CASII must be completed within thirty days of the placement start date; however, there are considerations:
      - It is best practice for the CASII to be <u>completed prior to a TGH placement</u>, and this is what was written into our procedure.
      - When the CASII is not completed prior to placement, the challenges are:
        - The TGH placements may not even allow the child to be placed without a current CASII.
        - The QI is attempting to visit with the child at their placement (telehealth).
        - The QI CASII, not being utilized to determine placement, could be a concern as they may determine through CASII the child did not meet the requirements for a higher level of care. This could result in CFSD scrambling to locate another placement.
        - Delay in the Placement Hearing due to the QI not being able to sign the court Sworn Declaration that is required to be attached to the CPS affidavit to the courts requesting the Placement Hearing to occur within sixty days of the start date of placement.
    - Our external mental health provider partners must meet Medicaid requirements and timeframes. Traditionally, to have a TCM complete the CASII and bill Medicaid, the agency must enroll the youth to their agency for TCM services.
      - Medicaid rules state to open the youth for TCM services (QI to complete CASII) the child must:
        - Have a clinical assessment that meets the required SED diagnosis.
        - The clinical assessment is required to be completed by a licensed clinician within three visits or fourteen days (whichever is longer) once the assessment process has started.
          - Note: An agency could use an old clinical assessment from another eligible provider if the clinical assessment meets:
            - The Mental Health Center Rules and Standards
            - The clinical assessment could not be older than twelve months.
              - Note: Most providers will not accept a past clinical assessment from another provider as they want to make sure that the recommendations are current, meet their own standards, etc.
    - Collaboration with Children's Mental Health Bureau

- When one of the providers initially brought up the concern of the Federal QRTP vs. Medicaid billable timeframes to the CQI unit. Their biggest issue at the time was that they lacked clinicians to complete the Medicaid required clinical assessment to enroll the youth in TCM services to complete the CASII. The barriers were:
    - At the time had a waiting list of four to six weeks for a clinical assessment to be completed.
    - Primarily using FBS type services to support the child and family (birth or placement) while waiting for the clinical assessment to be completed to then wrap services around the child and family and bill them to Medicaid.
    - Receiving referrals from CFSD requesting 'just the CASII' to be completed without the clinical assessment. The child was being placed, and CFSD was attempting to meet the federal requirements for the placement to be paid for under IV-E knowing the child would not be enrolled in traditional Medicaid billable services at the agency. In these types of situations, Medicaid cannot be billed for the CASII cause the agency is not following the requirements set forth for the service to be Medicaid reimbursable.
- In early 2023, the CQI Unit met with the Children's Mental Health Bureau program staff shared that in these types of rare circumstances (in which the youth is likely to be placed in a TGH placement and TCM was not already established) the agency/provider can complete the CASII without a clinical assessment and still bill Medicaid. The agency must open the youth for services, assign the TCM to complete the CASII, TCM complete the CASII within fourteen days of their initial intake, then discharge the youth from the agencies services completely within fourteen days of their initial intake, and they must document in their system, "The youth was discharged within fourteen days of intake due to being transitioned to a higher level of care. Therefore, the Clinical Assessment was not necessary."
    - Another suggestion at this time was to establish "Private Pay Agreements" or Memorandum of Understandings (MOU) for these "Just CASII" referrals when TCMs are not already established. This would allow TCM to be able to complete them in the necessary QRTP placement timeframe required. Additionally, the program/provider isn't going through all the steps to attempt to get a clinical assessment completed to open services to TCM knowing the child is not likely to enroll in any services at their agency because they are being placed in a TGH placement.
- In March of 2025, the CQI Unit received further guidance from the Children's Mental Health Bureau program staff sharing that for a program/provider to enroll the child into TCM services and bill the CASII as noted above to Medicaid, the child must have an SED diagnosis in place (such as a past clinical assessment). If the program/provider could not determine the child had been properly assessed then the program/provider would need to complete their clinical assessment prior to enrolling the child in TCM services for the CASII to then be completed, if they are going to bill the service to Medicaid.
- In March 2025, the CQI unit discussed the barrier with one of the state's mental health providers who said they would not use a past clinical assessment with a past SED diagnosis if outside of a year, and the past provider would have to have met the Mental Health Center Rules for their assessment to be considered for use. In addition, it has been reported that providers do not believe it is best practice to use a past clinical assessment, and they prefer to complete their own assessment of the child to establish the best course of treatment for the child and make recommendations.

In April of 2025, the Division Administrator, along with the CQI unit, met with the RAs and CWMs to discuss the regional challenges in adhering to the federal requirements (both internal and external) elements being tracked. The following outlines the discussion:

- Court Hearings (Occurring within sixty days of TGH Placement)
    - Is it a court hearing that occurs on its own, or is it wrapped into another hearing that was already established or scheduled?
        - Region 1 – Not seeing an issue via district court.
        - Region 2: Like region 6 - If don't already have a court hearing, then the CA is getting the hearing scheduled; however, at court there is confusion by Judge on what the hearing is for and what

the order should say.
        - Region 3 – Getting them scheduled as they are quick hearings. Only are longer when there is a CASA or someone who has additional questions about the process.
            - The biggest issue is getting the CASII.
        - Region 4 (Butte) – Have the court hearing occurring; however, they end up being more of a status hearing and allows for the public attorneys to ask about CFSD due diligence and process.
            - Dillon/Anaconda – Struggle to get it on the calendar.
        - Region 5 – Getting them scheduled just fine.
            - The biggest struggle is consistency on the time/capacity to schedule the LCAT and obtain the CASII.
        - Region 6: CA is scheduling the court hearings and understands the need for them. However, at the court hearing they understand that CFSD did the due diligence, and not much is occurring at the court hearing itself because everyone stipulates.
    - CASII
        - Region 1: Depends on the community and the availability of a TCM (especially in more rural areas).
            - When TCMs are not available it takes an act of God to get the CASII completed to then move forward with the LCAT and locate placement.
        - Region 2: Struggling with CASIIs more recently due to a local provider being encompassed by another provider and the kinks have not been all worked out.
            - When we have an emergency need, we are struggling to use the now local provider.
            - Have utilized clinicians to do complete a Mental Health Assessment/CASII and they bill Medicaid.
        - Region 3: Things were going smoothly, however, have had the same issue as region 2 due to a local provider being encompassed by another provider…
            - The biggest issues are being put on a waiting list, and timeliness of referral and completion for emergency placements of youth that don't already have established TCM.
        - Region 4: Local clinician getting the CASII turned around quickly and doing a good job.
        - Region 5: Local providers are completing CASII's when needed.
        - Region 6: Not having issues with getting the CASII. Usually call to get the CASII. A lot of the kids do have TCM already, and the ones that do not have TCM, the local provider is getting them completed timely.
    - QI Sworn Declaration
        - Region 2: Resistant to signing the QI Sworn Declaration.
        - Region 3: Nervous to sign the document.
        - Region 4: Worry about having the QI change the language in the document or using their own templates when CFSD doesn't have the LCAT meeting or provide the summary to the QI.
    - LCAT Meetings
        - Region 1: Holding LCAT meetings (having QI attend), and good discussions and talk about the CASII and discussing any follow up steps/task needed prior to determining placement levels.
            - Facilitated by PPT Specialist
            - Holding them on all kids.
        - Region 2: Are not holding a formal LCAT meeting. Believe staff to be having appropriate discussions, but not with all the parties involved around a table.
        - Region 3: LCATs occurring
            - Facilitated by the FEM coordinators
            - Using the LCAT Summary to document the efforts, meeting and results.
        - Region 4: Not having LCAT meetings. Informal meetings. Very rarely are parents involved.
        - Region 5: Meetings are not occurring to fidelity (not an official meeting – just collateral contacts or informal treatment team meetings).
        - Region 6: Not having a formal meeting. Just communication is occurring with the team members involved with the child.

- Understanding the value of the TGH requirements: What are the values of the process (intent was so children do not linger in shelter care for years and years)? Montana has few shelters, few kids in congregate care, and because of the Medicaid licensing process children are not permitted to be in TGH placements for extended amounts of time:
    - Region 1: Have had a couple of LCAT meetings where the decision was made to not have the child going to a TGH, and they were able to keep the child in their community with support.
    - Region 2: Hard to execute all the process.
    - Region 3: Valuable in documentation, but there are not a lot of changes in the outcomes. A lot of additional work to establish the same outcome (as there haven't been cases where team members are supporting TGH placement)
    - Region 4: Is valuable in showing our due diligence and shows that we are assessing the kids.
    - Region 6: Not taking every step of the process being done, but are having better conversations around placing kids, and engaging team members. This is more of a preventative process, and CFSD is using this more of a checklist process instead of developing a process to use it as a preventative measure. CFSD is attempting to meet all the requirements but continue to get stuck in areas that don't align with timeframes and internal processes.

Respite Care Services

Respite care is a pre-planned arrangement available to a parent/caregiver who needs temporary relief of duties for the child whose mental or physical conditions require special or intensive supervision or care.

CFSD reimburse cost for respite care as established in the Foster Care Support Services, Respite Care Allowance ARM ARM Foster Care Support Services and Respite Care Allowance Hyperlink.

In addition, CFSD utilizes the Montana Lifespan Respite Coalition which is in partnership with the Aging and Disability Resource Center making available a public website of resources focusing on our Montana seniors and people with disabilities (such as youth in foster care or in post-permanency care). More can be found about this program at: MT LRC Coalition Hyperlink.

Specific to Region 2, there are local partnerships with the Toby's House Crisis Nursery, which is a local funded program committed to prevention of child abuse and neglect by providing crisis, respite, and transitional care for children ages birth through six. More about this program can be found at: Toby's House Crisis Nursery Hyperlink.

Early Childhood Support Services

ECFDS and CFSD continue to collaborate on multiple projects. CFSD aligns with ECFSD overarching goals and continues to partner in multiple ways to support families and caregivers with children under the age of five who also experience at least one of the following:

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

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

Part C Early Intervention Program

Detailed information regarding Part C services is outlined in category one of this item's assessment.

As reported in the Health Care Oversight and Coordination Plan, current CFSD Case Management Procedure requires that children with substantiated abuse and/or neglect allegations, as well as all children being served by CFSD on an in-home or out-of-home safety plan, be referred for a Part C Screening. More can be found regarding the procedure at: CFSD Case Management Procedure Hyperlink.

By making these screenings universal for the foster care population, more children with developmental disabilities, whether related to emotional trauma or cognitively based, will access entitlement services that will improve the well-being of the child. CFSD continues to partner with ECFSD to identify barriers to making Part C referrals and barriers to ensuring comprehensive screening for children.

CFSD continues to look for ways to strengthen collaboration with the ECFSD Montana Milestones Part C Early Intervention Program to better coordinate referrals from CFSD to local Part C providers to ensure screening for developmental delays. As reported in prior APSR, CFSD's Program Planning Unit Supervisor has been charged with re-establishing communication and working relationships with the state level staff overseeing the Part C Program. These staff meet routinely and discuss how to provide better access to the entitlement. Anecdotally, improved communication is resulting in improved access for children to entitlement. The partnership at the state level is important as both CFSD and Part C providers continue to struggle with staff turnover at the local level. More can be found regarding this program at: ECFSD Part C Screening Website Hyperlink.

Substance Exposed Infants (The Meadowlark Initiative)

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

The Meadowlark Initiative Meadowlark Initiative Hyperlink integrates behavioral health screening and services, care coordination, and navigation to community resources into prenatal and postpartum care to keep mothers and babies healthy and families together. The initiative was founded on evidence that a team-based, non-judgmental, and culturally responsive model of care improves outcomes for mothers, children, and families. When health providers have the tools and staffing they need to provide whole-person care for their pregnant patients, they can improve health outcomes for mothers and babies and help Montana families thrive.

Participation in the Meadowlark Initiative supports prenatal care clinics in implementing a new model of care tailored to meet each community's needs and available resources. The Meadowlark Initiative brings together clinical and community teams to provide the right care at the right time for patients and their families; improve maternal outcomes, reduce newborn drug exposure, neonatal abstinence syndrome, and perinatal complications; and keep families together and children out of foster care.

The Meadowlark model of care integrates behavioral health into prenatal and postpartum care and coordinates patient care and community resources for patients and families. All patients are universally screened for anxiety, depression, substance use, and needs related to the social determinants of health. If a patient has a positive screen or requests additional support, a behavioral health provider is available to meet, assess the issue, and initiate any needed treatment, generally during the same visit. If any social needs are identified – like access to safe housing, affordable food, or reliable transportation – the care coordinator will work with trusted local and state organizations to navigate each patient to available resources. When concerns that might impact the health and safety of the mom or newborn are identified, care coordinators use the Meadowlark Family Plan of Safe Care to keep patients and families engaged in care and create a collaborative plan to address those issues.

Organizations participating in the Meadowlark Initiative have shown what a powerful difference they can make for Montana families. A recent evaluation of the initiative Meadowlark-Evaluation Jan 2023 Hyperlink showed that Meadowlark sites have:

- A higher-than-average percentage of women receiving adequate prenatal care.
- A lower-than-average percentage of premature births.
- A decrease in infant removals.
- An increase in universal screening for depression and substance use disorders.

Though this initiative is not yet 100% statewide, it is actively supporting women in communities with twenty of the twenty-six delivering hospitals in the state, and Meadowlark care is also now available to women and families on five reservations. CFSD has partnered regionally, as shown below, with the agencies contracted with the Montana HealthCare Foundation to provide the initiative listed here Meadowlark Provider Participation List Hyperlink:

- Region 1
  - One Health – Rosebud County (Ashland – Northern Cheyenne Reservation)
  - Holy Rosary Healthcare (Miles City)
  - Sidney Health Center (Sidney)
  - Northeast Montana Health Services (Wolf Point – Fort Peck Reservation/Assiniboine and Sioux Tribes)
- Region 2
  - Benefis Health System (Great Falls – Little Shell Chippewa Cree Tribe)
  - Rocky Boy Health Board (Box Elder – Rocky Boy Reservation/Chippewa Cree Tribe)
  - Northern Montana Healthcare (Havre)
  - One Health – Blaine County (Chinook – Fort Belknap Reservation/Gros Ventre and Assiniboine Tribes)
- Region 3
  - One Health – Fergus County (Lewistown)
  - St. Vincent Healthcare Foundation (Billings)
  - One Health – Big Horn County (Hardin – Crow Reservation/Crow Tribe)
- Region 4
  - Community Hospital of Anaconda (Anaconda)
  - St. James Healthcare Foundation (Butte)
  - Bozeman Health Foundation (Bozeman)
  - Livingston Healthcare (Livingston)
  - St. Peter's Health Foundation (Helena)
- Region 5
  - Community Medical Center (Missoula)
  - St. Luke Community Healthcare Foundation (Ronan)
- Region 6
  - Logan Health Medical Center (Kalispell –Flathead Reservation/Confederated Salish and Kootenai Tribes)
  - Blackfeet Tribal Health (Browning – Blackfeet Reservation)

Family Support Services Advisory Council (FSSAC)

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

Healthy Montana Families (HMF)

HMF uses funding streams such as MIECHV to contract with agencies to provide evidence-based voluntary home visiting services. These programs support evidence-based and comprehensive home visiting and coordination services to improve outcomes for children and families in Montana, which can be found at their website ECFSD HMF Hyperlink. These improved

outcomes include but are not limited to child development; school readiness; child health; family economic self-sufficiency; maternal health; positive parenting practices; and an overall reduction in child maltreatment, juvenile delinquency, family violence, and crime. Their home visiting models are:

- SafeCare Augmentation – CFSD and ECFSD have been in partnership since 2014 in efforts to implement and sustain the model in Montana through in-state trainers and coaches.
- Parents as Teachers
- Nurse Family Partnership
- Family Spirit

Community Response Teams

Community Response Programs (CRP) - In SFY24, CFSD and ECFSD collaborated on CFSD's CRPs which are overseen by ECFSD. CRPs receive Community-Based Child Abuse Prevention (CBCAP) funding for specific parent support and education activities for the prevention of child abuse and neglect. These centers are local, collaborative efforts providing opportunities for evidence-based parent education for parents and caregivers.

The purpose of this project was to pilot Montana CRPs by providing voluntary prevention services to families who are reported to CFSD but do not reach the threshold of needing an investigation, or through investigation do not reach the threshold to need further CFSD intervention. CRPs offer a voluntary eight to sixteen-week individualized short-term prevention program that includes:

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

Families with children under eighteen years of age can be referred to and receive CRP services if they are not involved in an active CFSD case. CRP agencies are unique in the services and supports are offered internally. Each participating family creates three goals, one of each, financial, short-term, and long-term. Families are also referred to outside organizations to meet all their needs but continue to work with CRP staff to meet set goals. The overarching goals of the program are:

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

Since May 2023, the CRP has been serving families in the four following pilot locations:

- Region 1: Cascade County
- Region 3: Yellowstone County
- Region 4: Lewis and Clark County
- Region 6: Silver Bow County

The following data has been tracked by ECFSD since May of 2023 indicating referral source, demographics of families served, services referred to by the CRP, and rate of families who completed the program.

Out of 375 referrals to the CRPs, 270 families have accepted and engaged with the program for a 72% acceptance rate, as indicated in the following table.

Table 227: CRP Referral Source

CRP - Referral Source	CRP Referrals Count	CRP Referral Acceptance Percentage Rate
CFSD	82	52%
Physician, Counselor/Therapist, School Staff, Clergy/Religious Leader	86	48%
Family/Friends	16	67%
Other Community Member	115	82%
Self	76	84%

Out of the 270 families engaged in the CRP, 101 were reported as single caregiver households and sixty-nine were reported as separated or divorced. The caregiver age ranged from sixteen years old to sixty-eight years old with an average age of 34.44%. The number of children in the home ranged from one to eight and the CRP served approximately 469 children. Because all aspects of the CRP are voluntary, some families declined providing any detailed demographic information. In these circumstances, the CRP tracker listed a family child count as "one" whenever the number of children in the household was left blank by the participant filling out the form.

The following tables indicate the percentage of families who participated in CRP by their recorded race and ethnicity and their household income.

Table 228: CRP Enrolled Families Race (N=270)

CRP – Enrolled Families Race/Ethnicity	Count / Percentage of Families
White	168 / 62%
African American	9 / 3%
Asian	4 / 1%
Hispanic	11 / 4%
Native American	38 / 14%
Pacific Islander/Hawaiian	1 / 0%
Other	9 / 3%
Declined Answering	30 / 11%
Grand Total	**270 / 100%**

Table 229: CRP Enrolled Families Income (N=270)

CRP – Enrolled Families Household Income	Count / Percentage of Families
$0 - $10,000	70 / 26%
$10,001 - $20,000	43 / 16%
$20,001 - $30,000	41 / 15%
$30,001 - $40,000	46 / 17%
$40,001 - $50,000	11 / 4%
Over $50,000	24 / 9%
Declined Answering	35 / 13%
Grand Total	**270 / 100%**

Because the CRPs are a voluntary program, families can accept or decline any services offered to meet a family's individualized needs. The services accepted by enrolled families is indicated in the table below *(note: families could be referred to multiple services)*.

Table 230: CRP Enrolled Families Services

CRP – Enrolled Families Services Provided/Referred To	Number of Families Enrolled in the Services
Home Visiting	79
Parenting Education	219
Peer Support	118
Community Activities	112
Addiction Services	74
Mental Health	86
Welfare App Assistance	177
Financial Education	162
Housing Assistance	119
Food Assistance	154
Child Care/Child Care Assistance	45
Head Start/Early Head Start	27
Referral to Case Management	5

A family completes the CRP after participating for at least eight weeks, completing a short term and financial goal, and they have made progress toward their long-term goal. On average, families are completing the program in thirteen and a half weeks. On rare occasions, there have been families who were enrolled in the CRP for longer than sixteen weeks, due to scheduling difficulties and changes to goals. In total 202 families have been discharged from CRP, and the following table indicates the percentage of CRP families discharged specifically to the categorized closure reasons.

Table 231: CRP Enrolled Families Race (N=202)

CRP – Enrolled Families Closure Reason	Info Families Closed Count / Percentage
Completed	128 / 63%
Withdrew	39 / 19%
Unable to Contact	26 / 13%
Referred to Case Management	3 / 1%
CFSD Involvement	6 / 3%
Grand Total	**202 / 100%**

Montana Head Start

Head Start is a comprehensive early care and education program dedicated to serving over thirty million low-income families nationwide since 1965.

Montana Head Start programs offer both year-round and summer programs for children ages three-five, and Early Head Start serves families with children from birth to three, including pregnant women. Summer programs focus on preparing children for kindergarten and provide essential services like nutritious meals and health screenings. The programs are designed to support the comprehensive development of children and families, fostering a strong foundation for future success. Children and families are served in both center and home-based delivery models.

Montana Head Start programs are primarily funded by the U.S. Federal Office of Head Start, which allocates funds to community-based grantees. These grants are then used to support the operation of Head Start programs within local communities. The U.S. Congress authorizes the amount of federal spending for the Head Start program each year. Funding goes directly from the Federal Office of Head Start to community Head Start grantees in Montana. More about this program can be found at: Montana Head Start Website Hyperlink.

Montana Head Start takes a comprehensive approach to meeting the needs of the whole child and family. This two-generational approach supports stability and long-term success for families who are most at risk. Depending on each family's needs, they receive a wide range of services. In 2022 - 2023 families participated in:

- 670 in Mental Health Services
- 1,843 in research-based parenting curriculum
- 1,714 in Emergency Crisis Interventions
- 1,506 supporting transitions between programs
- Support for homeless children and families: 512 families and 543 children

Montana Head Start advantage promotes comprehensive services to children and families of our most economically disadvantaged citizens. In Montana, Head Start and Early Head Start programs employ 1,269 regular staff and ninety-five contracted staff. Montana Head Start completed three Need Assessments from 2021-2023, which can be found here:

- Montana Head Start Needs Assessment 2023
- Montana Head Start Needs Assessment 2022
- Montana Head Start Needs Assessment 2021

Additionally, their 2023 evaluation efforts and data were compiled in the following six-page flyer: Montana Head Start Data Flyer Hyperlink.

The Montana Head Start Collaboration Office impacts the lives of low-income children and families by influencing state and local policy and the effective delivery of services, while linking Head Start Programs and communities through collaborative

relationships. CFSD has collaborated with Head Start in various ways across the state to provide early head start services to children and families supported by CFSD. Head Start prioritizes referrals from CFSD, especially when supporting a child in a kinship or foster care placement. In addition, CFSD has collaborated with Head Start in their *Infant and Early Childhood Mental Health Consultant Training (IECMHC)* program over the past year. IECMHCs are highly trained professionals who support the mental health and social-emotional development of young children by working with the adults in their lives, such as parents, caregivers, and early childhood educators. They collaborate with other early childhood professionals to implement prevention-based interventions that enhance the workforce and improve outcomes for children. Importantly, IECMHCs do not provide direct therapy. Instead, they partner with childcare agencies to address child behaviors, build program capacity and improve staff wellness. They support staff in understanding child development, stress, trauma, and attachment — fostering strong relationships to meet children's needs.

Montana Children's Trust Fund Board of Directors (MTCTF)

CFSD actively participates with this board that helps in developing parenting resources for all ages. The following list includes, but is not limited to, specific services the MTCTF provides:

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

A robust list of resource services based on a child's age can be found on their website at: Parenting Montana Hyperlink. More of MCTFC overall program can be found on their website: MTCTF Hyperlink.

2025 CFSD CFSR Round 4 SWA Internal and External Survey

In March of 2025, CFSD surveyed both internal staff and external stakeholders. As stated in Section 1 of this assessment, this survey was completed by 147 internal CFSD staff, and 219 external stakeholders (including youth, parents, Tribal members, court personnel, etc.). The following were the questions and responses collected specifically to Item 29 Category 2.

- The 147 internal staff and the 219 external stakeholder participants were asked, ***"Rank the services you believe are most necessary to help families create a safe home environment or maintain their child(ren) in their families home safely with parents(s) when safe to do so."*** Participants were able to use a ranking process within the survey to put the following choices in order 1-10 (one being the most necessary): Mental/behavioral health services (both parent and child); Substance use treatment (both parent and child); Parenting classes and support/or parent aid services; Low-income housing and/or rental assistance; Anger management or domestic violence support; Childcare assistance; Transportation assistance; Income assistance; Respite and shelter care development; and Developmental disability services.

  Due to the number of responses and the amount of the ranking choices, charts and tables were difficult to create; however, the CQI Unit staff analyzed the data to reflect that the three top services selected from the participants compiled responses as follows. There were thirty responses that were listed as "not applicable to their role" and those responses were not reflected in the table below.

Table 232: Top Three Needs to Create Safe Home (N=336)

Internal and External Combined – Top Three Services Needed to Create/Maintain a Safe Home Environment	Respondents Count / Percentage
Mental/Behavioral Health	162 / 48%
Substance Abuse/Use Treatment	94 / 28%

Anger Management or Domestic Violence Support	80 / 24%
Grand Total	336 / 100%

Category 3: Services to Help Children in Foster and Adoptive Placements Achieve Permanency

CFSD continues to make the services listed above in category two available to resource and post-permanency families when necessary to support placement stabilization.

Title IV-E FFPSA - Montana Kinship Navigator Program (MTKNP)

CFSD partnered with MSU to support implementation and evaluation of Montana's Kinship Navigator Program (MTKNP). The goal of MTKNP is twofold -- to support kinship families caring for children through building safety, stability, permanency and well-being as well as building community capacity to link kinship families to community resources.

In the United States, there are more than 2.7 million children being raised by grandparents, other relatives or nonrelated family friends. These children often come to them because of family crisis and the relative parents are often ill-equipped to deal with the emotional, physical, financial and social hardships of raising children "a second time around".

There are numerous reasons for the increase in this relative parent-led family form and often the reasons are intertwined: parental substance abuse, physical or mental health problems, financial difficulties, teen pregnancy, incarceration, death and deployment. The issue cuts across all socioeconomic and racial/ethnic groups.

MTKNP serves Kinship Caregivers for the entire state of Montana. The program was founded in 2002 to offer kinship caregivers support, education and access to resources to assist caregivers in raising their children so they can live happier, healthier lives and can, in turn, raise children who know emotional and physical safety, excel in school and social situations and are prepared to take on the challenges of their new life.

MTKNP serves kinship and relative caregivers for the entire state of Montana. MKNP are a central support, resource, and referral navigator program supporting Montana's rural areas, Montana's Native American Tribes, and Montana's urban cities.

A kinship family is a family that has taken in a child that is not biologically their own for several various reasons. A common example is grandparents raising their grandchildren. Raising kinship is a rewarding task but is often one that is accompanied by challenges that may look different for every family. MTKNP offers kinship and relative caregivers support, education and access to resources so they can live happier, healthier lives and can, in turn, raise children who know emotional and physical safety, excel in school and social situations and are prepared to take on the challenges of their new life. It also provides resources, support and referrals to other agencies and organizations that serve kinship families. Some of the resource and supports provided through the MTKNP are as follows, and can also be found on their website at MSU MTKNP Website Hyperlink:

- MTKNP Online Support Group
- Powerful Tools for Caregivers (PTC) Course - PTC is an educational program that provides family caregivers with the skills and confidence to care for themselves better while caring for someone with a chronic illness. PTC consists of six 90 minute, or 2.5-hour, classes co-led by trained facilitators who employ a standardized curriculum. In the six-week PTC class, caregivers learn how to:
    - Utilize community resources
    - Better manage stress
    - Communicate effectively with friends, family & healthcare providers
    - Cope with difficult emotions
    - Take better steps to care for themselves
- MKNP Resources
    - PTC developed resource list can be found: PTC Montana Resource List Hyperlink.
    - Legal, Financial, Education, Health and Parenting Resources can be found: MTKNP Resource Hyperlink .
    - MTKNP FAQ can be found: MTKNP FAQ Hyperlink.
    - Caregiver Center – This is a resource that includes online training, caregiver stress check, an online support community, etc.

MTKNP Advisory Board – MTKNP Advisory Board provides an opportunity for kinship caregivers, people raised in kinship families, and those who serve them to provide input into program development and operation. The board meets quarterly (January, April, July, October), and the board's membership reflects the following groups: underrepresented kinship population, race, religion, socioeconomic status, age, disabilities, etc., providing an expression of the state's kinship community. The board encourages authentic engagement with caregivers and youth with lived experience to promote public awareness of kinship issues and challenges by making presentations, sharing personal stories, writing op-eds, testifying before legislative committees, participating in CFSD Youth and Parent Advisory Board, and providing input on policy and practice changes that affect kinship families. The board partners with other external stakeholders and organizations by engaging those who work with kinship families for purposes of education, advocacy, consultation, inclusion, and coordination to avoid duplication of efforts. The MTKNP Advisory Board is made up of the following types of participants:

- 30% of caregivers or individuals raised or being raised in kinship families and representatives from diverse partner organizations to ensure the council has authentic engagement from those with lived experience.
- CFSD - Post Adoption Program Manager and additionally the following have taken part in the board meetings from CFSD: Division Administrator, IV-E Program Bureau Chief, Region 1 RA, a CPSS from Region 3, and Foster Care Licensing Bureau Chief.
- Montana State Homeless Education Coordinator
- Office of Aging, Foster Care Licensing
- Office of Public Assistance
- Children's Mental Health Bureau (CMHB)
- Other advisory council members include:
    - Individuals from different non-profit programs, schools, support group leaders, etc., serving families in Montana
    - Montana State University Extension Agents
    - AARP Outreach Director
    - Tribal Representatives
    - An individual that came from a kinship family

MTKNP Advisory Board developed a charter outlining the values and guiding principles, mission, and activities of the board as follows:

- Values and Guiding Principles – The board believes in kinship first culture to support children fortunate enough to be cared for by their relatives or kinship when the primary family is unable to provide care. In addition, they believe:
    - All children deserve to live and grow up in safe familiar families.
    - When families cannot safely maintain their children in their own homes, relatives and other kinship are preferred over other out-of-home care options.
    - Child welfare involvement is best prevented, and if needed, of limited duration.
    - Kinship caregiver families deserve systems and community support, regardless of child welfare involvement.
    - Families are their own best advocates, and their input is valued at the case level, jurisdiction program level, and program design level - thus we must engage them at every opportunity and every stage including planning, implementation, and evaluation.
    - Supporting all kinship caregiver families is an effective strategy to strengthen a jurisdiction's work toward racial and ethnic justice.
    - This work is urgent.
- Mission
    - Elevate the voices of all people living in kinship care households and deliver recommendations for service improvements that are equitable, promote equal access, and advance the well-being, safety, and permanency for all kinship households in Montana.
    - Function with a foundational understanding that BIPOC (Black, Indigenous and People of Color) families make up a disproportionate number of the kinship families in our state and that implicit bias and institutional racism exists, overtly and covertly, within all populations and structures.
    - Continue to monitor and provide consultation on the implementation of the Kinship Connections of Wyoming.
- Activities:

    - Make recommendations regarding services and support that will promote the safety, permanency, and well-being of children, youth, and caregivers living in informal and formal kinship families.
    - Consult with state agencies (including child welfare, public benefits, and education), community-based organizations, and community stakeholders on how to improve collaboration and coordinate services to benefit informal and formal kinship care families.
    - Review an annual report that addresses numbers and characteristics of families served, types of services delivered, gaps in services, and outcomes as tracked and make recommendations for improvements based on information in the report.
    - Share community-based information and updates and facilitate connections to strengthen the network that supports informal and formal kinship caregivers, including access to legal support.
    - Provide education and information about kinship care.
    - Provide consultation and advance a public awareness campaign.
    - Provide education and information about how implicit bias and systemic racism specifically affect the kinship caregiver population, including racial disproportionality in the informal and formal kinship care systems.
- Milestones Task Status
    - Establish a core leadership group that reflects the BIPOC diversity of Montana's kinship community, including at least 30% representation from kinship caregivers/kinship alumni; including state agencies and other stakeholders.
        - Completed February of 2022
    - Establish a recurring meeting structure that is responsive to kinship caregivers and promotes participation by kinship caregivers.
        - Completed February of 2022.
    - Finalize a committee charter/working description.
        - Completed February of 2022.

MTKNP Advisory Board has identified both strengths and barriers through this process as listed below:

- Successes:
    - Adding Members - The board is constantly adding new partners and programs as they make new connections, which allows for more conversations and further program development.
    - Community Collaboration – Members are encouraged to present and provide updates of their community programs across the state, which has allowed for members to learn more about other program developments that are happening across the state.
    - Inclusion of Programs – The board has participated in robust conversations with MSU as they continue their research and evaluation efforts. These conversations have included but are not limited to programmatic efforts such as outreach, family success stories, and new program supports.
- Barrier:
    - Scheduling Conflict – The board faces scheduling conflicts between members, which at times has prevented all voices and conversations to be had from all programs involved in the board. It is important to the board that all members feel involved in whether they were able to attend the meeting or not, so they have provided the meeting minutes and notes to allow all individuals to see what was discussed and add further input via email or phone call if applicable.

MTKNP implementation plans for 2025 have included continuing to create new partnerships with family programs across the state, continue to provide services to all kinship families in the state of Montana, and complete the program research and evaluation efforts and submit them to the Title IV-E Clearinghouse to have the program rated.

At the time of this SWA, MSU surveyed the participants of both the MTKNP and the associated board members; however, the results of the survey were not available as they were still collecting survey responses.

Post-Permanency Services Program

The PPSS oversees the Adoption Promotion and Support Services. The PPSS responsibilities include, but are not limited to, completing record searches, intakes, agreements and requests for renegotiations for post-permanency assistance. The PPSS duties consist of offering ongoing consultation with post-permanency families regarding services and interventions

for their child, and being accessible to any family who has adopted a child from or has a guardianship through:

- The Montana foster care system.
- A private agency, including international adoptions.
- Adoptive family who finalized adoption in another state and currently resides in Montana.
- Adoptive family who finalized in Montana and have since moved to another state.
- Any individual who was adopted in Montana or is a birth parent.

CFSD has utilized Promotion and Support funds to further assist the number of families receiving support for respite and other therapeutic services that assist the families in placement stabilization efforts and increase more gatherings and/or support groups for adoptive families. Assistance offered post permanency continues to expand as more and more peer-to-peer networks and groups are established and strengthened through collaboration, training, and funding. The potential number of families served increases monthly. For example, in SFY24 there were approximately 245 adoption finalizations. An increase in funding has also occurred for families participating in therapy and alternate, non-Medicaid covered interventions and treatments such as Neurofeedback.

The PPSS continues to provide support to a diverse range of families both in the state of Montana and across the country. PSSS has also collaborated with families and stakeholders to address the list below of identified needs:

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

To meet the increased need for care coordination CFSD worked closely with Children's Mental Health Bureau and in 2023, developed the "Complex Case Coordinator" position within DPHHS to successfully assist families with access to mental health services and stabilization in the home. Complex Case Coordinators support CFSD cases involving complex issues, often involving multiple children and families, and require specialized expertise. They help ensure the safety of children and support parents and families in finding solutions. Below are additional detailed supports provided by the Complex Case Coordinator:

- Specialized Expertise: Complex Case Coordinators handle cases requiring specialized skills and knowledge beyond the typical work of a CPS.
- Multiple Children and Families: These coordinators often work with cases involving several children and families, requiring a broader perspective and understanding of the interconnectedness of the cases.
- Safety Focus: The primary goal is to ensure the safety and well-being of children, addressing the complex issues that may contribute to the situation.
- Family Support: They work with parents and families to help them overcome challenges and find solutions that promote the children's safety and well-being.
- Mandatory Reporting: They are responsible for investigating reports of suspected child abuse or neglect, and they are legally authorized to talk with children about these concerns without parental consent.

In May of 2024, a second PPSS was hired to help build capacity to meet the increased needs of adoptive and guardianship families in Montana and to develop a more robust range of services. In 2025, a third PPSS position will be hired to support the increased need.

During the spring of 2025, CFSD developed the following documents to support this program:

- Post-Permanency Support Service Procedure - At the time of this assessment was finalized, but had not been uploaded to the agency's website, and staff have not yet been trained.

- Post-Permanency Support Services Documentation Form – This captures both the initial intake, and the ongoing efforts of the PPSS assigned to support the post-permanency family.
- Post-Permanency Support Services Agreement – This agreement establishes the service and cost in which CFSD agrees to support the family with.
- Post-Permanency Support Service Financial Billing and Tracking Practice Manual - Supporting the financial the oversight of program funding and financial agreements.

In the rural areas, there is a need for more foster homes, mental health services, substance abuse treatment services, domestic violence services, affordable housing, and public transportation. Additional barriers include waitlists, and the distance families must travel to access services. In past stakeholder interviews, there have been reports that adopted children have had to enter care to receive needed services because post-adoptive services are lacking in some areas of the state.

Temporary Assistance for Needy Families (TANF) for Youth Placed with Kinship

Temporary Assistance for Needy Families (TANF) - This program provides monthly cash assistance to eligible low-income families. This program is available for kinship family placements as a "Child Only Grant." Their programs and services include the list below, but are not limited to, and more about this program can be found on their website: TANF Hyperlink :

- Commodity Supplemental Food Program – More about this program can be found on their website: Commodity Supplemental Food Program Hyperlink.
- Community Service Block Grant Program - More about this program can be found on their website: Community Services Block Grant Program Hyperlink.
- Emergency Solutions Grant Program - More about this program can be found on their website: Emergency Solutions Grant Program Hyperlink

Support for Indian Child Welfare Act (ICWA) Children Placements

CFSD's ICWA Foster Care and Adoption Placement Preference Procedure can be found: CFSD ICWA Placement Preference Procedure Hyperlink.

CFSD continues to maintain working relationships with all the state's federally recognized Tribes. ICWA compliance is of utmost importance to CFSD. The agency goal is to improve all aspects of ICWA compliance and effectively engage Tribes and Tribal families in case management planning and decisions throughout the lifetime of the case. The bulk of the work done with Tribes around ICWA compliance happens between CFSD local offices, County Attorney staff and Tribal ICWA staff as decisions are made on individual cases.

Some of the ways CFSD has engaged in this process is through:

- ICWA Court - Yellowstone (Billings) and Missoula (Missoula) counties have developed ICWA Courts to help ensure compliance with the Act.
- ICWA Qualified Expert Witness Training - MCIP provides QEW Training several times throughout the year. The training is provided by Yellowstone County Attorney staff who represent CFSD in the Yellowstone County ICWA Court. The training locations vary and are held in or near Tribal communities. Once individuals receive this training, they are added to a list of potential QEW maintained on the CFSD website. Individuals are not QEW by taking the training, only courts can determine someone is a QEW. The training is designed to prepare Tribal members, who will testify in state courts, information on the state court process and their role as a QEW.
- Casey Program sponsored 'Race Equity Improvement Collaboration.' – Multiple CFSD Central Office and field staff participated in the Casey Program sponsored Race Equity Improvement Collaborative in Nashville, Tennessee in October 2023.
- MCIP ICWA Communities of Practice (CoP) – CFSD participates in this CoP, which is a designated network of people who share information and knowledge either face-to-face or virtually. Each community is held together for a common purpose, which usually focuses on sharing experiences and insights related to a topic or discipline. The focus of Montana CoP is ICWA. As reported in the 2024 APSR, the Montana Legislature passed Senate Bill 328 during the state's 2023 Legislative Session. The bill was signed into law by the governor in May 2023. This legislation creates a Montana version of ICWA. The state version mirrors the requirements in the federal Act and is

designed to assure ICWA protections will be provided to Tribes and Tribal members should there be changes, at the federal level, impacting the Act. Virtual meetings of the CoP are held throughout the year.

Montana Court Improvement Program (MCIP)

On the state level, the director of the MCIP is a key stakeholder in CFSD's work with the Courts and the MCIP Coordinator serves on the SAC. CFSD leadership participates in quarterly MCIP meetings. Since launching in Yellowstone County, the MCIP has funded and trained the PHC model in six additional judicial districts. The Missoula court ultimately decided to keep its Intervention Conference model.

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

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

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

CFSD and MCIP collaborate in scheduling and providing training to individuals interested in being determined by the courts as a QEW for the purpose of providing testimony in ICWA cases. The training provides information on the district court process, along with the roles and responsibilities of a QEW. Individuals receiving this training are included on the list of prospective QEW, located on the CFSD website. CFSD expects this process to continue for the foreseeable future, and updates will continue to be shared in future APSR.

Other judicial collaboration at the regional level is with Family Drug Treatment and ICWA Courts. As reported in the 2020-2024 CFSP, Yellowstone County (Billings) has instituted an ICWA Court. The Court continues to serve Indian families affiliated with the Northern Cheyenne Tribe, Crow Tribe and Assiniboine and Sioux Tribes of the Fort Peck Reservation. Despite COVID-19 barriers, CFSD working in the ICWA Court has successfully maintained contact with its Tribal partners, utilizing virtual means to collectively address case disposition and placements for Indian children. Missoula County also has an ICWA court. Training on ICWA compliance and statutory requirements is provided at CFSD's MCAN training. The training is most often provided by the attorneys representing CFSD in the ICWA Court in Billings.

Outside of the courtroom, CFSD continues to facilitate monthly staffing's with the Tribes' respective ICWA agents by holding virtual meetings. Inside the courtroom, the Court offers alternative means for Tribal participation, including telephonic and virtual appearances. During the 2020-2024 CFSP, following a grant award from the Office of Juvenile Justice and Delinquency Prevention, a second track of ICWA Court, the ICWA-FRC, launched and inducted its first participant. This court, with a multi-disciplinary team, including Tribal partners and Tribal community service providers, will serve thirty-eight Indian families over a period of three years. The Court provides intensive treatment to engage Indian families adversely affected by substance abuse and concurrent criminal cases, filling a void in Yellowstone County, which was previously had. With an emphasis on increasing culturally competent services, the ICWA FRC partnered with the Billings Urban Indian Health and Wellness Center to provide a variety of chemical dependency and mental health services to parents and children.

State and Tribal relationships continue to improve in both tracks of ICWA Court with most cases being assigned to CFSD caseworkers in two specialty ICWA units. Missoula County has successfully implemented an ICWA Court. The process used by the Missoula ICWA Court is similar, but not identical to, the ICWA Court process in Yellowstone County. Early indications are the court is being successful in improving ICWA compliance and engaging Tribes and families in the child protection process. As reported in past ASPRs, though there had been multiple counties expressing interest in developing an ICWA court, due to Covid and resource concerns the implementation efforts were derailed. CFSD staff, county attorneys and other members of the court continue to have ongoing discussions on local judicial issues and cases. CFSD will continue to explore with MCIP expansion of ICWA courts in other counties of the state and future APSR will include information should Cascade, Hill or other counties opt to consider implementing an ICWA Court in the future.

2025 CFSD CFSR Round 4 SWA Internal and External Survey

In March of 2025, CFSD surveyed both internal staff and external stakeholders. As stated in Section 1 of this assessment this survey was completed by 147 internal CFSD staff, and 219 external stakeholders (including youth, parents, Tribal members, court personnel, etc.). The following were the questions and responses collected specifically to Item 29 Category 3.

- The 147 internal staff and the 219 external stakeholder participants were asked, ***"Rank the services you believe are most necessary to help achieve permanency for children in foster and adoptive placements."*** Participants were able to use a ranking process within the survey to put the following choices in order 1-10 (one being the most necessary): Mental/behavioral health services (both parent and child); Substance use treatment (both parent and child); Parenting classes and support/or parent aid services; Low-income housing and/or rental assistance; Anger management or domestic violence support; Childcare assistance; Transportation assistance; Income assistance; Respite and shelter care development; and Developmental disability services.

  Due to the number of responses and the amount of the ranking choices, charts and tables were difficult to create; however, the CQI unit staff analyzed the data to reflect that the three top services selected from the participants compiled responses as follows. There were sixteen responses that were listed as "not applicable to their role" and those were not reflected in the table below.

Table 233: Top Three Needs to Achieve Permanency (N=350)

Internal and External Combined – Top Three Services Needed to Help Achieve Permanency for Foster and Adoptive Placements	Respondents Count / Percentage
Mental/Behavioral Health	191 / 55%
Parenting Classes and Support and/or Parent Aid Services	88 / 25%
Anger Management or Domestic Violence Support	71 / 20%
Grand Total	**350 / 100%**

- The 147 internal staff and the 219 external stakeholder participants were asked, ***"List in order (1-3) the top three barriers that impact children and families from receiving services that help achieve permanency while in a foster or adoptive placement?***

  CFSD CQI staff categorized the answers that best described their open-ended responses. However, due to the number of responses and the amount of the responses listed, charts and tables were difficult to create. The CQI unit categorized the responses and analyzed the data to reflect that the three top barriers listed from the participants compiled responses as follows.

Table 234: Top Three Barriers to Achieving Permanency (N=366)

Internal - Top Three Barriers to Children and Families Receiving Services that Help Achieve Permanency for Foster and Adoptive Placements (N=147)	External - Top Three Barriers to Children and Families Receiving Services that Help Achieve Permanency for Foster and Adoptive Placements (N=219)
1. Service Availability	1. Service Availability
2. Waitlist	2. Substance Abuse/Treatment Service Availability
3. Parent Engagement	3. Housing

- The 147 internal staff and the 219 external stakeholder participants were asked, ***"List in order (1-3) the top three barriers that impact children and families from receiving services that are developmentally and/or culturally appropriate."***

  CFSD CQI staff categorized the answers that best described their open-ended responses. However, due to the number of responses and the amount of the responses listed, charts and tables were difficult to create. The CQI unit categorized the responses and analyzed the data to reflect that the three top barriers listed impacting children and families from receiving services that are developmental and/or culturally appropriate from the participants compiled responses as follows.

Table 235: Top Three Barriers to Children Receiving Specific Services (N=366)

Internal - Top Three Barriers Impacting Children and Families Receiving Developmentally and Culturally Appropriate Services (N=147)	External - Top Three Barriers Impacting Children and Families Receiving Developmentally and Culturally Appropriate Services (N=219)
1. Service Availability	1. Service Availability
2. Cultural Competency	2. Cultural Competency
3. Identifying and Referring for Appropriate and/or Individualized Services	3. Training/Skillset for Providers and CFSD Staff

Item 29 Performance Appraisal

For the CFSR Round 4 (2025) SWA, CFSD has rated *'Systemic Factor Item 29'* as a Strength.

Though CFSD attempted in multiple ways to gather information from parents and youth through a survey, there were not a lot of respondents from this population. Therefore, CFSD believes this is an item for which interviews with key stakeholders (especially parents and youth) may assist in better assessing the state's performance.

In summary, upon review of the quantitative and qualitative data available and shared throughout this item's assessment above, CFSD believes that the statewide functioning for the service array and resource development system does ensure the following are in all political jurisdictions, even in rural areas, covered by the CFSP:

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

Item 30: Individualizing Services

SWA Question: *How well is the service array and resource development system functioning statewide to ensure that the services in item 29 can be individualized to meet the unique needs of children and families served by the agency?*

During the CFSR Round 3 (2017), CFSD's State Outcome Performance 'Systemic Factor Item 30' was rated as an Area Needing Improvement, as Montana was not in substantial conformity based on information from the SWA and the stakeholder interviews, which showed that although there has been improvement in some areas of the state, services are not routinely individualized and tailored to meet the needs of children and families. Stakeholders reported that services are not routinely individualized to meet the cultural needs of Native American children and families and that there is a need for more collaboration with the Tribes. Stakeholders said that high caseloads can be a barrier to ensuring services are individualized.

Systemic Factor Item 30 was selected as a priority focus during the CFSR Round 3 PIP Measurement Period. CFSD began problem exploration and key findings, and set forth the following goals by focusing on implementations regarding the following strategies and key activities:

- PIP Goal #3: Improve service array through partnerships with service providers to increase reunification rates and decrease time to permanency.
    - Strategy 3.2 Develop FSTs to improve timely safety and support services to ensure children remain in the home or are reunified in a timely manner.
        - Key Activities:
            - 3.2.1: Gather data to evaluate adaptation, implementation and project efficacy in Cascade County.
                - CFSD completed this key activity in July of 2020.
            - 3.2.2: Develop a safety monitoring protocol between the agency and providers for Cascade and Yellowstone Counties.
                - CFSD completed this key activity in August of 2020.
            - 3.2.3: Develop policy for Family Support Teams.
                - CFSD completed this key activity in August of 2020.
            - 3.2.4: Train CFSD staff and community providers in Yellowstone County on the Family Support Team and how these teams support CFSD Safety model for in-home services and/or reunification.
                - CFSD completed this key activity in October of 2020.
            - 3.2.5: Implement Family Support Team Structure in Yellowstone County.
                - CFSD completed this key activity in January of 2021.
            - 3.2.6: Conduct thorough review of qualitative and quantitative data in Cascade and Yellowstone Counties to determine effectiveness of FST and make modifications where necessary to continue to increase the number of in-home cases and decrease the time to reunification.
                - CFSD completed this key activity in January of 2022.

During the CFSR Round 3 PIP-Monitored Period, CFSD worked to prioritize which service gaps to focus on and will also work with providers to increase access. Several initiatives to address the issues have been discussed in past APSRs. The following list highlights CSFD efforts to work on several initiatives aimed at improving the availability and accessibility of services to families served by the CFSD:

- During the 2018 'CSCWCBC Regional Focus Groups' as previously mentioned in Item 29, the regional providers

shared that one of the major factors they felt was negatively impacting outcomes for families intervened on by CFSD was that families are referred to them after CFSD has already been involved for many months, and when they enroll the family member into their services there is a lot of confusion about what the actual goal is at that time for them.

Providers acknowledged that time is of the essence when receiving referrals from CFSD, and they were more than willing and able within their community to hit the ground running when they received the referral to support the family. However, providers reported that in a lot of these types of cases, by the time CFSD makes the referral to the provider, the family member is navigating their treatment services under strict state and federal timeframes, which then puts the pressure on the provider to build rapport very quickly with the family member. During the providers initial intake, the family member would present confused about why CFSD was involved with their family, had removed their child, or why their child was still in care. The providers reported in these types of cases the hopelessness of the family member referred to them is so extreme that the provider spends a large majority of their initial appointments with the family attempting to figure out what the actual goal is of the service, and how it aligns with the safety, well-being or permanency needs of the children involved in the case. This type of rapport building doesn't always feel genuine and can leave the family members just feeling as if they are jumping through the hoops of the treatment service (doing just enough), and in turn this can lead to family members not engaging in lasting changes for their lives.

The service providers reported that being brought in later in the case led to delays in their ability to fully support the family member at the highest level. In addition, they acknowledged they were navigating their own confusion about CFSD's safety model, intervention types, and state and federal time frames CFSD must adhere to during a case.

The providers felt that if they were brought into the case scenario earlier on, and they understood the role and process of CFSD, they could better help families in a trauma informed way navigate the child welfare system making real sustainable changes to improve safety, well-being, and permanency needs for their children.

These focus group sessions led to:

1. Statewide training to external stakeholders (known as either "CFS 101" or "CORE Training") on CFSD safety model.
2. The development of Family Support Teams, as outlined in Item 29 of this assessment. FSTs engage external stakeholders from the onset of the family entering a Protection Plan with CFSD. In cases where referrals are sent at different periods of times, because one need must be met before another, this allowed for providers who were identified as support needed later in the case to understand the initial circumstances of the case. This helped address the concern of the providers shared during the focus group.
    a. In addition, the Family Support Team procedure was developed outlining a specific agenda for the facilitator to follow, which was after the initial welcome and introductions. The facilitator then requests the family to provide a summary of their understanding of why CFSD had intervened with their family and what they believe their family's biggest needs are. This practice is beneficial, as it creates a safe space for everyone to align and be on the same page, and it provides an opportunity for clarification to be made to the team about what the safety concerns were leading up to the Protection Plan, and what the impending danger risks are that CFSD is supporting the family in addressing. This practice also empowers families to make decisions about how they wanted support from their community stakeholders, CFSD, and their natural supports in addressing their family's individualized needs.

- During 2018-2019, while CFSD has been successful in maintaining services for children and families, the agency continues to look for ways to increase the use of trauma-informed, evidence-based, or evidence-informed services purchased with this funding. This work is done primarily through CFSD's Program Bureau (in past APSRs this was reported as the CFSD's System Innovation and Integration Unit within the Program Bureau). This unit is charged with working with field staff and non-agency service providers to identify trauma-informed, evidence-based, or evidence-informed program models for use by the Division. It is also responsible for developing strategies for implementing and sustaining these services. The long-range goals of this program, at the time, to improve service delivery for families across the state were:
    - Increase the percentage of funding used to provide trauma- informed evidence-based or evidence-informed services.

- Develop a service array of trauma-informed, evidence-based, or evidence-informed service models available across the state.
- Next steps, based on identified service gaps, identified strengths and barriers, national research, and guidance, are to identify focus areas and work with providers to improve the array of services provided in identified jurisdictions that need further support.

In April of 2019, CFSD hosted their annual PCAN, and invited all individual providers and agencies who were providing support services in Montana (home visiting, parenting classes, visitation, mental health, wrap around, etc.) to attend a focus group to discuss CFSD moving to 'Open Ended' contracts with an established rate matrix. There were approximately 100 attendees representing multiple provider agencies across the state with varying role types such as directors, administrators, business owners, etc.

As discussed in greater detail in Item 29 of this assessment, in July of 2019, CFSD adopted the CWPSS open-enrollment contracts, outlining service arrays and a rate matrix. CFSD developed the CWPSS contracts to support more providers to use evidence-based and trauma-informed practices. The rate matrix provides universal fees for specific types of services. The goal of the rate matrix was to reduce the need for RFPs and to begin paying the same rate for services no matter the geographic location of the provider, like Medicaid. The CWPSS contracts does not replace the need for umbrella contracts for service providers, as common outcomes will be tracked for services provided to ensure those services are meeting the needs of families they serve. The CWPSS Contracts were developed through discussions with the OLA and the procurement office. The rate matrix was developed through research on Medicaid rates, Casey Family Intervention Catalog, and the 2018 rates of Title IV-B subpart 2 provider. The CWPSS contracts allowed for a wider array of providers and more flexible avenues for providing community-based program services that were evidence-based or evidence-informed. The models focused on are identified by Title IV-E Prevention Services Clearinghouse, the California Clearinghouse, and models that were already established and being utilized by Title- IV-B subpart 2 grantees. In addition, the implementation of the CWPSS contracts was viewed as a precursor step to full implementation of CFSD's ability to utilize Title IV-E funding for prevention services. The CWPSS contracts describe the services and provider requirements (certifications or training) to be provided in detail. The CWPSS contractors were encouraged to use well-supported, supported, promising, and general practice/models when serving families referred by CFSD whenever applicable. However, not all the services included in the service array are required to be well-supported, supported, promising, and general practice models (evidence-based, trauma focused, or evidence-informed). The CWPSS contracts offered an increase in flexibility and competition among providers resulting in improved services and outcomes for children and families across the state. Also, opening the delivery of services to a broader group of providers assisted in creating greater flexibility in the service system and contributed to the goal of significantly increasing the number of children maintained safely in their homes, while parents are completing Prevention Plans or even Court-ordered Treatment Plans. Preference is given to CWPSS contractors trained/certified in specific models, who can provide services in accordance with the well-supported, supported, promising, and general practice/models (evidence-based, trauma-focused, or evidence-informed), or who can demonstrate a plan for implementation of these practice/models. More about CWPSS contracts can be found at: CWPSS Contract Information Hyperlink.

In 2019, CFSD provided regional training regarding the CWPSS contracts providers, model interventions, and overall, how to refer to the agencies contracted with CFSD. In addition, CFSD developed regional feedback loops between providers, field offices, and program staff to ensure quality services and improved outcomes for children and families. The CWPSS service array played a critical role in allowing CFSD staff to select the most appropriate service available, to address the individualized needs of the family and ensure the services being provided address the issues impacting child safety, well-being, and permanency. Also, the CWPSS service array allowed CFSD staff to more easily identify services that may be provided to avoid removal, whether the department is legally involved with the family, or the services are voluntary. The matrix continues to play a key role in decision-making processes for family support type services. More about these efforts were also outlined in Item 29 of this assessment.

Since 2023, after the PIP-Monitored Period ended, CFSD also focused on individualizing services for:

- Older Youth (14-17) Service Delivery: The CQI process included focus groups with MCFCIP contractors and CFSD staff to both increase referrals to the program, enrollment of youth into the program, increase participation of youth enrolled in the program, and overall service delivery to youth that is individualized to the youth's needs. CFSD provided information about these processes in Item 29 of this assessment, which included, but is not limited to the

following processes:

- Improve referrals to MCFCIP providers.
- Increase collaboration between CFSD regional field staff and MCFCIP contractors to:
  - Engage youth who are eligible for the program but have not yet enrolled.
  - Re-engage youth who have enrolled in the program but are lacking participation.
- Update to procedures to clarify the referral process, and the increased collaboration between CFSD and the MCFCIP contractors through different engagement tools (Youth-Centered Meetings, Family Engagement Meetings, Permanency Planning Team Meetings, Foster Care Review Committee, Court Hearing Notifications, etc.).
- Refocus on services delivery to better support the MCFCIP youth enrolled Transitional Living Plans.
- Increase Technical Assistance and contract monitoring by the MCFCIP Program Manager.
- Increase engagement with Tribes to better support MCFCIP eligible youth who are Native American.

- Pre-Hearing Conferences (PHC): PHCs are a great way to increase individualizing services for families. PHCs are an opportunity for a conversation among the parties that occurs before the Emergency Protective Services (EPS) hearing. The participants include parents, CFSD caseworkers, attorneys, tribal representatives, CASA/GAL, foster parents, family members, and children, if appropriate. The PHCs are conducted by a neutral facilitator, who is paid by CIP. The facilitator's role is to make sure everyone in the room can speak openly and honestly about the pending case. Facilitators are not allowed to give legal advice, and judges do not participate.

  The purpose of the PHC is to talk about the four main issues in the case:
  - The Child's Placement
  - Family Time Between Parent and Child
  - Individualized Treatment Services for the Family
  - Conditions for Return

  PHCs provide an opportunity for all parties to establish a mutual understanding of what is in the best interest of the children, and to begin working toward reunification of the family as a team. PHCs seek to establish trust between the parties by fostering open discussions among them.
  - Besides introducing the parties and their roles as they relate to children, and trying to move the process from adversarial to cooperative, the general goals of a pre-hearing conference consist of:
    - Identifying any needs or issues related to the children.
    - Gathering input from family and friends concerning family history, safety issues, and support available to the family.
    - Identifying possible relative and kinship placements for children early in the case.
    - Identifying possible relatives and other resources for supervision of increased family time
    - Identifying services the parents need and would agree to begin immediately.
    - Discussing and reaching agreements regarding placement, family time, and services for the family.
    - Establishing realistic conditions of return: Can the children safely return home? If not, what conditions must be met before they can safely return home?

  With the support of MCIP, CFSD initially began PHC pilots in 2015 in region 4 (Lewis and Clark and Gallatin Counties) and region 6 (Flathead County).

  PHCs were then expanded over the next six years into region 2 (Cascade County), region 3 (Yellowstone County), region 4 (Park, Sweet Grass, and Silver Bow Counties). Region 5 (Missoula County) also participated; however, their hearings were called "Intervention Conferences" and the standing master led the meetings prior to the EPS hearing.

  From 2015 – 2021, MCIP collected data from the original three counties and hired a researcher to analyze the data report, which is located on the MCIP website at: MCIP PHC 2021 Evaluation Report Hyperlink. MCIP's study showed that the PHC pilot project had met its primary goals of increasing the rate of children reunifying with their families and reducing the time to permanency, which is the conclusion of the legal case. In Dependent and Neglect (DN) cases with a PHC, the rate of reunification was higher (62%) compared to cases that did not include a PHC (53%). In addition, the average time to permanency was reduced from 530 days without a PHC to 472 with a PHC. Also, if parents had higher levels of participation at the PHC, they were more likely to reunify.

In 2021, the State Legislature created an interim committee to study the PHC pilot project and, in 2023, passed House Bill 16 to expand PHCs statewide. Effective as of July 1, 2023, PHCs must be made available in all judicial districts statewide. They must be available to parents and guardians within five days of a child's removal, and occur before EPS hearings, which are set within five business days of removal. Generally, they are held by video conferences but can also take place in jury rooms or conference rooms at a courthouse, if available. The type and location of a PHC generally depends on the jurisdiction in which the PHC is held.

- Family Case Plan (FCP): As discussed previously in Items 3, 20 and 29 of this assessment, the FCP was developed to help with ongoing assessment of all applicable members of a case to ensure that the individualized services being provided to support the family in enhancing the parents' protective and parenting capacities of meeting their child(ren)'s safety, well-being and permanency needs.

- Post-Permanency Support Services: As discussed in Item 29 of this assessment, CFSD increased the post-permanency support services by adding an additional position. In addition, through leadership evaluation of the program, collaboration with internal and external partners, the following processes were implemented:
    - Post-Permanency Support Services Procedure and supporting forms were developed.
    - The Post-Permanency Financial Tracking practice manual was developed to enhance financial oversight of the funding streams utilized to support this program.

CFSD's current practice model and policies and procedures require individualization of services to meet the needs of children and families. These types of individualized processes are supported through efforts that were listed in Item 29 of this assessment. CFSD has established formal processes, such as the FFA, Safety Plans, Protection Plans, Prevention Plans, PHC, Court-Ordered Treatment Plans, FCPs, FSTs, FEMs, PPTs, FCRCs, etc. as ways to support the caseworker's engagement efforts in tailoring services for families.

The belief that CFSD needs to better engage families and stakeholders in designing services and evaluating these services is a key principle underlying the formation of CFSD. In addition to CFSD's ongoing tasks of writing and managing contracts, procurement of services, development and management of provider networks, evaluation and refinement of services, and measurement of outcomes, CQI has been tasked with supporting the Program Bureau with the following responsibilities that have been spoken to throughout this SWA:

- Seek and organize inputs on gaps and needs.
- Coordinate the prioritization of service needs.
- Research solutions.
- Facilitate the design of new services and the refinement of existing services (with program specialist and stakeholder engagement).
- Provide written guidelines for services and provide technical assistance.
- Ensure a broad, flexible array of effective services.
- Efforts to gather information regarding gaps in services provided by CFSD thus far include:
- Service evaluation of gaps within SAC, RAC, YAB, and CVMC.
- Surveys with external partners and internal staff to identify barriers.
- CQI plans with ECFSD to develop ways to evaluate gaps of services, identify strengths and barriers by using surveys of both external partners and internal field staff.

CFSD currently continues to work with CWPSS contractors across the state to establish who is able, and willing to ensure services provided are timely, flexible, coordinated, and accessible to families and individuals, principally delivered in the home or community, and are delivered in a manner that is respectful and builds on the strengths of the community and cultural groups. CFSD is focused on evaluating data from contracted providers to determine service gaps, service accessibility, and lapses in services provided to families to mitigate and address any potential service disruption. CFSD is also looking to evaluate the outcomes of the various programs within the matrix to understand the effectiveness that the programs have on children and families. This data will be used to determine what programs should be expanded or focused on within the state. Data from contracted providers will also be utilized to pilot test other evidence-based programs to be adopted into the matrix that are not currently listed. CFSD expects that these programs will have a high likelihood of positive outcomes for families prior to being fully adopted into the matrix. CFSD will need to develop a process to gather this information from both service providers and internal staff, as well as compare it to their current data system. CFSD will

report in future APSR how this component is being evaluated.

CWPSS contracts are due to be renewed in 2026. CFSD intends to ensure that each provider contracting with CFSD is culturally responsive and able to provide linguistically accessible services to families referred for services. One of the main focuses of CFSD is to increase linguistically accessible services to families, regardless of their geographic location, thus requiring providers to make sure that they can provide a culturally welcoming environment, as well as have access to linguistic services to provide support and services to families that were previously underserved.

2025 CFSD CWPSS Focus Group

On February 26, 2025, a member of the CFSD CQI team and the CWPSS Contract Manager met with the CWPSS contractors for a *CFSR Round 4 Focus Group* during their regularly scheduled monthly check-in to discuss:

- CFSR Round 4's Process, Goals, and Overarching Purpose
- Timeline of the CFSR Round 4 Process
- Statewide Assessment Process and Purpose
- Montana Safety and Permanency Data Profile as of August 2024
- CFSR Round 4 Handout Specific to Community Providers

There were twenty-one individuals representing fifteen contracted agencies as shown in Table 223 in Item 29. The twenty-one contractors were asked, ***"How well are the resources and service array individualized to meet the unique needs of children and families serviced by CFSD?*** Responses were collected by the CQI unit staff, and summarized as follows with the region number, or specific city/county of the individual responding (if collected).

- Strength - An example was that a provider had a mom with three children who referred to them for visitation. The provider was struggling to support mom, who had a physical disability, while also monitoring three children. The goal was to empower the mother in her application of parenting techniques she was working on, as well as monitor the children to ensure their safety. The provider was able to reach out to CFSD to have it approved to have additional staff attend the visits so that each staff could have a role in supporting the family and truly accessing mom's needs so that the individualized accommodations could occur for her through their program.
- Strength - One thing that was added in their program is SafeCare but also have an Exchange Parent Aid program that is also an evidence-based program that CFSD is referring families to us as well because the difference between SafeCare and the Exchange Parent Aid is the age of the child. SafeCare is for families with children aged zero to five. Additionally, Exchange Parent Aid can assist when families fall back into the system, and they have already had SafeCare. Exchange Parent Aid is a little bit more parent driven, but it's just another support for families and CFSD will now send that to them as well. (R4)
- Strength - Great experiences working with the state from Kalispell down to Bitterroot Valley and Helena and in between; anything with physical disabilities, anything cultural-- that's always part of their treatment plans and component of it; had nothing but support from CFSD workers. (R4, R5 & R6)
- Strength - Have SUD providers but integrated families are contracted through their program as well which has had a lot of success in being able to communicate thoroughly with their SUD and mental health providers. They collaborate to ensure that there are different nuances to the family's needs so that they can tailor their separate treatment plans. Communicating with all the care team regularly is important to make sure everyone knows all the little ins and outs of what the clients need. (R6)
- Strength – Providers has received great support from CFSD. Whenever I've run into developmental needs for a parent, or culturally, I have received nothing but support with ideas from CFSD or other team members. CFSD is good at having provider meetings for families so all the providers that are working with a family as providers get together and run some ideas through so can all do what they need to for the family. (R3)
- Strength - Having Early Childhood Intervention (Part C Screening) come into visitations to see how it's working has been positive for the other providers developmentally that are able to come into these visits. (R3)
- Gap - When there are availability issues, providers will get online to locate resources to fill gaps because they don't have the services in Montana. (R3)
- Gap - It is a rarity to find a provider who can speak different languages, and providers will have to do their own research to find language advocates to support the families they are serving. (R3)

- Gap - Disjunct nature of the history of the kids' lives, and that's not on CFSD, it's about the chaos from which they come from and the way that follows; not knowing what need to know about kids, i.e.. where they come from, where they've been, who's cared for/not cared for them. (R4, R5 & R6)
- Gap - Obviously the state struggles with the same thing that service providers struggle with, which is turnover. (R4, R5 & R6)
- Gap - Other thing struggle with at times with CFSD is the expediency of response-caseworkers overloaded and create lags when timelines are looming; makes linkage difficult at times. (R4, R5 & R6)
- Gap – There's more need for after school times and the limited availability after school because they get filled up so fast and is current waitlist for weekend availability-don't have enough people-trying to be creative to resolve challenge. (R3)
- Gap – There are always more kids than there are families for therapeutic foster care. We usually have a wait list for home support services or have more needs for services than have people to serve. Usually have a wait list for outpatient services but sounds like home support services and supervised visitation are areas where there's just never enough service providers. (R4, R5 & R6)

2025 CFSD CFSR Round 4 SWA Internal and External Survey

In March of 2025, CFSD surveyed both internal staff and external stakeholders. As stated in Section 1 of this assessment this survey was completed by 147 internal CFSD staff, and 219 external stakeholders (including youth, parents, Tribal members, court personnel, etc.). The following were the questions and responses collected specific to Item 30.

- The 147 internal staff and the 219 external stakeholder participants were asked, ***"List your top three barriers to children and families receiving services that are individualized to their needs?"***

  CFSD CQI staff categorized the answers that best described their open-ended responses. However, due to the number of responses and the amount of the ranking choices, charts and tables were difficult to create. The CQI Unit staff analyzed the data to reflect that the three top services selected from the participants' compiled responses are as follows.

Table 236: Top Three Barriers to Families Receiving Individualized Services (N=366)

Internal - Top Three Barriers to Children and Families Receiving Services that are Individualized to their Needs (N=147)	External - Top Three Barriers to Children and Families Receiving Services that are Individualized to their Needs (N=219)
1. Service Availability	1. Service Availability
2. Identifying and Referring for Appropriate and/or Individualized Services	2. Identifying and Referring for Appropriate and/or Individualized Services
3. Waitlist	3. High Caseloads / CFSD Staff Turnover

- The 147 internal staff and the 219 external stakeholder participants were asked, ***"Identify what type of services, if any, have a waiting list in your region that you are aware of?"*** (N=366)

  CFSD CQI staff categorized the answers that best described their open-ended responses. However, due to the number of responses and the amount of the ranking choices, charts and tables were difficult to create. The CQI Unit staff analyzed the data and concluded that participants identified the service type, with the largest waiting list being Mental Health Services ,followed by Housing in every region statewide.

Item 30 Performance Appraisal

For the CFSR Round 4 (2025) SWA, CFSD has rated *'Systemic Factor Item 30'* as a Strength.

Though CFSD attempted in multiple ways to gather information from parents and youth through surveys, there were not a lot of respondents from this population. Therefore, CFSD believes this is an item for which interviews with key stakeholders (especially parents and youth) may assist in better assessing the state's performance.

In summary, upon review of the quantitative and qualitative data available and shared throughout this item's assessment above, CFSD believes that the statewide functioning for the service array and resource development system does ensure the services in Item 29 can be individualized to meet the unique needs of children and families served by the agency to ensure that services are:

- Developmentally and/or culturally appropriate.
- Responsive to disability and special needs; and,
- Accessed through flexible funding.

F. Agency Responsiveness to the Community

For the CFSR Round 4 (2025) SWA, CFSD has rated *"Agency Responsiveness to the Community – Items 31 and 32" as a* Strength.

- *Note: In CFSR Round 3 (2017), this was rated an Area Needing Improvement*

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

SWA 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?*

During the CFSR Round 3 (2017), CFSD's State Outcome Performance 'Systemic Factor Item 31' was rated as an Area Needing Improvement, based on information from the SWA and the stakeholder interviews. The SWA described CFSD's efforts to actively seek input from array of individuals and groups in development of the CFSP goals, objectives and annual updates; however, many of the stakeholders said they had not participated in or were unfamiliar with any process to provide input. Additionally, the state did not have a process to solicit input from parents in the development of CFSP goals, objectives, and the APSRs. As a result, perspectives of parents are not incorporated in such agency goals, objectives, and annual updates. Efforts to engage the Tribes in the CFSP goals, objectives and annual updates also received mixed perspectives.

Systemic Factor Item 31 was selected as a priority focus during the CFSR Round 3 PIP Measurement Period. CFSD began problem exploration and key findings and set forth the PIP Goal #1 "Establish a supportive learning culture within the Division as a framework to effectuate and sustain effective child welfare practice" by focusing on implementations regarding the following strategies and key activities:

- Strategy 1.4: Develop a Continuous Quality Improvement Program to inform us of implementation of process changes throughout the learning organization.
    - Key Activities:
        - 1.4.1: Create and train a CQI Committee with representation from internal and external stakeholders.
            - CFSD completed this key activity strategy in November of 2020.
        - 1.4.2: Create a data validation plan for CCWIS to ensure input and output of data is accurate, timely and available.
            - CFSD completed this key activity strategy in October of 2020.
        - 1.4.3: Develop a process around gathering, analyzing and disseminating data/information.
            - CFSD completed this key activity strategy in January of 2021.
        - 1.4.4: Create a CQI/data repository to ensure all data collected is available to the CQI committee.
            - CFSD completed this key activity strategy in January of 2021.
        - 1.4.5: Review and Update the CFSP/APSR to ensure alignment with the PIP as well as legislative mandates.
            - CFSD completed this key activity strategy in June of 2020.
        - 1.4.6: Develop and/or re-engage Regional Advisory Boards to increase feedback loops across the state

        - CFSD completed this key activity strategy in December of 2020.
    - 1.4.7: Incorporate feedback loops through Bi-annual meetings with Regional Advisory Boards, State Advisory Boards, Youth Advisory Board, Tribal Social Services, surveys and stakeholder meetings.
        - CFSD completed this key activity strategy in January of 2021.
    - 1.4.8: Implement identified changes in specified counties/regions based on the data outcomes using the change management processes (plan, do, study, act).
        - CFSD completed this key activity strategy in January of 2022.

The CFSR Round 3 PIP efforts were addressed in detail in Item 25 specific to the outlined goal, strategies and key activities listed above. The efforts specific to Item 31 were as follows:

- With the assistance of the *Capacity Building Center for the States,* CFSD developed and launched LOC Committee, which was composed of key stakeholders from across the Division, as well as CFSD's partners at the UM-CCFWD. This team established and oversaw workgroups, supporting effective communication through feedback loops, and making recommendations to the M-Team. LOC developed three workgroups, each focused on different aspects of CQI. These workgroups were:
- Stakeholder Engagement Workgroup – With the partnership of the *Capacity Building Center for the States,* focused on building and sustaining feedback loops with key stakeholders throughout the State and within our Regions. These feedback loops included (which have been discussed previously in Section 1 of this assessment, and recently submitted to ACF-CB the SFY24 APSR and SFY25-29 CFSP):
    - Parent Advisory Board – To better represent family engagement in the CFSP process.
    - Youth Advisory Board - To better represent youth engagement in the CFSP process.
    - State Advisory Board – To better represent statewide stakeholder engagement in the CFSP process.
        - Including enhancing Judicial and Tribal engagement.
    - Regional Advisory Councils – To better represent local stakeholder engagement in the CFSP process.
        - Including enhancing Judicial and Tribal engagement.

  Each of these stakeholder groups present opportunities for CFSD to share initiatives and plans, present data, and obtain feedback, which led to creating the process of including external stakeholders in improvement plans at state and local levels. This led to more formalized processes to ensure continuity and regularity, while also providing opportunities for CFSD to share more information surrounding the state's CFSP, APSR, PIP, and CFSR process, planning and results, to promote a better understanding and involvement from external stakeholders.

Since the PIP ended, CFSD dismantled the LOC; however, CFSD's Safety Committee (addressed earlier in this assessment) took over the LOC agenda and initiatives to continue to drive practice changes forward.

CFSD believes that every person and agency that impacts child welfare in Montana plays an integral part of the child welfare system. Therefore, *meaningful collaboration* was a focus during Montana's 2019-2024 CFSP. CFSD was, and is, committed to improving practices by both participating in and creating opportunities to collaborate with multiple agencies, and internal and external stakeholders on an ongoing basis to align a shared vision across the broader child welfare system in Montana to support prevention efforts and better permanency outcomes for children and families. CFSD developed ways to engage with state agencies, families, children, youth, young adults, and other state and community partners. These engagement efforts were made to work towards shared goals and activities, assess outcomes, and develop strategic plans to increase the safety, permanency, and well-being of children in the child welfare system.

CFSD Engagement Efforts (Parents, Youth, Court, Tribes and other External Stakeholders)

The following outlines CFSD's engagement efforts to involve families, youth, courts, Tribes and external stakeholders in the CFSP and APSR process.

Connected Voices for Montana Children (CVMC) – Parent Advisory Board

As previously discussed in Item 1 and Item 28 of this assessment, during the SF20-24 CFSP, CFSD developed a Parent Advisory Board, which has been formed and is actively meeting monthly. The group includes birth, foster and adoptive parents. The board has provided feedback on proposed changes to administrative rules, training updates and practice procedures. CFSDs Foster Care LBC is the lead CFSD staff member on the board. The Foster Care LBC and the Adoption Program Supervisor attended board meetings regularly to provide information and gather information from the board, as

well as provide technical assistance to support their efforts. In 2024, the board rebranded their name to Connected Voices for Montana's Children (CVMC).

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

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

CVMC and other platforms mentioned above have allowed for opportunity for families to learn about the current performance data and share their perspective of the agency's strengths and areas needing improvement, which CFSD utilized in the development of the CFSD's 2025-2029 CFSP goals 1 and 2. More about CVMC can be found in CFSD's Targeted Plan: CFSD Foster and Adoptive Parent Diligent Recruitment Plan that was submitted with CFSD's 2025-2029 CFSP.

CVMC has also participated in PCAN in 2024. They monitored an information booth which provided information regarding foster care and adoption. Information about this group was also provided at this venue to increase public awareness about the need for resource families and resources, as well as to provide space for those with lived experience.

CVMC also initiated the following surveys:

- During SFY24, a survey was developed to gather input from resource families across the state and increase membership on the board. The survey was distributed via the CFSD Listserv. The survey results were provided to CFSD Management and the Licensing Bureau and were used in CFSD supervisor training on May 21, 2024, as well as in creating the lunch and learn schedule for training (this information was outlined in Items 28 and 33-36).
- During SFY25, a survey was developed to gather input specific to CFSR components regarding safety, permanency, well-being, and various systemic factors. Survey results have been laid out throughout this assessment regarding the applicable items.

Youth Advisory Board

During SFY20-24 CFSP, CFSD collaborated with YAB, who had been previously formed and was actively meeting monthly, to increase youth involvement in key aspects of the CFSP development.

In 2019, CFSD updated the previously adopted Montana Foster Youth Billing of Rights that was created by members of the YAB , YAB worked closely with a state legislative representative and with CFSD's MCFCIP Program Manager in order to update the state bill, and that language was then used in CFSD's Montana Foster Youth Policy of Rights Procedure CFSD Montana Foster Youth Policy of Right Procedure Hyperlink.

The number of youth participating in the YAB has decreased since the pandemic; however, CFSD is committed to recruitment of additional YAB members with the goal of developing a more statewide representation of youth in all geographic areas of Montana representing all sexes, race, cultures, etc., and various lived experiences of the child welfare system (placed in kinship care, foster care or congregate care, outcomes of reunification, adoption, guardianship, aged out, or other circumstances impacting them).

During SFY24, to recruit additional YAB members CFSD partnered with CSCWCBC – Focused on assisting CFSD and YAB members in their development of a charter for their committee.

Quality Improvement Center (QIC) –A five-year pilot project (2021-2026) focused on authentic engagement of youth called Quality Improvement Center Engagement of Youth Project (QIC-EY). This project is discussed in greater detail in Section 1 and 2 of this assessment.

Through SFY24 CFSD utilized panels made up of youth from YAB, others who were currently in foster care, as well as young adults who were in foster care as a child, during SAC meetings.

Throughout the QIC-EY project and SAC meetings, CFSD has solicited the youth's feedback and provided updates of the CFSP goals implementation, monitoring, and overall progress. These efforts to engage youth have allowed for opportunity for youth to learn about the current performance data and share their perspective of the agency's strengths and areas needing improvement, which CFSD utilized in the development of CFSD's 2025-2029 CFSP goals 1 and 2. Other collaborative efforts to engage youth, as well as youth services providers, is listed previously in items 29 and 30.

Tribal Partnership and Engagement

During the SFY20-24 CFSP, CFSD partnered in a variety of ways with Montana's seven federally recognized Tribes both at the field level, with direct service staff, as well as at the state level through ongoing meetings, councils, and events to increase Tribal involvement in key aspects of the CFSP development. The regular and ongoing working relationships between CFSD and Montana's Tribal governments influenced most sections of the CFSP/APSR. Below are specific collaborations that support the CFSP goal development, and other collaborative efforts to engage Tribes, which is listed in the previous section of this assessment in items 29 and 30:

- State Advisory Council: In SFY24, a major part of the restructuring process was to complete an environmental scan with the council members to determine whether the individuals who are part of the council are who should be part of the council and likewise identify any gaps that may be present in membership. Through this environmental scan, it was determined that SAC should include additional Tribal representation from Montana Tribes; as well as should include indigenous individuals with lived experience in Montana's child welfare system, both on and off Tribal lands.

  Immediately after the environmental scan, CFSD and SAC members worked to recruit more Tribal members, and they were able to identify three individuals (one with lived experience both as a child growing up in foster care, as well as a now she is a kinship provider).

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

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

- CFSD's new Comprehensive Child Welfare Information System (CCWIS): Through the CCWIS project development, CFSD has begun the process of inviting Tribal members to be part of the development of the new case management system from the onset, to ensure the system will meet the needs of Tribal workers, children, families,

and providers, both on and off Tribal lands. This work with Tribal partners will continue over the next five years as both a goal with the CFSP, as well as a goal in CCWIS development.

- CFSD's Title IV-E Program Manager: This position was hired in January 2024 after being vacant for approximately a year. The position is responsible for providing technical assistance and oversight of the seven Title IV-E pass-through agreements, between CFSD and Montana Tribes, and the Title IV-E stipend contract with the Salish and Kootenai College. CFSD's Program Bureau Chief continues to be actively involved with Tribal pass-through agreements.

- Title IV-E Task Order Renewal Meetings: These meetings are for CFSD to share ways eligible Tribes can access Title IV-E funds directly from the federal government. CFSD met with representatives from Fort Belknap and Northern Cheyenne Tribes to discuss renewing the Title IV-E task orders, in which the licensing standards were further discussed. The in-person meetings, as reflected below, provided an overview of the Title IV-E agreements and reviewed the proposed agreement boilerplate and agreement attachments. The scheduled in-person discussions were held as follows:
    - Crow – Friday, April 12, 2024
    - CSKT – Monday, April 29, 2024
    - CCT – Tuesday, April 30, 2024
    - Fort Belknap – Wednesday, May 1, 2024
    - Northern Cheyenne – Thursday, May 2, 2024
    - Fort Peck – Wednesday, May 8, 2024
    - Blackfeet, Wednesday May 14, 2024

  As reported in prior CFSD's, CFSPs, and APSRs, CSKT and CCT have approved Title IV-E Plans since approximately 2013. The barrier most often mentioned by these Tribes in accessing Title IV-E directly is the resources needed, and costs incurred to take over the administrative responsibilities of operating a Title IV-E program.
    - CCT indicates there is no immediate interest in accessing Title IV-E funds directly.
        - CFSD will continue to follow CCT's lead on this matter by participating in any planning activities or contract discussion at the invitation of the Tribes.
    - CSKT has stated there is some continued interest in a long-range goal of accessing Title IV-E directly. Since the CSKT Title IV-E Plan was approved by ACF-CB, CSKT has invited CFSD to take part in several very preliminary, informal conversations on potential impacts should they choose to access IV-E directly.
        - CFSD will continue to follow CSKT's lead on this matter by participating in any planning activities or contract discussion at the invitation of the Tribes.

  Since the submission of the SFY24 CFSD APSR, Fort Belknap indicated there were some very preliminary questions being asked internally within the Tribes on the possibility of accessing Title IV-E directly.

  During SFY24 and SFY25, CFSD has attempted to engage the Little Shell Tribe to discuss the opportunity for entering into a Title IV-E agreement to assist in offsetting costs associated with the Tribe's ICWA staff. At the time of this assessment, Little Shell leadership has not requested a meeting on this topic to schedule this discussion.

  None of Montana's other Tribal governments have expressed any interest in exploring the possibility of accessing Title IV-E funds directly from ACF-CB.

  CFSD's Program Bureau Chief, Foster Care LBC, Title-IVE Eligibility Unit Supervisor, and the Title IV-E Eligibility Unit staff continue to have regular, ongoing communication with Tribal social services staff and directors on a wide variety of issues related to Tribal agreements, licensure, Title IV-E eligibility issues and payments made to foster care, adoptive and guardianship families.
    - For example, the CFSD Foster Care LBC is the primary contact for licensing matters for all Tribal licensing staff and has developed an onboarding manual for new CFSD licensing staff that provides step-by-step instruction on entering licenses in CAPS. This manual is shared with Tribal social services when there is turnover or additional staff are needed to enter licenses into CAPS. The CFSD LBC also provides Tribal licensing staff with local, state, and national information on resources and support for resource families.
    - The Northern Cheyenne and Fort Belknap Tribes' licensing standards do not provide for assessing or approving families for guardianship or adoption. When requested by these Tribes, CFSD Licensing

Program Bureau Chief coordinates with local CFSD licensing staff, to assess and approve Tribal families wanting to establish subsidized guardianships or adoptions. The children in these foster homes are typically kinship to the foster family. CFSD assesses and approves the families according to the state's licensing standards. If the Tribal families do not meet the state licensing standards, they are not approved. CFSD has suggested to Fort Belknap and Northern Cheyenne that they adopt changes to their licensing standards to assess and approve Tribal families for guardianship and adoption. The current system creates delays in permanency for Tribal children and it can also create workload issues for the local CFSD licensing staff assessing the Tribal families.

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

- Chafee Program Grant: The CSKT continue to have an agreement that provides the Tribes with a portion of the state's Chafee Program Grant. This allows CSKT to operate its own transition to adulthood program. Additional information on this contract and a description of how CFSD coordinates Chafee services with CSKT are provided in previous section, items 29 and 30.

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

- ICWA Support: For a number of years, CFSD's program structure included an ICWA Program Manager on staff, which took the lead in working with Tribal ICWA staff and social services directors on systemic issues related to ICWA compliance. Since the last APSR, DPHHS has recently hired a Child and Family Program Specialist in the Office of American Indian Health to support many of the same efforts that the ICWA Program Manager previously supported within CFSD. While supervised by the American Indian Health Director within the Director's Office at DPHHS, the Child and Family Program Specialist directly offers support to CFSD staff as well as other programming that supports collaboration and work with indigenous children and families across the Department; to ensure a cohesive approach to this work.

  Individuals that indicated they were Tribal members, or affiliated with a Tribe, in the CFSD CFSR Round 4 SWA Internal and External Survey were asked direct questions about their awareness of collaboration efforts made by CFSD (N=19).

  - The nineteen applicable participants were asked "*On a scale of 1-5 (1 = weak and 5 = strong) how well the collaboration was between their affiliated Tribe and CFSD leadership?* There were twelve individual responses, and the percentage of their responses are in the table below.

Table 237: Tribal Members Collaboration with CFSD Ranking (N=12)

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

  - In follow-up to the question above, respondents were asked to provide examples of the collaboration efforts, in which four respondents provided the following (N=4):
    - Collaboration on many cases between ICWA representatives, CASA and CFSD caseworkers.
    - Collaboration through the referral system (Connect).
    - Memorandum of Understanding between CFSD and Tribe to provide Child Welfare Services.
    - Receiving Technical Support from CFSD.

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

Table 238: Tribal Members Recommendations for Improved Collaboration (N=10)

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

Court Collaboration – Montana Court Improvement Program (MCIP)

During the 2020-2024 CFSP, CFSD partnered with the MCIP as a key stakeholder with the court to increase judicial involvement in key aspects of the CFSP development.

MCIP advised on the development of two of the last PIP strategies, which focused on the expansion of PHC and streamlining CFSD's processes to promote timely adoptions. Since launching the PHC in Yellowstone County, the MCIP has funded and trained the PHC model in six additional judicial districts. An outcome of the 2023 Legislative session was the expansion of PHC statewide.

As previously mentioned in this assessment in Section 1, in SFY24, during the development of the SFY2025-2029 CFSP, CFSD and MCIP held two "Moving the Dial" conferences. These conferences brought together teams of judges, Office of Public Defenders, county attorneys, CASA and CFSD staff from local communities to learn and collaborate on improving the Child Welfare System. The conferences were built around team break-out opportunities to discuss and implement positive changes in each local judicial area. During the conferences, CFSD current performance data has been shared, as well as an assessment of the Courts and CFSD's strengths and areas needing improvement to be considered in developing the CFSP goals 1 and 2. CFSD continues to utilize the 'Moving the Dial' conferences to solicit feedback and provide updates of the CFSP goals implementation, monitoring, and overall progress.

Currently, CFSD leadership participates in quarterly MCIP meetings, and the MCIP Coordinator is an active member of the SAC. Additionally, the MCIP members have participated in the monthly CFSR calls and attend the on-site federal meetings that have been held over the past several years.

Other External Stakeholder Collaboration

During SFY24 and the first part of SFY25, CFSD partnered with the CSCWCBC to develop initial and ongoing ways to solicit external stakeholders throughout Montana in an effort to increase their involvement in key aspects of the CFSP development.

CFSD greatly values partnerships with all stakeholders and therefore have engaged various stakeholder partners to review their current performance data and assess the agencies strengths and areas needing improvement through multiple informal and formal platforms.

CFSD has leveraged engagement and feedback from the following partnerships to establish the CFSP goals for the next five years (these are also outlined in greater detail in the SFY25-29 CFSP recently submitted to ACF-CB):

- State Advisory Council (SAC) - As previously discussed in detail in Section 1 of this assessment, the SAC continues to be utilized to help inform necessary improvements within Montana's child welfare system. This council is utilized by CFSD to gather both informal and formal feedback regarding the goals of the CFSP, as well as the initiatives that CFSD will put in place over the next five years to support the CFSP goals implementation, monitoring, and overall

progress. SAC continues to function as Montana's CR), as required by Section 106 (C) of the CAPTA, as amended. Historically, the SAC also functioned as the CJA State Task Force. On July 1, 2023; with the support of the ACF-CB CFSD transitioned oversight of the CJA Grant to stakeholder and partner, CAM. CAM is now the designated Montana agency that is responsible for oversight of the CJA Grant. As such, the SAC has been in a period of transition over the past year to realign the goals and mission of SAC without the requirements of the CJA Grant.

- Regional Advisory Councils (RAC) - As previously discussed in detail in Section 1 of this assessment, CFSD established RAC in 2022. Each RA from each region creates their own agenda and hosts at least two RACs a year. Region IV has two separate councils. One is made up of community partners in Helena (Lewis and Clark County) and the second is comprised of community partners in Butte and Bozeman (Silver Bow and Gallatin Counties). The RAs facilitate the meetings, and the council members are engaged in robust discussion by sharing CFSD's administrative data, CFSR results and planning, and Supplemental Context Data from ACF-CB. Through this collaboration, CFSD engages the council members to partner in developing achievable tasks with the overarching goal to positively impact the child welfare outcomes for their community. During RACs, specific focus group have been held, surrounding the CFSR Round 3 results and the past PIP with an emphasis on barriers to achieving timely permanency (which will be an ongoing agenda item for RACs held during the SFY25-SFY29 CFSP period). CFSD continues to utilize RACs to help inform necessary improvements within Montana's child welfare system by gathering both informal and formal feedback regarding the goals of the CFSP, and the initiatives put in place over the next five years to support the CFSP goals. The RAC agendas continue to focus on local collaboration, the CFSP goals, State Assessment, CFSR Round 4, and future developed PIPs.

  During the *2025 CFSD CFSR Round 4 SWA Internal and External Survey,* 219 external stakeholders were asked **"Have you been invited to participate in your region's CFSD Regional Advisory Council?"**, and the responses were as follows in the table below. The responses collected will be provided to the RAs as applicable to increase the number of members at their RAC meetings. There were twenty-seven participants who responded as "Not Applicable to Role" or "Unsure," and those were not included in the table below.

Table 239: Inquiry of RAC Invitations (N=191)

Invitation to RAC	Yes Count / Percentage	No Count / Percentage
Have you been invited to RAC?	31 / 16%	161 / 84%

  - The respondents who answered "No" to the above question were then asked, ***"Would you like to be invited to your local RAC, or learn more?"***

Table 240: Interest in RAC Invitations (N=161)

Would you like to know more or be invited to RAC	Yes Count / Percentage	No Count / Percentage
Would you like to be invited to RACs, or learn more?	111 / 58%	50 / 26%

- Children's Alliance of Montana (CAM) – Outlined in detail in Items 29 and 30.
- Montana Children's Trust Fund Board of Directors (MTCTF) - CFSD actively participates with this board that helps in developing parenting resources for all ages which are provided on their website https://dphhs.mt.gov/ecfsd/childrenstrustfund/CTFBoard. Services to children specific to children ages under five years of age included, but are not limited to:
  - Advice for New Moms and Dads.
  - Developmental Milestones
  - Hygiene and Potty Training
  - Safe Bodies
  - Sleep
  - Parenting Montana (Resource by Age)
  - Soothe a Crying Baby
  - Preventing Abusive Head Trauma in Children
- Behavioral Health Alliance of Montana (BHAM) - CFSD collaborates with the Mental Health Bureau during SFY24 and SFY25. CFSD Deputy Administrator is an active member of BHAM), which meets quarterly.

BHAM's overarching goal is to support families with quality behavioral health education, prevention, treatment, recovery support and related services available and accessible to people, families, and communities in need. More about the vision, alliance providers, and values can be located on their website at: https://montanabehavioralhealth.org/

- Montana Early Childhood Advisory Council - CFSD continues to play an active role in the Montana Early Childhood Advisory Council (formally known as Governor's Best Beginning Advisory Council). This council is coordinated through ECFSD of DPHHS. The task of this Council is to identify gaps in services for children in this age group in the State of Montana and to then make recommendations and strategic plans to fill in these gaps to ensure that the developmental needs of all children birth through five in the State of Montana are being met by building comprehensive early childhood service systems in communities in collaboration with local community councils or coalitions. The council focuses on the services and needs of all children in this age group, including children in custody of CFSD. The Council has improved access for children ages birth through five to evidence-based interventions, such as, home visiting models like Parents as Teachers, Circle of Security, Parent-Child Interaction Therapy, SafeCare Augmented, Nurse Family Partnership, and Early Head Start. By continuing to build strong partnerships between programs, including Head Start, Stars to Quality Child Care (a QRIS system), Medically Important Evidence Based Health Care, Home Visiting, Part C, and CFSD, children aged birth through five have the benefit of receiving these services. More about this council can be located on their website at: MT Early Childhood Advisory Council Hyperlink

2025 CFSD CFSR Round 4 SWA External and Survey

During the *2025 CFSD CFSR Round 4 SWA Internal and External Survey* 219 external stakeholders were asked about the ways in which CFSD has engaged participants in developing strategies through data sharing and collaboration through the following questions.

- External stakeholders were asked, ***" In the past twelve months, has data been shared at meetings you have attended in collaboration with CFSD leadership?"*** An example of leadership types was provided to the survey participants as such: *"The 'Child and Family Services Leadership' is defined as various roles within the agency, including but not limited to: Child Protection Specialist Supervisors, Resource Family Specialist Supervisors, Child Welfare Managers, Regional Administrators, Program Bureau Chiefs, Deputy Division Administrator, or the Division Administrator."*

  The respondents' answers are reflected in the table below. There were 110 participants who responded as "Not Applicable to Role" or "Unsure," and those were not included in the table below.

Table 241: Inquiry on Attending Meetings with CFSD (N=109)

Question	Yes Count / Percentage	No Count / Percentage
Attended meeting in collaboration with CFSD?	80 / 73%	29 / 27%

- The eighty external stakeholders who answered the above question 'Yes' were then asked, ***"Was the data shared in a way that engaged the participants to develop strategies, or to engage in established strategies, to improve outcomes for children and families?"*** The respondents' answers are reflected in the table below.

Table 242: Data Shared at Meetings by CFSD (N=80)

Question	Yes Count / Percentage	No Count / Percentage
Was data shared in a way that engaged participants in collaboration with CFSD?	62 / 78%	18 / 23%

- The sixty-two external stakeholders who answered 'Yes' to the above question were then asked, ***"Would you be willing to share an example of meeting type in which data was shared, providing a brief description of the data and how it enhanced the strategic planning?"***. Fifty-five of respondents shared an open-ended example which were analyzed and categorized by CFSD's CQI unit as the following categories represented:
    - State and Regional Advisory Councils
    - School District Meetings
    - Child Protection Team
    - Chafee Program Meetings
    - CWPSS Contractor Provider Meeting
    - Behavioral Health Alliance of Montana (BHAM) Meetings
    - Child Abuse Prevention Community Groups
    - Family Support Team Meetings
    - Judge's Meetings
    - Foster Care Review Committee
    - Family Engagement Meetings
    - Treatment Court Meetings
    - Multidisciplinary Team Meetings
    - Home Visitor Program Meetings
    - Children Trust Fund Meetings
    - Shelter Care Facility Meetings
    - Tribal Collaboration Meetings
    - Legislative Interim Committee Meetings

- External stakeholders were asked, ***" In the past twelve months, have you participated in collaborative meetings with other DPHHS leadership members (ECFSD, BAHM, Children's Mental Health, etc.) and other community stakeholders to identify problems and develop/implement solutions with the child welfare system?"***
  The respondents' answers are reflected in the table below. There were twenty-eight participants who responded as "Not Applicable to Role" or "Unsure," and those were not included in the table below.

Table 243: Inquiry of other DPHHS Attended Meetings (N=191)

Question	Yes Count / Percentage	No Count / Percentage
Attended other DPHHS leadership collaborative meetings	51 / 27%	141 / 74%

To achieve improved outcomes throughout this upcoming five-year period, CFSD will focus on strengthening existing feedback loops and developing additional feedback loops by engaging stakeholders in a meaningful way. These efforts will continue over the next year and will be included as part of CFSD's broader CQI Plan.

Item 31 Performance Appraisal

For the CFSR Round 4 (2025) SWA, CFSD has rated *'Systemic Factor Item 31'* as a Strength.

There are a myriad of examples of how stakeholders are involved in ongoing planning activities throughout the child welfare system throughout this Item.

In summary, upon review of the quantitative and qualitative data available and shared throughout this item's assessment above, CFSD believes that the statewide functioning for the agency's responsiveness to the community system does ensure that, in implementing the provisions of the CFSP and developing related APSRs, CFSD:

- Engages in ongoing consultation with Tribal representatives, consumers, service providers, foster care providers, the juvenile court, and other public and private child-and-family serving agencies; and,
- Includes the major concerns of the representatives listed above in the goals, objectives, and annual updates of the CFSP.

Item 32: Coordination of CFSP Services with other Federal Programs

SWA Question: *How well is the agency responsiveness to the community system functioning statewide to ensure that the state's services under the Child and Family Services Plan (CFSP) are coordinated with services or benefits of other federal or federally assisted programs serving the same population?*

During the CFSR Round 3 (2017), CFSD's State Outcome Performance 'Systemic Factor Item 32' was rated as Area Needing Improvement based on information from the SWA and the stakeholder interviews. Information collected in the 2017 SWA and stakeholder interviews indicated concerns that the coordination of services across agencies is uneven and does not occur in some areas of the state. CFSD has initiated concerted efforts to establish partnerships with other agencies and organizations to coordinate services and benefits of other federal or federally assisted programs serving the same population. Efforts were underway to address the need for an inter-agency approach to coordinate key services to promote child safety, permanency, and well-being outcomes for children and families. Stakeholders reported that the current child welfare agency administration has recently begun establishing partnerships with agencies across the state to maximize the availability of services through joint inter-agency coordinated efforts; however, these efforts were in the early stages of implementation.

As mentioned in previous items in this assessment, CFSD did focus on collaboration efforts throughout the CFSR Round 3 PIP-Monitored period.

Since CFSR Round 3, CFSD has continued to ensure that the state's services under the CFSP are coordinated with services or benefits of other federal or federally assisted programs serving the same population. CFSD continues to look to increase its collaboration with the children and adult mental health programs, substance abuse providers, home visiting programs, and other community youth resources, in hopes of finding more effective interventions for families supported by CFSD.

Largely, CFSD has collaborated with other federal, state and privately funded programs throughout the state, focusing on services to children under the age of five. The AFCARS/NCANDS Supplemental Context Data for Montana provided by ACF-CB in February of 2025, reflect that despite the efforts previously set forth by Montana, the overall caseloads and specifically the number of children under age five in foster care continue to remain on average around 52% over the past five years, as reflected in the table and charts below. Though there was a slight percentage decline in 2023, the numbers for 2024 reflect only a 1% decrease since 2020. The resurgence of fentanyl and methamphetamine in Montana continues to make a significant contribution to CFSD caseloads. Substance abuse is particularly destructive to family functioning, creating conditions under which many children five years of age and younger are becoming increasingly vulnerable to abuse and neglect and being exposed to the drugs themselves.

Table 244: Montana Population and Foster Care Entries 2020-2024

Year	Total Population of Ages 0-17	Total Population of Ages only 0-5 Count / Percentage	Total Foster Care Entries	Total Foster Care Entries of Ages only 0-5 Count / Percentage
2020	234,054	73,135 / 31.19%	1,955	1,050 / 53.71%
2021	235,346	71,878 / 30.54%	1,662	899 / 54.09%
2022	236,550	71,014 / 30.03%	1,362	706 / 51.84%
2023	235,651	69,946 / 29.68%	1,257	605 / 48.13%
2024	235,651	69,946 / 29.68%	1,299	686 / 52.81%

Chart 47: Montana population total by year in comparison to the population total of children ages 0-5

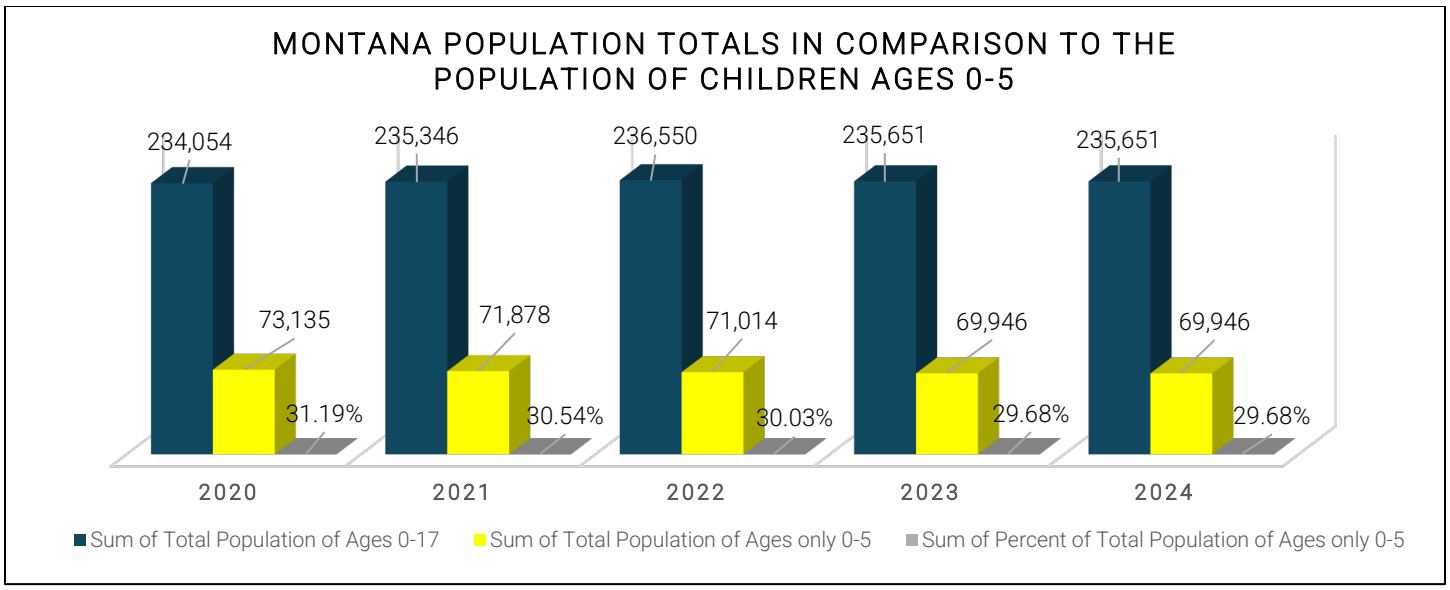
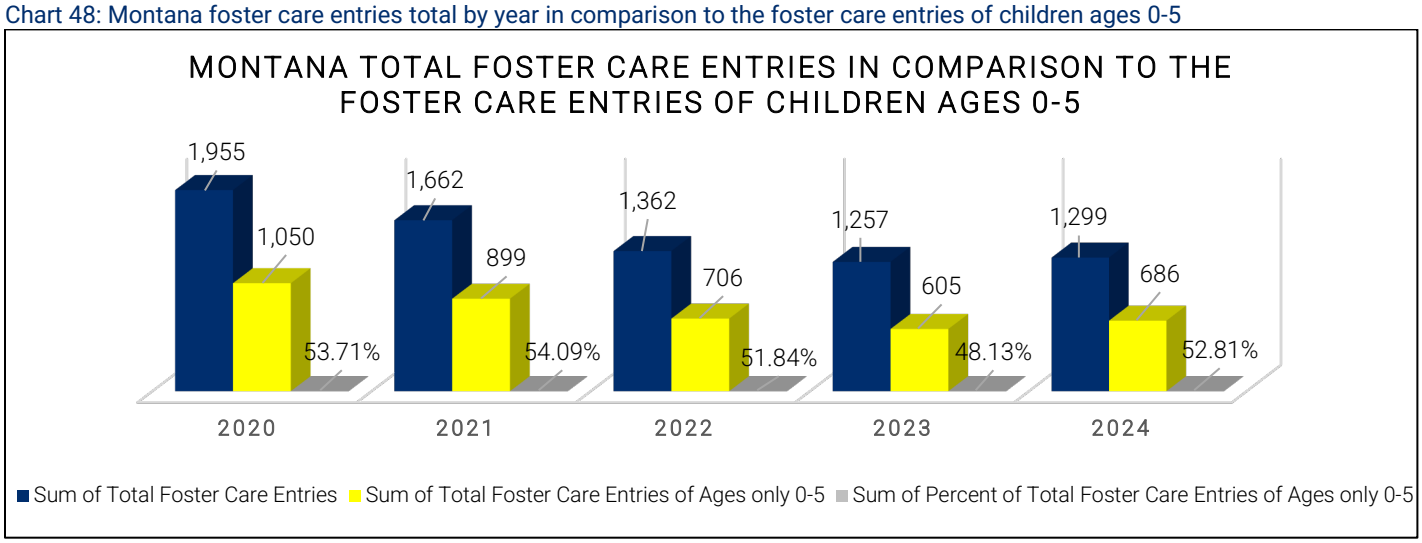


Chart 48: Montana foster care entries total by year in comparison to the foster care entries of children ages 0-5



During 2024, CFSD made deliberate efforts to collaborate with statewide programs who provide services to older youth. CFSD collaborated with program staff listed below in developing presentations that include the purpose of each program, core services, application processes, sharing local contact information, how programs might be leveraged, and funding might be braided to more holistically address older youth's needs:

- Workforce Investment and Opportunities Act (WIOA) - Youth Program
- Vocational Rehabilitation and Blind Services (VRBS) - Pre-Employment Transition Services (Pre-ETS) Program
- Montana Continuum of Care (COC) - Youth Homeless Demonstration Project (COC-YHDP)
- Reach Higher Montana - Employment and Training Voucher Program (ETV)
- Independent/Transitional Living – MCFCIP
- Title I services through Office of Public Instruction (OPI)

This compiled information was then presented to a variety of groups to support awareness of youth services, including, but not limited to:

- CFSD MCFCIP Contractors
- CFSD CWPSS Contractors
- Resource and Adoptive Families
- Montana Schools

Department of Public Health and Human Services (DPHHS)

Many CFSD coordinated services are housed within the states DPHHS. DPHHS is the state agency administering a comprehensive array of healthcare and human services to residents, particularly low-income individuals. These services encompass a wide range of healthcare needs, including medical, mental health, and substance abuse treatment, as well as support services for families and individuals, including child welfare and housing assistance. DPHHS plays a crucial role in ensuring that all Montana residents, particularly those in need, have access to the healthcare and human services they require to live healthy and safe lives.

CFSD has shared data agreements with the other DPHHS divisions to create demographic records for clients receiving state services. Additional network interfaces are in place between CFSD and Medicaid, TANF, Child Support Services, etc., which overall aid in the reporting of financial elements for the AFCARS report.

The following list of categories with purple headers are DPHHS Healthcare Service types and are specific to the population CFSD also supports.

Healthy Montana Kids (HMK)

Healthy Montana Kids (HMK) was formally known as Montana's Children's Health Insurance Program (CHIP).

HMK offers a free or low-cost health insurance plan providing coverage to eligible Montana children up to age nineteen. Covered services include medical, dental, eyeglasses, and other related services. Treatments and services must be medically necessary, and the member must be enrolled at the time the service is delivered. More about this program can be found on their website: Healthy Montana Kids (HMK) Hyperlink.

Medicaid and Healthy Montana Kids Plus

HMK- Plus are healthcare benefits for eligible low-income Montanans to help provide coverage for essential healthcare services, including doctor visits, hospital care, dental care, prescription drugs, and mental health services which are provided by a Montana Medicaid and HMK Plus enrolled provider, and Medicaid and HMK Plus covered services. Medicaid covers cost for the following standard service items, and more information about this program can be found on their website: Medicaid Program/HMK Plus Hyperlink:

- Breast pumps
- Dental care
- Doctor, hospital, and emergency services
- Family planning
- Home health services
- Laboratory and x-ray services
- Maternity and newborn care
- Mental health and substance abuse treatment
- Prescription drugs
- Rehabilitative services and supplies
- School-based services
- Speech therapy, audiology, and hearing aids
- Transportation to appointments
- Vision care

Healthcare Oversight Plan (APSR/CFSP Reports)

CFSD continues to use the existing Montana Medicaid schedule for initial and follow-up health screenings supporting the requirement that all youth entering foster care receive an EPSDT screening within 30 days.

If any mental health or dental needs are identified during this EPSDT screening, these services are eligible for Medicaid payment. Furthermore, CFSD policy states that any child "should be examined by a physician when there is reason to

believe the child is a victim of serious physical or sexual abuse, has been exposed to a drug lab, or there is reason to believe the child may have drugs in their system due to actions by the parent." This policy will continue to be evaluated to determine if changes or enhancements should be made in the future.

CFSD partnered with the DPHHS BHDD, CMHB, and DDPB to create procedures and protocols to ensure that children in foster care placements are not inappropriately diagnosed with mental illness, other emotional or behavioral disorders, medical fragile conditions, or developmental disabilities. In addition, these protocols help ensure foster care children are not placed in non-family settings because of inappropriate diagnosis.

CFSD will continue to work with the Medicaid Division to obtain ongoing reports on foster children that list the health physical, mental, and dental health needs identified through required screenings, as well as the treatment and services received.

More about this partnership can be found in CFSD's Healthcare Oversight Plan submitted to ACF-CB along with the SFY25-29 CFSP.

Prescription Assistance Program

Is a program administered by DPHHS that is dedicated to helping Medicare clients pay for Medicare approved prescription drug insurance premiums. More can be found on their website: Prescription Assistance Programs Hyperlink.

Family Planning Services

Family Planning types of services are provided to help individuals plan their families and access necessary resources outlined below with headers that are in yellow.

Plan First

Plan First is a Montana Medicaid Waiver that covers family planning services for eligible women. Some of the services covered include office visits, contraceptive supplies, laboratory services, and testing and treatment of Sexually Transmitted Diseases (STD). More about this program can be found on their website: Plan First Hyperlink.

Maternity and Newborn Care

Support for pregnant women and newborns is available, including medical care and services to address post-partum needs.

Children's Special Health Services (CSHS)

CSHS is a financial assistance program which can provide up to $2,000 per year of financial assistance for treatment and enabling services and/or items for qualified Children and Youth with Special Healthcare Needs, age birth through twenty-one that are uninsured or under-insured. This funding is not available once it is exhausted for the year. More can be found on their website: Children's Special Health Services Hyperlink.

Healthy Living

Healthy Living oversees the following categories with yellow headers, but not limited to, programs supporting families with children birth-five, and more information about the services they provide can be found on their website at Healthy Living Hyperlink:

Montana's Newborn Screening

With the goal of the program to assure every baby born in Montana will receive three essential newborn screenings listed below. Most babies are born healthy; however, Montana tests all babies because a few babies look healthy but have rare

health conditions. It is very important that these conditions are detected right away. The three essential screenings are:

- Critical Congenital Heart Disease Screening
- Metabolic Bloodspot Screening
- Newborn Hearing Screening and Intervention

Early Childhood Support Service Division (ECFSD)

The following list includes programs throughout the state that CFSD collaborates with, and families served by CFSD often access. More detailed information about each of these programs can be found in Item 29 of this assessment:

- Healthy Montana Families Home Visiting – MIECHV Funded
- Part C Early Intervention Program
- Head Start and Infant and Early Childhood Mental Health Consultation
- Community Response Programs
- Families First Prevention Services Act (FFPSA) – In collaboration to braid funding streams and develop more program/role awareness for home visiting interventions that are listed in Montana's Title IV-E Prevention Services State Plan.
- Montana Children's Trust Fund Board of Directors

Well Child Exams

Well Child Exams, also known as EPSDT services, are the portion of Medicaid's comprehensive healthcare coverage for children. It is available for all children in Medicaid from birth through age twenty. The EPSDT goal is to assure individual children get the health care they need when they need it – the right care to the right child at the right time in the right setting. In addition to well child visits, EPSDT includes inter-periodic sick visits, or other visits as needed by the individual child. EPSDT well child visits include the following, and more about this program can be found on their website: Well Child Hyperlink:

- Comprehensive health & developmental history
- Comprehensive unclothed physical examination
- Assessment of physical, emotional & developmental health
- Immunizations appropriate to age & health history
- Laboratory tests (including blood lead levels)
- Assessment of mental/behavioral health
- Assessment of mouth, oral cavity & teeth, including referral to a dentist
- Assessment of nutritional status
- Assessment of vision, including referrals
- Assessment of overall health, including referrals
- Health education (also called anticipatory guidance)
- Family planning services and adolescent maternity care
- Substance Abuse Treatment - DPHHS offers mental health and substance abuse treatment options, helping individuals with addiction and mental health concerns.
- Rehabilitative Services - Services are provided to help individuals regain or improve their abilities after an injury or illness.
- Special Needs Services - Individuals with disabilities receive assistance through programs like home-based care, assistive devices, and transportation.

Montana Special Supplemental Nutrition Program for Women, Infants and Children (WIC)

WIC offers healthy food, breastfeeding support, nutrition tips, and connection to community resources. More about WIC can be found on their website: WIC Hyperlink.

Temporary Assistance for Needy Families (TANF)

This program provides monthly cash assistance to eligible low-income families. This program is available for kinship family placements as a "Child Only Grant." Their programs and services include the list below, but are not limited to, and more about this program can be found on their website: TANF Hyperlink :

- Commodity Supplemental Food Program – More about this program can be found on their website: Commodity Supplemental Food Program Hyperlink.
- Community Service Block Grant Program - More about this program can be found on their website: Community Services Block Grant Program Hyperlink.
- Emergency Solutions Grant Program - More about this program can be found on their website: Emergency Solutions Grant Program Hyperlink.

Supplemental Nutrition Assistance Program (SNAP)

SNAP provides food benefits to help low-income individuals afford healthy food. More about this program can be found on their website: SNAP Hyperlink.

Low-Income Home Energy Assistance Program (LIHEAP)

LIHEAP aids low-income individuals afford heating costs. More about this program can be found on their website: LIHEAP Hyperlink

Commodity Supplemental Food Program (CSFP)

CSFP offers a supplemental food package to low-income elderly residents. More about this program can be found on their website: CSFP Hyperlink.

Child Support Services Division (CSSD)

CFSD collaborated with CSSD to create a process for submitting child support referrals. The referral information sent to the Child Support Division is used to establish paternity, locate the absent parent(s), and establish and enforce a support order. The referral may be transmitted by CFSD to Child Support at any time following placement but is required to be transmitted at the time of initial payment authorization. Once a child support referral is in an open status, child support collected on behalf of the child will automatically be allocated to CFSD to offset the amount expended for foster care while the child is in a paid placement. When a child's placement is closed, the child support referral will revert to "close pending" and remain in a monitor status until the child's foster care program is closed or a new placement is entered. This coordination assists the agencies to meet the needs of children. In some cases, the local agency can locate a prospective placement option or reunite a child with biological family because of information obtained from the Child Support Division. Additionally, child support is to help children get the financial support they need when it is not otherwise received from one or both parents. To accomplish this, CFSD works directly with the Child Support Division, who works with families to carry out critical steps in the child support process to ensure proper payments are applied to child accounts. This step is outlined in the CFSD's Concurrent Planning procedure CFSD Concurrent Planning Procedure Hyperlink. More about this program can be found on their website: Child Support Services Division Hyperlink.

CSSD Federal Parent Locator

The Federal Parent Locator is a beneficial resource available to the state's child welfare community hosted by the CSSD. CSSD works closely with CFSD to ensure that CFSD staff have access to obtaining necessary contact information on all children in foster care to obtain contact information on family with hopes to locate and secure relative placement options. More about this program can be found on their website: CSSD Locating a Parent Hyperlink.

Trauma Informed Practices (TIPs) Training

CFSD participated in collaboration with multiple DPHHS divisions, along with the Montana Board of Crime Control (MBCC) in developing the "The Vision 21: Linking Systems of Care for Children across Montana" project.

The project was a cooperative agreement between the MBCC and the Office of Victims of Crime (OVC) in Washington D.C. The purpose of the project was to improve the response to every child victim and their family by providing consistent, coordinated responses that address the presenting issues and the full range of victim's needs. Using the System of Care committee and other state partner agencies as stakeholder partners, the MBCC will conduct a gap analysis and needs assessment of the current state of services across Montana that inform the policy and procedure recommendations in the final report to the OVC. There are three primary goals for the project:

- Every child who needs physical and mental health care in Montana will be assessed for victimization.
- Children and their families will be provided with comprehensive and coordinated services to fully address their needs.
- Practices and policies will be established to sustain this approach.

In 2021, CFSD committed to having two staff attend the training and become the agency's "Train the Trainers." CFSD had multiple cohorts of this training initially focusing on staff who voluntarily wanted to participate in the training. During 2022, CFSD had multiple other staff become trainers, and during 2023 and 2024, the trainers trained the program statewide. The name of the training was changed to be specific to CFSD and it is now called "Trauma-Informed Practices (TIPs) Training".

Pre-Employment Transition Services (Pre-ETS) through Vocational Rehabilitation and Blind Services (VRBS) Program

Over the past year, CFSD and VRBS partnered and successfully increased foster youth participation in VRBS Pre-Employment Transition Services (Pre-ETS) by 50% statewide, by the end of the SFY to ensure eligible foster youth benefit from these programs and services. More can be found about this program at: VRBS Pre-ETS Hyperlink.

Pre-ETS are activities that provide an early start at job exploration for students with disabilities ages fourteen through twenty-one to assist with transitioning from school to post-secondary education or employment. VRBS works with schools and other organizations across the state to deliver Pre-ETS services. Pre-ETS services focus on the following:

- Job Exploration Counseling
- Work-Based Learning Experiences
- Counseling on Post-Secondary Programs
- Workplace Readiness Training
- Instruction in Self-Advocacy

In addition, VRBS supports special projects to support youth with their transitional needs, such as the following:

- Montana Youth Transitions Program
- Montana Youth Leadership Forum
- Movin' On – Campus experiences programs at UM-CCFWD and MSU-Billings

Statewide Collaboration with other State, Federal and Private Funded Programs

CFSD has leveraged additional collaborations, as listed below with header categories in purple, with state and federally funded programs statewide.

Office of Public Instruction (OPI)

OPI Title I-Part A, is a federal program designed to provide additional academic support and learning opportunities to help low-achieving children master challenging curricula and meet state standards in core academic subjects.

As discussed further in Item 16 of this assessment, CFSD has partnered with OPI since 2021 to ensure that Montana's foster care students have educational stability. Every month a CFSD CQI Specialist meets with the Foster Care Point of Contact for the Department of School Innovation and Improvement to review the foster care students that are enrolled in the public-school systems and discuss the data regarding the foster care students that are not enrolled in public school or have dropped out or transferred out of state. More recently, MCFCIP providers and the MCFCIP-Program Manager were included in the partnership as an additional collaboration to identify youth who need additional engagement and support. During SFY24 there was a significant decrease in foster care students that were without a school placement for the 2023-2024 school year, which shows how much impact the monthly meetings between CFSD and OPI are having on the foster care students. In addition, the OPI staff has, and will continue to, attend both the SAC and RAC meetings across the state. CFSD and MCFCIP providers participate twice a year in the OPI - Community of Practice Conference. In addition, the OPI staff submits an article to CFSD for their quarterly newsletter to help spread awareness and information to CFSD staff on new opportunities for foster care students, or upcoming events focused on supporting foster care students.

Foster Child Health Program

As discussed further in Item 17 of this assessment, CFSD continues to collaborate and partner with the Foster Child Health Programs. The program facilitates a dedicated Public Health Nurse working directly with foster and kinship families to help them understand the sometimes-complex health needs of children in their care (medical and dental). It was recognized as a promising practice by American Psychological Association's Society for Child and Family Policy & Practice. The program provides support to the foster parents and kinship parents through health education and ensures children in the foster care system receive access to healthcare, and complete medical records. The program serves all children new to foster care that meet the program's following criteria:

- Age newborn to five years old
- Children newly entering the system or in placement transition
- Youth sixteen to eighteen years of age

Currently, the program is implemented in four counties:

- Region 1 – Dawson County
- Region 2 – Cascade County
- Region 3 – Yellowstone County
- Region 5 - Missoula County

Meadowlark Initiative

As previously discussed in Items 29 and 30, CFSD partnered with the Meadowlark Initiative, which brings together clinical and community teams to provide the right care at the right time for patients and their families; improve maternal outcomes, reduce newborn drug exposure, Neonatal Abstinence Syndrome, and perinatal complications; and keep families together and children out of foster care. This Initiative has created a venue for implementing Plans of Safe Care in Montana in a meaningful way, prior to a call to CI. CFSD has worked diligently with their local providers to ensure that pregnant mothers can access the services that assist in keeping their newborns safe before the birth of their child. This leads to better relationships with families and less trauma for all involved when the baby is born. Additional information and resources can be found here: Meadowlark Initiative Hyperlink.

Healthy Mothers Healthy Babies (HMHB) Coalition

CFSD collaborates HMHB in their overarching goals to improve the health, safety, and well-being of Montana families by supporting mothers and babies, age zero to three. CFSD will continue to partner by participating in the HMHB coalition meetings. In SFY24, CFSD solicited feedback from the HMHB members through a survey focused on awareness of FFPSA and CFSD Prevention Plans. More can be found regarding this program at: HMHB Hyperlink.

The Children's Alliance of Montana (CAM) / Children's Advocacy Centers (CAC)

As previously mentioned in Item 29 of this assessment, CAM is a non-profit organization whose mission is to provide support, training and technical assistance to CAC and MDT across Montana so that every child victim of abuse and their non-offending caregiver(s) has access to the services of a CAC and the expertise of an MDT.

MDT's purpose is to review cases of alleged institutional child abuse and neglect and decide if child abuse or neglect has occurred. This group is made up of professionals from specific, distinct disciplines that collaborate from the point of a child abuse report and throughout a child and family's involvement with the CAC. They coordinate intervention to reduce potential trauma to children and families and improve services overall, while preserving and respecting the rights, mandates, and obligations of each agency. At accredited CACs, the MDT must include, at a minimum, representatives from the law enforcement, CFSD caseworker, prosecution, medical, mental health, victim advocacy, and CAC fields. Activities to enhance outcomes for shared populations have developed because of this coordination.

Workforce Innovation and Opportunity Act (WIOA) of Montana

WIOA is funded through the US Department of Labor. They provide federal funding for state and local workforce development activities which are administered through Montana's local workforce systems. More about this program can be found: WIOA Hyperlink.

The Montana Department of Labor & Industry can help individuals who may need assistance to obtain/retain employment that allows for self-sufficiency or needs training to obtain/retain employment leading to economic self-sufficiency. The WIOA has the following three programs:

- Adult Program
- Youth Program
- Dislocated Worker Program

The WIOA Title I Adult program provides resources to enable workers to obtain or retain good jobs by providing them with workforce services such as job assistance, career guidance, and training opportunities. The Adult program is designed to:

- Help employers meet their workforce needs by connecting them to skilled workers
- Provide eligible adults with basic and individualized career services and the training services necessary to obtain good jobs; and,
- Prioritize provision of these services to recipients of public assistance; other low-income individuals; and individuals who are basic skills deficient.

The Youth Program provides services to in-school youth ages fourteen through twenty-one, and out-of-school youth ages sixteen through twenty- four. The focus of the youth program is to help youth focus on career pathways, longer-term academic, and occupational learning opportunities, and provide long-term comprehensive service strategies. The program is designed to prepare Montana's youth to either enter post-secondary education, training or employment upon completion of their secondary education. Additional services and opportunities provided by the Montana Department of Labor & Industry, that operate in conjunction with, as well as independent of, the WIOA Programs previously described are listed below.

Montana Continuum of Care (COC) Coalition's Youth Homelessness Demonstration Program (YHDP)

U.S. Department of Housing and Urban Development (HUD), its federal partners, and youth with lived experience of homelessness designed the YHDP to drastically reduce the number of youths experiencing homelessness, including unaccompanied, pregnant and parenting youth. The requirements of the program are:

- Communities must bring together a wide variety of stakeholders, including housing providers, local and state child welfare agencies, school districts, workforce development organizations, and the juvenile justice system.
- Communities must convene Youth Action Boards, comprised of youth that have current or past lived experience of homelessness, to lead the planning and implementation of the YHDP.
- Communities must assess the needs of special populations at higher risk of experiencing homelessness, including

racial and ethnic minorities, LGBTQ+ youth, parenting youth, youth involved in the foster care and juvenile justice systems, and youth victims of human trafficking.
- Communities will create a coordinated community plan that assesses the needs of youth at-risk of and experiencing homelessness in the community and addresses how it will use the money from the YHDP grant, along with other funding sources, to address these needs.
- Communities may propose innovative projects and test new approaches to address youth homelessness.

With shared responsibility throughout Montana, we envision a community in which all Youth and Young Adults (YYA) know their rights and resources and that services and housing are readily available to them, creating a pathway for youth to achieve self-sufficiency and self-actualization. COC-YHDP has envisioned a future in Montana where all YYAs are:

- Served with dignity and respect through youth-driven systems of care, regardless of race, ethnicity, sexual orientation, gender identity, ability, religion or other identities.
- Provided with immediate, safe and supported housing through diverse and flexible options that pave the way for long-term, sustainable housing.
- Supported into adulthood through the process of self-actualization by chosen family and other natural supports.
- Accessing affordable and youth-oriented health and wellness supports, including reproductive health and life planning decision; and,
- Provided access to educational resources to achieve their career goals.

COC-YHDP program goals are as follows:

- Housing - YYA are connected to immediate, safe, and supported housing options through diverse and flexible options that reflect their individualized needs and pave the way for long-term, sustainable housing.
- Social-Emotional Well-Being & Permanent Connections - The health and well-being of YYA are prioritized by meeting youth where they are and providing them with the resources, support, and permanent connections they need to achieve happiness, health, self-sufficiency, and self-actualization.
- Education and Employment - All YYA have access to educational resources to achieve their career goals, helping to prevent homelessness for at-risk YYA and create sustainable pathways to income and housing for YYA experiencing homelessness.
- Systems Change - YYA will be supported in navigating systems of care and transitioning into adulthood and out of homelessness through increased cross-systems coordination and collaboration.

Though completed in 2019, the overarching COC-YHDP Coordinated Community Plan program was developed through their Needs Assessment at that time, which can be found at: COC-YHDP 2019 Needs Assessment Hyperlink.

Reach Higher Montana (RHM)

RHM Is primarily funded by the Montana Higher Education Student Assistance Corporation (MHESAC). MHESAC, a non-profit organization, manages its programs and uses proceeds from business activities, including student loan operations, to support initiatives like RHM MHESAC also receives no direct funding from the State of Montana. More about this program can be found at: Reach Higher Montana Hyperlink.

CFSD collaborates with RHM through SAC, MCFCIP Program Manager and contractors, and at regional levels across the state to support foster youth with educational and career goals.

RHM goals are to help students strategically pursue educational opportunities to achieve personal success in education, career and life. With a specific focus on youth in foster care through the following support:

- Employment and Training Voucher (ETV) program - Montana foster care youth are eligible to apply for the Foster Care ETV program, which provides eligible youth with up to $5,000 per year to pay for educational expenses.
- Summit for Foster Youth – RHM holds an annual Summit for Youth in Foster Care every year in June. The purpose of the summit is to help youth in foster care experience life on a college campus, learn about available resources to achieve education and career goals, and connect to peers from across Montana. Students can apply for the opportunity to attend the Summit with the assistance of their MCFCIP provider.
- Career Exploration Training - To help students get a jump start on career exploration, RHM Advisors will host regional training sessions across Montana to help foster youth explore available education or workforce

opportunities after high school. These fun, interactive sessions guide students through Level All and/or the Montana Career Information System (MCIS) and provide students with access to information and connections to careers available in their area. In addition, RHM Advisors are hosting regional training sessions across the state to give students a head-start on career exploration. These fun and interactive sessions will help students discover education and workforce opportunities available after high school. Participants get hands-on experience with Level All and/or MCIS and are provided with access to information and connections to careers available in their area.

- Resources for Foster Youth – RHM compiled a resource list to support youth while they are in high school exploring their options for after they graduate to further their education and careers. In addition, this resource provides a list of scholarships available to foster youth.

Montana Court Improvement Program (MCIP)

In response to a dramatic increase in child abuse and neglect cases and the expanded role of the courts in achieving stability, permanent homes for children in foster care, Congress created the Court Improvement Program in 1993.

The Court Improvement Program aims to improve court practice in child abuse and neglect cases so that the three goals of safety, permanence, and well-being for each child are achieved in a fair and timely manner. (Well-being is defined by the ASFA of 1997 as factors that relate to a child's current and future welfare, most notably the child's educational achievement and mental and physical health.)

The program is federally funded by the ACF-CB. The Court Improvement Program is the federal government's attempt to understand what works best in the court arena. ACF-CB supports courts in their efforts to ensure secure, permanent homes for children in foster care and to improve their effectiveness in achieving permanency.

CFSD collaborates with the MCIP as previously mentioned through the SAC, as well as through other initiatives that have supported CFSD's CFSP goals. More can be found about this program at: MCIP Website Hyperlink.

The MCIP initiatives are listed below:

- Pre-Hearing Conference (PHC): PHCs strive to increase the rate of family reunification and shorten the duration of an abuse and neglect case. In 2021, Montana had the third highest rate of children in foster care in the United States, with 7.2 in foster care for every 1,000 children. Alaska was second, with a rate of 7.4, and West Virginia was first, with a rate of thirteen. The national rate is 2.8 per 1,000 children.

  The non-profit, non-partisan research organization Child Trends, from which these numbers came, also showed that in the same year, 37% of the children in care in Montana were AI/AN children. The AI/AN children represent only 9% of children in Montana. In comparison 46% of the children in care in Montana were white children, even though they represented 78% of the state's children. This means that more than a third of the children in foster care in Montana are AI/AN.

  In 2015, to improve outcomes for children and families, the federally funded MCIP started a pilot PHC project, which began in Lewis and Clark, Gallatin, and Flathead counties. From there it expanded to Yellowstone, Cascade, Park, Sweetgrass, and Butte-Silver Bow counties, as well as the 5th and 7th judicial districts.

  Over the years, MCIP collected data from the original three counties and hired a researcher to analyze the data. (See attached report in the "More Links" section at the bottom of the page). MCIP's study showed that the PHC pilot project had met its primary goals of increasing the rate of children reunifying with their families and reducing the time to permanency, which is the conclusion of the legal case. In DN cases with a PHC, the rate of reunification was higher (62%) compared to cases that did not include a PHC (53%). In addition, the average time to permanency was reduced from 530 days without a PHC to 472 with a PHC. Also, if parents had higher levels of participation at the PHC, they were more likely to reunify.

  In 2021, the state Legislature created an interim committee to study the PHC pilot project and, in 2023, passed House Bill 16 to expand PHCs statewide. After Governor Gianforte signed it, the law went into effect July 1, 2023. PHCs must be made available in all judicial districts statewide. They must be available to parents and guardians within five days of a child's removal, and occur before EPS hearings, which are set within five business days of

removal. Generally, they are held by video conferences but can also take place in jury rooms or conference rooms at a courthouse, if available. The type and location of a PHC generally depends on the jurisdiction in which the PHC is held.

At its most basic, a PHC is a conversation among the parties that occurs before the EPS hearing. The participants include parents, CFSD caseworkers, attorneys, tribal representatives, CASA/GAL, foster parents, family members, and children, if appropriate. The PHCs are conducted by a neutral facilitator, who is paid by MCIP. The facilitator's role is to make sure everyone in the room can speak openly and honestly about the pending case. Facilitators are not allowed to give legal advice and judges do not participate.

The purpose of the PHC is to talk about the four main issues in the case:

- The Child's Placement
- Family Time Between Parent and Child
- Treatment Services for the Family
- Conditions for Return

PHCs provide an opportunity for all parties to establish a mutual understanding of what is in the best interest of the children, and to begin working toward reunification of the family as a team. PHCs seek to establish trust between the parties by fostering open discussions among them.

- Besides introducing the parties and their roles as they relate to children, and trying to move the process from adversarial to cooperative, the general goals of a pre-hearing conference consist of:
  - Identifying any needs or issues related to the children.
  - Gathering input from family and friends concerning family history, safety issues, and support available to the family.
  - Identifying possible relative and kinship placements for children early in the case.
  - Identifying possible relatives and other resources for supervision of increased family time.
  - Identifying services the parents need and would agree to begin immediately.
  - Discussing and reaching agreements regarding placement, family time, and services for the family.
  - Establishing realistic conditions of return: Can the children safely return home? If not, what conditions must be met before they can safely return home?

The outcomes MCIP hopes to achieve through the PHCs are:

- Increased Rate of Family Reunification
- Decreased Number of Days to Permanency
- Increased Buy-in from the Parties by Providing a Safe and Neutral Environment

- ICWA Community of Practice (COP) In June 2016, the U.S. Department of the Interior's Bureau of Indian Affairs released new regulations governing state court and agency child custody proceedings to ensure uniform compliance with the Indian Child Welfare Act of 1978. The new regulations took effect December 2016.

  Most recently, ICWA withstood a constitutional challenge in the 2023 United States Supreme Court case of Haaland v. Brackeen. In addition, Montana, through House Bill 317 (2023), created a state version of the Indian Child Welfare Act, encompassing the ideals and principles of federal ICWA.

  While some progress has been made, there remains a great deal of work to be done to meet the goals of ICWA. Indian children in Montana and throughout the United States continue to be removed from their homes at a rate far higher than the general population.

  In 2023, MCIP started facilitating ICWA-COP meetings to engage Tribes and Judicial partners. The following website has all recordings of the ICWA-COP meetings and can be found at: MCIP ICWA COP Hyperlink.

- Attorney Practice Standards: These standards are designed to provide guidance concerning high-quality legal representation for parents and children in DN cases. They were created by a team of attorneys and judges statewide with extensive knowledge about representing parents and children, and they reflect existing national standards, rules of professional conduct, statutory requirements, and commentary from experienced

practitioners across Montana. Efforts have been made to note where laws, regulations, policies, and rules apply. Practitioners are responsible for learning and understanding those laws, regulations, policies, and rules as they apply to these matters before accepting representation in a DN case.

- Moving the Dial: From 2020 – 2023, MCIP and CFSD collaborate on conferences supporting partnership between judges, attorneys, CASA/GAL's, and social workers to prevent and respond to maltreatment of children. Moving the Dial agendas, recordings, etc., can be found at: MCIP Moving the Dial Hyperlink. These conferences are highlighted throughout this assessment.

- Emergency Protective Services (EPS) Hearings: Concerned about the length of time it was taking for parents to appear in court and see their children after being removed from their homes on allegations of child abuse and neglect, judges in Yellowstone and Flathead counties in 2020 began to implement EPS hearing pilot courts.

  These courts gave parents an opportunity to be in court within five business days of removal. Previously, parents had not been in court until the "show cause" hearing, which could occur as late as twenty days after the initial filing of a DN case. In some instances, this was nearly four weeks after a child's removal.

  The primary objective of an EPS hearing is to provide parents and guardians with an opportunity to address the court about their child's removal from the home within a few days of a removal. It also expedites the appointment of legal counsel and seeks to engage the parents in supportive services aimed at reunifying the child with their family.

  During the 2023 Montana legislative session, HB-16 was enacted into law, making EPS hearings within five business days of a child's removal mandatory in all dependent neglect cases throughout Montana. EPS hearings were enacted into law as MCA 41-3-306 MCA EPS Hearings 41-3-306 Hyperlink.

  This change was based in part on an interim study of these hearings instituted during the 2021 Montana Legislature. During an EPS hearing, the court must decide whether a child's removal will continue beyond the date of the hearing. In addition, discussions may occur regarding the placement of the child, family time and visitation, services for the parents and family, and what may need to occur for the child to return home.

  The overarching goals of the EPS hearings are to:
  - Reunify Families when Possible
  - Connecting Parents with an Attorney Earlier
  - Involve Parents at the Outset of a Case
  - Obtain Earlier Assessments of Parents' Abilities and Needs
  - Providing Services from the Onset
  - Resolve Cases more Timely

Preventing Child Abuse and Neglect Conference (PCAN)

CFSD continues to host the annual state PCAN. The PCAN has been hosted by CFSD for over twenty years. The PCAN is designed to inspire child welfare employees, partners and stakeholders surrounding the Montana child welfare system in working together to help youth and families have a strong and empowering support community around them, even as Child and Family Services ends their legal involvement.

The conference focuses on providing educational and inspirational opportunities for those who work in and around child welfare and the prevention of child abuse and neglect, offering coaching, skill building, resource sharing, training opportunities with national recognized speakers and trainers, and networking.

It is an important time for those working in the field of child welfare in Montana to come together! A key element of the work Montana's child welfare system is engaging in is to strengthen collaboration and community for a collective, impactful response in supporting children and families.

The conference is tailored to address the sustainable and ongoing support that can be put in place to empower foster youth

and their families, even as the Child and Family Services Division ends any legal involvement with the youth. Partnering with youth court and probation, the attendees look to learn creative ways to engage older youth in planning their future, support new or reconstituted family systems, and proactively prepare for the challenges ahead. The hope is to model Montana-based community successes and resources that already exist or could be facilitated between current agencies in our communities and state.

CFSD staff and practitioners adjacent to the Montana child welfare system, older youth who have aged out of foster care, as well as foster and adoptive parents, and others closely involved with child welfare are encouraged to attend to learn more about child welfare practices and collaboration.

Item 32 Performance Appraisal

For the CFSR Round 4 (2025) SWA, CFSD has rated *'Systemic Factor Item 32'* as a Strength.

CFSD has begun the process of utilizing other state and federal programs to augment the programs and services available to children and families. However, there are data limitations that indicate how successful these collaborations are or where there are gaps within these collaborations. There are a myriad of examples of how stakeholders are involved in ongoing planning activities throughout the child welfare system throughout this Item.

In summary, upon review of the quantitative and qualitative data available and shared throughout this item's assessment above, CFSD believes that the statewide functioning for the agency's responsiveness to the community system does ensure that CFSD's services under the CFSP are coordinated with services or benefits of other federal or federally assisted programs serving the same population.

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

For the CFSR Round 4 (2025) SWA, CFSD has rated *"Foster and Adoptive Parent Licensing, Recruitment, and Retention – Items 33-36" as a* Strength.

- *Note: In CFSR Round 3 (2017), this was rated an Area Needing Improvement.*

Item 33: Standards Applied Equally

SWA Question: *How well is the foster and adoptive parent licensing, recruitment, and retention system functioning statewide to ensure that state standards are applied to all licensed or approved foster family homes or childcare institutions receiving title IV-B or IV-E funds?*
Using relevant quantitative/qualitative data or information, briefly summarize the most salient observations and findings, including strengths and areas needing improvement, by answering the questions below.

During the CFSR Round 3 (2017), CFSD's State Outcome Performance 'Systemic Factor Item 33' was rated as an Area Needing Improvement, as Montana was not in substantial conformity. Information from the SWA and the stakeholder interviews showed that there was no data to show how well foster and adoptive and childcare institution licensing standards were equally applied across the state. Stakeholders said that the foster and adoptive home licensing process included ongoing statewide group supervision to provide consistency in applying the standards. However, there was no process in place for childcare institution licensing, and stakeholders were concerned that requirements have not been equally applied across the state.

Foster and Kinship Home Licensing Standards

CFSD is a state-administered program, and all licensing rules, policies and programs fall under the auspices of the agency. Due to this, all licenses issued are done under the same standards. Information specific to licensing standards for foster homes can be found in the Foster and Adoptive Parent Diligent Recruitment Plan submitted to ACF-CB along with the SFY25-29 CFSP. CFSD follows the same standards and tools are used across the state, based on facility type, in

compliance with the following MCA and ARM.

- MCA List of MCA Licensing Requirements MCA 52 601-605, 611-613, 616-618, 621-624, 627-628
- ARM List of Youth Foster Homes Licensing Requirements ARM

CFSD has not adopted changes to licensing rules for kinship providers but has the authority to make exceptions for licensing that are not safety-related (sleeping arrangements); waive training requirements; pay for water testing; and provide fire safety items as needed. Training, water testing and fire safety were identified barriers reported by RFS for kinship families becoming licensed.

In addition, to allow for an increased number of placement opportunities, CFSD has the authority to issue provisional licenses to:

- Non-Relative youth foster homes who have completed:
  - Training
  - Background Checks
  - Home Safety Assessments
- Relative (Kinship) youth foster homes who have completed:
  - Background Checks
  - Home Safety Assessment
    - CFSD uses a separate format for kinship studies that allows for more timely completion and focuses on the relationship between the kinship caregiver and the child, and their capacity to meet the child's needs.

The following table reflects the *December 2023-December 2024 Foster and Kinship Licensing Data* collected by CFSD's RFSS specific to licensing staff and licensures.

Table 245: Dec 2023-2024 Foster and Kinship Licensing Data

Month/Year	Number of Licensed Foster Care Homes	Number of Licensed Kinship Homes	Number of Foster Homes Pending	Number of Kinship Homes Pending	Kids in Care Caseload	Number of Resource Family Specialists	Number of Resource Family Specialist Vacancies	Number of Foster Care Homes Closed	Number of Kinship Homes Closed
Dec 2023	668	410	89	69	89	30	2	-	-
Jan 2024	652	397	89	81	81	30	3	-	-
Feb 2024	653	393	93	84	75	30	2	-	-
March 2024	690	414	92	75	67	31	0	-	-
April 2024	659	402	93	73	77	31	0	-	-
May 2024	658	417	86	82	73	30	1	-	-
June 2024	655	430	88	69	73	31	0	-	-
July 2024	666	447	93	67	72	31	0	-	-
Aug 2024	673	449	85	76	72	31	0	-	-
Sept 2024	664	433	93	77	79	30	1	-	-
Oct 2024	674	436	92	72	67	30	1	-	-
Nov 2024	660	394	68	68	69	31	0	37	20
Dec 2024	659	400	67	65	59	30	1	22	5

Child Placing Agency Licensing Standards

CFSD licenses Child Placing Agencies (CPA) who oversee Therapeutic Foster Care Providers (TFC-P). CFSD also license CPAs who oversee adoption placements. Each CPA license is renewed annually.

- TFC-P are licensed through CPAs who are approved by CFSD Licensing Bureau. When a CPA is also licensed to complete adoption placements, their licenses are approved by both the Licensing Bureau, and the CPA Licensing Program Manager.

CPA – TFC-P

TFC-P families' initial application and renewal packets are completed with the CPA licensing staff, reviewed by the CPAs licensing program managers and supervisors, and then submitted to CFSD to request a license be approved The packets contain the same checklists used by CFSD RFS staff, listing the required licensing documents for initial and renewal of a license.

Each year thereafter, TFC-P must complete a total of thirty hours of annual training, including a minimum of fifteen hours of training directly related to: the special needs of youth with emotional disturbances receiving treatment for their emotional disturbance in a treatment family environment, and the use of nonphysical methods of controlling youth to assure the safety and protection of the youth and others.

- Each TFC-P in a two-parent foster home must complete at least five hours of training directly related to special needs of youth in therapeutic care and nonphysical methods of controlling behavior or specialized treatment training to offer therapeutic foster care in their home.

CFSD Licensing Bureau is responsible for all submissions for TFC-P licensing. An assigned RFSS reviews the list and verifies the attached documentation before issuing the license, which includes the initial training hours.

CPA – Adoption Placement

CFSDs Permanency Planning Program Manager (PPPM) license Child Placing Agencies (CPAs) and the same standards and tools are used across the state in compliance with the aforementioned MCA and ARM specific to licensing requirements, as well as the following:

- MCA List of MCA Licensing of CPA MCA 52 101-108
- ARM List of CPA General Requirements ARM
- ARM List of CPA License Requirements ARM
- ARM List of CPA Records Requirements ARM
- ARM List of CPA Placement Services ARM

The CPAs have their own curriculum for training, which complies with the states licensing requirements and administrative rules regarding training.

The PPPM licenses CPAs for one year and renews the license annually on/or before the expiration date (previous years license). The PPPM completes on-site visits, licensing procedures, and licensing study for adoption agencies. During the on-site visits the PPPM completes a seventeen page study that includes the following, but is not limited to:

- Each child's file that is reviewed for the following items:
    - Demographic Information
    - Legal Documents
    - Medical History
    - Summary Case Plans
    - Discharge Summary, *if applicable*
- Each birth family's file is reviewed for the following items:
    - Demographic Information
    - Social History
    - Case Review Reports
    - Legal Documents
    - Discharge Summary, *if applicable*
- Each adoptive parents' file is reviewed for the following:
    - Application
    - Assessment Study
    - Medical Records
    - References
    - Legal Documents
    - Placement Decisions

    - Preplacement And Post-Placement Contacts
    - Motivation For Adoption
    - Strengths And Weaknesses
    - Emotional Stability
    - Financially Statements
    - Recommendations
- Adoptive Services Check
    - Proof of the Agency Worker Visiting the Home within 6 Months after Placement
    - Referral to Post-Adoption Services
    - Court Documentation

In the case a license revocation, or denial, is necessary, CFSD follows the ARM 37.93.204 CPA License Revocation and Denial ARM 37.93.204 Hyperlink. CFSD, after written notice to the applicant or licensee, may deny, suspend, restrict revoke or reduce to a provisional status a license upon finding that:

a. The CPA is not in substantial compliance with licensing requirements established by these rules.
b. The CPA has made any misrepresentations to the department, either negligent or intentional, regarding any aspect of its operations or facility; or,
c. The CPA, or a member of its staff, have been named as a perpetrator in a substantiated report of child abuse or neglect.

There are currently four CPAs licensed:

- St. Johns United Family Services
- Catholic Social Services
- Sacred Portion
- Dan Fox - Therapeutic

Youth Congregate and Residential Facilities Licensing Standards

In Montana, the DPHHS OIG is responsible for licensing all facilities youth may be placed in. The same standards and tools are used across the state, based on facility type, in compliance with the aforementioned MCA and ARM specific to licensing requirements, as well as the following:

- MCA List of MCA Hospital and Related Facilities Licensing Requirements MCA 50 Parts 1-14
- MCA List of MCA Treatment of Seriously Mentally Ill MCA 53 101-108, 111-154, 161-170, 180-199
- ARM List of Youth Care Facility Licensing Requirements ARM
- ARM List of Residential Treatment Facilities Licensing Standards ARM

The OIG mission is to promote and protect the health, safety, and well-being of people in Montana by providing a responsive, independent assessment and monitoring of human services through respectful relationships.

OIG collaborates with other DPHHS divisions/branches to ensure that all Montana health care, residential, and youth care facilities comply with the required state and federal standards of care. OIG carries out this work through two primary regulatory functions: certification and licensing.

All health care facilities and services are licensed but may not be certified. Licensing ensures that all facilities and programs meet state requirements, while certification ensures that facilities and programs meet federal requirements related to reimbursement eligibility in Medicaid and Medicare.

OIG's system for receiving complaints regarding facility care and services allows the public to play an essential role in guarding the safety of vulnerable populations. OIG investigates each complaint to ensure facilities operate safely and protect the health and well-being of all Montanans.

Certification

The Certification Bureau performs onsite surveys to determine whether a provider or supplier meets the requirements for

participation in the Medicare and Medicaid programs and whether they meet the standards for delivering safe and acceptable quality care. Providers and suppliers reviewed include ambulatory surgery centers, end stage renal disease facilities, home health agencies, hospice providers, hospitals (acute, children's, critical access, long-term acute care, psychiatric, and rehabilitation), long-term care (nursing homes), outpatient therapy, psychiatric resident treatment facilities, and portable x-ray suppliers. Certification staff support new and current providers through the certification process and serve as subject matter experts on federal regulations. They offer education on rules and work with federal regulatory agencies to help providers meet the requirements of certification. The Bureau is comprised of thirty Positions Budgeted (PB).

Certification performs the following functions:

- Conduct investigations and fact-finding surveys, including complaints, emergency preparedness, laboratory, life safety code, emergency preparedness, and recertification surveys.
- Certify and re-certify facilities within statutory timelines.
- Advise providers and suppliers about federal regulations to assist them in qualifying for participation in the programs and in maintaining standards of health care consistent with the requirements.
- Conduct periodic educational programs to present current regulations, procedures, and policies to the staff and residents at skilled nursing facilities (Medicare) and nursing facilities (Medicaid).

Recently, after engaging with providers (nursing homes, hospitals, hospice and home health agencies, etc.) and their associations, the Bureau conducted a needs assessment on how best to assist providers in meeting their regulatory obligations. In conjunction with this assessment and in response to provider suggestions, the Bureau repurposed a health facility surveyor position to become the health facility trainer. This position was developed and operationalized to take a proactive approach and to develop training for providers and surveyors to ensure consistent and equitable training in Center for Medicare and Medicaid Services regulations. The objective of the providers and the Bureau is to realize a shared goal of reducing the number, severity, and frequency of citations.

Licensure

The Licensure Bureau has fourteen staff members to oversee the licensing of over 1,100 healthcare, residential, and community-based facilities. In addition to regulatory inspections, facility surveyors investigate a wide range of complaints at licensed facilities to ensure people have their voices heard and their needs met.

In 2024, the Licensure Bureau became fully staffed for the first time in almost five years by filling the Bureau Chief position. The Bureau also reclassified a position to develop a facility surveyor supervisor position. Historically, the two programs under the Licensure Bureau, Healthcare Facility Licensing and Community and Residential Facility Licensing, operated independently and separately. With the fulfillment of the Bureau Chief and facility surveyor supervisor positions, the Bureau has taken steps to unite the two programs and make consistent multiple processes, including surveying, writing reports, and the tools used to conduct inspections. The Bureau is implementing cross-training of staff amongst the two programs. Cross training of staff will ensure that schedule and complaint inspections can be completed, even in the event of staff absences or vacant positions. The plan will also result in cost savings for travel and lodging. As part of the Governor's Red Tape Relief initiative, the Bureau reviewed, updated, and amended the ARM for minimum standards for all health care facilities, adult daycare facilities, and retirement homes.

The Licensure Bureau conducts four provider training sessions throughout the state each year. The Bureau maintains its accessibility to providers and the public by providing technical assistance through the licensing portal, regulatory discussions, and inspection evaluations

OIG Healthcare Facilities Program licenses over 800 facilities, including medical and senior services at hospitals, home health agencies, hospices, outpatient centers for surgical services, and assisted living facilities. Healthcare facilities' staff beyond the oversight of just the application for licensure, health statements, releases of information, staff rosters, and background checks (including fingerprints) are required to conduct regulatory activities to ensure citizens receive quality treatment and medical care at each facility. All licensed facilities are subject to unannounced inspections to ensure a clean and safe environment, proper nutrition, documentation of services provided and needs of patients and residents, and proper delivery of health care services.

OIG Residential Facilities program licenses almost 200 community residential facilities that provide care and treatment for youth needing out-of-home placements or elderly or disabled adults. The program also licenses close to 100 programs, which provide outpatient mental health or substance use disorder treatment. Residential facilities' staff beyond the oversight of just the application for licensure, health statements, releases of information, staff rosters, and background checks (including fingerprints) are required to conduct regular inspections of facilities and investigate complaints independently and in collaboration with appropriate partners and agencies. These activities ensure proper supervision, care, and treatment services are provided to Montanans at these facilities.

A comprehensive list of the types of Youth Care Facilities licensed through the OIG can be found at the following website OIG Licensing Bureau List of Facilities , and below is a list of the types of facilities applicable to foster youth:

- Child Care Agencies
- Psychiatric Residential Treatment Facilities
- Therapeutic Youth Group Homes
- Youth Care Facilities
- Youth Group Homes
- Youth Shetler Care

PRTFs fall under medical facility rules and requirements. The same group of individuals complete licensing and inspections, though the on-site inspections occur less frequently. There is a different set of tools used for PRTFs than other Youth Care Facilities, but they cover the same type of things and are broken into separate tools rather than being all encompassed in one.

The OIG utilizes the following guides when completing their quality assurance of licensed facilities:

- Youth Care Facilities Compliance Review Guide
- Youth Care Facilities On-Site Inspection Guide

The OIG Program Support and Improvement Section includes the Certificate of Need program. Since 1975, 35 states and Washington DC have utilized Certificate of Need programs to help maintain quality of care, control a portion of community health care costs, and promote rational distribution of certain health care services. Montana Certificate of Need requires individuals or health care facilities seeking to initiate or expand long-term care services, to submit letters of intent and applications to the department as reflected in their Long-Term Care Facilities Plan MT Long-Term Care Facilities Plan Hyperlink.

Licensure Denial, Suspension, Restriction, and Revocation

OIG follows the requirements outlined in ARM 37.97.115 ARM 37.97.115 Hyperlink when denying, suspending, restricting or revoking a Youth Facility License.

Tribe IV-E Agreement Licensure Collaboration

CFSD's Program Bureau Chief, Foster Care LBC, Title-IVE Eligibility Unit Supervisor, and the Title IV-E Eligibility Unit staff continue to have regular, ongoing communication with Tribal Social Services staff and directors on a wide variety of issues related to Tribal agreements, licensure, Title IV-E eligibility issues and payments made to foster, adoptive and guardianship families.

- For example, the CFSD Foster Care LBC is the primary contact for licensing matters for all Tribal licensing staff and has developed an onboarding manual for new CFSD licensing staff that provides step-by-step instructions on entering licenses in CAPS. This manual is shared with Tribal Social Services when there is turnover or additional staff are needed to enter licenses into CAPS. The CFSD LBC also provides Tribal licensing staff with local, state, and national information on resources and support for resource families.
- The Northern Cheyenne and Fort Belknap Tribes' licensing standards do not provide for assessing or approving families for guardianship or adoption. When requested by these Tribes, the CFSD Licensing Program Bureau Chief coordinates, with local CFSD licensing staff, to assess and approve Tribal families wanting to establish subsidized guardianships or adoptions. The children in these foster homes are typically kinship to the foster family. CFSD assess and approves the families according to the state's licensing standards. If the Tribal families do not meet the

state licensing standards, they are not approved. CFSD has suggested to Fort Belknap and Northern Cheyenne that they adopt changes to their licensing standards to assess and approve Tribal families for guardianship and adoption. The current system creates delays in permanency for Tribal children and it can also create workload issues for the local CFSD licensing staff assessing the Tribal families.

2025 KCS Annual Training and Needs Survey

As discussed previously in Item 28, in March of 2025, CFSD collaborated with UM-CCFWD to survey resource parents to gain greater understanding of the ongoing training.

The 109 participants who had previously indicated they were a licensed foster care provider were asked, ***"To the best of your knowledge, are licensing standards applied equally to all recourse parents statewide?"*** Fifty-four participants did not respond.

Table 246: Licensing Standards (N=55)

To the best of your knowledge, are licensing standards applied equally to all resource parents statewide?	Respondents Count / Percentage
Yes	42/ 76%
No	13 / 24%
Grand Total	55 / 100%

Item 33 Performance Appraisal

For the CFSR Round 4 (2025) SWA, CFSD has rated *'Systemic Factor Item 33'* as a Strength.

In summary, upon review of the quantitative and qualitative data available and shared throughout this item's assessment above, CFSD believes that the statewide functioning for the foster and adoptive aren't licensing, recruitment, and retention system ensures that state standards are applied to all licensed or approved foster family homes or childcare institutions receiving title IV-B or IV-E funds.

Item 34: Requirements for Criminal Background Checks

SWA Question: *How well is the foster and adoptive parent licensing, recruitment, and retention system functioning statewide to ensure that the state complies with federal requirements for criminal background clearances as related to licensing or approving foster care and adoptive placements, and has in place a case planning process that includes provisions for addressing the safety of foster care and adoptive placement for children?*

During the CFSR Round 3 (2017), CFSD's State Outcome Performance 'Systemic Factor Item 34' was rated as an overall Strength, as Montana was in substantial conformity. Information from the SWA and the stakeholder interviews showed that there was no data to show that the state complies with federal requirements for criminal background checks and that the state has a process that includes provisions for addressing the safety of foster care and adoptive placements for children. Stakeholders said that criminal background checks occurred before the licensure of any foster or adoptive home, and they did not report any pattern of exceptions to meeting the federal requirement. Stakeholders reported that the state routinely follows protocols to address child safety and report safety concerns for children in foster homes and childcare institutions.

CFSD adheres to the federal standards specific to background checks according to 42 U.S. Code § 671and MCA 52-2-622(4). The process adheres to National Crime Prevention and Privacy Compact 42 U.S..C 14611-16 (NCPPC).

Overall, the CFSD background process includes:

- FBI Criminal History Record – *Nonpublic based on fingerprints.*
- Child Protective Services History:
    - Montana – *Nonpublic based on CFSD CAPS*
    - States Outside of Montana - *For each state of residence in the previous five years. If information is received that indicates a need to assess more than five years of information regarding Child Protection Service history,*

the caseworker may request the review to extend past five years.
    - Tribal Court and/or Child Welfare History - *Only if the subject currently resides, or has resided during the preceding five years, on a reservation.*
- Sexual and Violent Offender Registry (SVOR)
- Montana Con-Web
- Montana Motor Vehicle Division (MVD) Check

CFSD requires:

- Fingerprinting of all non-emergency applicants and their household members over eighteen years of age for foster care (non-relative) including therapeutic foster homes or adoption.
- Background checks on all placement resources (licensed or not) and all household members over eighteen years old in those placement resources, including criminal, child protective services, and driver's license/motor vehicle.
- Purpose Code X9 (PCX) checks (name based federal background checks) on all relative providers and their household members who are being considered for emergency placement of a relative child per MCA 41-3-304 MCA 41-3-304 Hyperlink
- The NCPPC allows for these name-based checks, based on the exigent circumstances related to placement of a child in a home.
    - If placement is made, all household members must complete fingerprinting within seventy-two hours of placing a child under an approved PCX check.
    - All individuals who undergo a PCX check or the fingerprinting process are required to sign a Non-criminal Justice Applicants Rights form, as well as a release of information. The forms notify them of the reason they are being fingerprinted and their rights as they relate to the background check process. The notice includes steps to be taken if they believe their history is incorrect or inaccurate.

CFSD purchased eleven live scan machines and five card scan machines to assist in the access and timeliness of the fingerprint background checks process. The machines are in all the major population areas (regional hubs) and some additional larger communities. Card scans are in all regions to facilitate the timely process of ink printed cards (staff send them to the hub office to be run through card scan). This process cuts down on response times by the DOJ/Federal Bureau of Investigation (FBI). Results of all prints are reviewed by RFS staff and assessed based on the standards set in ARM 37.51.216 ARM 37.51.216 Hyperlink and a determination is made as to the eligibility of the individual or household to apply for licensure. A dissemination letter is created stating that the individual is either eligible or ineligible to apply for foster care licensing.

CFSD caseworkers request PCX checks through local law enforcement and then review the information to determine whether the individuals in the household meet the minimal standard to be considered for placement. The ARM 37.51.216 defines standards under which an individual or their household members are eligible for emergency placement. All CFSD field staff who review PCX results or access them for the staff who do, must complete DOJ training on reading a rap sheet. The DOJ is provided with names of all newly hired staff to ensure all staff have the appropriate training. The staff who review actual fingerprint results (RFS staff and some administrative staff) must complete reading a rap sheet training in addition to Privacy and Security training annually, presented by the DOJ. Participation and completion are tracked by the DOJ. All CFSD staff complete additional computer security training annually, as required for all state employees. All field staff have a guide listing the standards set in ARM 37.51.216 to assist in making an appropriate determination of the PCX results.

- It should be noted, if an emergency placement is denied because of a name-based background check of a resident and the resident contests the denial, the resident may, within fifteen calendar days of the denial, submit to CFSD or authorized Tribe, a complete set of fingerprints with written permission allowing the department or authorized Tribe to submit the fingerprints to the state repository for processing of the state and federal background check.

Upon completion of the check, documentation is completed and placed in the file or shared with the authorized Child Placing Agency (CPA). Documentation includes:

- CFSD Dissemination Letter – *An approved letter template by Montana DOJ for fingerprint results.*
- CFSD CPS Dissemination Letter for Montana CPS checks
- States Outside of Montana CPS History Results
- MVD Record Results

As stated previously in Item 28 and 33, the OIG oversees the licensing of all youth placement facilities and require staff background checks per ARM 37.97.140 ARM 37.97.140 Hyperlink.

Quality Assurance Review – Licensing Oversight

All licensed homes (kinship, foster, adoptive) have a compliance checklist associated with the licensing standards which is used for both CFSD licensed homes as well as those licensed through the CPAs. Both RFS and their supervisor verify that all required documentation is in the file before approval, including the required background checks.

If there are questions regarding the information contained in a criminal background check, RFS will refer to their RFSS for assistance. If the RFSS still has questions, they will reach out to the LBC. If there continue to be questions, the LBC will then reach out to the OLA for assistance in interpreting the results. In circumstances where there are questions about results or additional assistance is needed to determine eligibility to be a placement, or apply to be licensed, the person whose history is involved is notified of the issue and provided with updates as they are achieved or received.

CFSD ensures all RFSs are trained under the DOJ to fingerprint individuals, both via ink prints and on the live scan machines. This allows families to be fingerprinted, even when there is not a live scan machine that is not accessible due to their location. RFSs then send those cards to CFSD offices who have access to a live scan machine for more timely processing. In the majority of the CFSD offices, many administrative staff, caseworkers and SSTs are also trained to print via ink and/or live scan, to allow for more timely response to kinship licensing and applications specific to the background check process.

CFSD has created a process to review substantiated CPS history and determine if there are options for an exception to be granted for providers to allow placement or to pursue licensure.

- CFSD RFSs are trained through the DOJ to read/review criminal history. This allows them to not only assess the applicant or household member for eligibility for placement or licensing, but also to provide context to the individual's history to assess their history's impact on their ability to provide appropriate care. It also allows caseworkers (including licensing workers) to assist families in assessing the impact placement of a child could have on them, considering their history that they will need to prepare or plan for.
- The exception process has been reviewed and refined to ensure that all levels of CFSD (caseworkers and RFS) engage in the assessment of history and the individual and family. The process requires individuals to provide a written request to be considered for an exception based on the mitigation of the circumstances/conditions that led to the removal of their children or substantiation of abuse or neglect. The process requires approval by RAs, the LBC, and the Division Administrator.
    - If there is an issue with either criminal, Montana Child Protective Services, or MVD history that is considered a basis for denial (or revocation), CFSD has developed a process to ensure that applicants or currently licensed resource parents can address the information and request reconsideration based on additional information they provide.
    - Any negative action proposal is drafted and sent to the OLA to ensure that the basis for denial meets the Administrative Rules for the action. If the OLA supports the plan to pursue denial or revocation, the applicant is notified in writing of the basis for the proposed negative action and are sent a certified letter with the information and the proposed action.
    - The applicant or resource parent is given a specific timeline for response. If they respond, the information is then reviewed by the RFSS, LBC and the OLA.
        - If the decision is made to rescind the proposal, the applicant or resource parent is notified and either the placement is maintained, the license remains in good standing, or the application continues to be processed.
        - If the decision is not to rescind the proposal, the individual is notified again in writing and the proposed action then is completed (denial or revocation).
            - The individual then can request a fair hearing. Should the fair hearing request be denied, the individual can pursue district court action.

CFSD has implemented a process that all licensed homes undergo a review by an RFS, which includes updating their criminal and MVD history after the first year, and at each subsequent renewal. Any information obtained is reviewed to

determine if it is a barrier to continue to placement or licensing.

In addition to background checks, CFSD completes the following home safety assessments:

- Fire Safety – CFSD assess each home for safety of the child being placed, specific to fire safety. CFSD has requirements for smoke alarms, carbon monoxide detectors and fire extinguishers. Kinship families who take emergency placements can request assistance in assuring they have the appropriate fire safety equipment. CFSD provides those fire safety items without charge to kinship families who are unable to purchase them on their own. Non-relative caregiver applicants are required to meet the same standards prior to a license being issued.
- Water Safety - For licensing purposes, CFSD also assesses water used for consumption when the home uses well water or other non- city/community water systems. CFSD has a process in place to allow relative caregivers to submit water testing kits to the Montana Environmental Lab for testing. CFSD also works with the state lab to assist families in responding to negative cultures that do not meet licensing standards.
- Environmental Safety - CFSD assesses families to ensure the overall household environment is clean, well maintained and free from other environmental hazards, conditions or scenarios that could pose a risk to children placed in the home. CFSD works to identify barriers to placement or licensing and assist the family in efforts to mitigate the barriers. CFSD caseworkers regularly assess home safety and conditions as part of their regular visitation with children in placement.
- Safe Sleep - CFSD assesses foster homes taking placements of infants for safe sleep standards. Families who take placements of infants are required to meet and maintain safe sleep standards. Those standards are reviewed at the time of license or placement, at 6-month check-ins by the RFSS (for licensed homes), and by CFSD caseworkers at home visits (for both kinship and non-kinship) for children in placement.

For ongoing unlicensed kinship placements and licensed homes, when a report of child abuse and/or neglect is received at CI specific to a placement/provider or one of their household members, the CIS notifies the assigned caseworker and the RFS, if applicable. Those reports are investigated and assessed to determine if the placement, or license when applicable, can be maintained.

Item 34 Performance Appraisal

For the CFSR Round 4 (2025) SWA, CFSD has rated *'Systemic Factor Item 34'* as a Strength.

The efficiency of live scan and card scan electronic submission systems continue to result in a turnaround time for results in sometimes less than a day. This has resulted in quicker approvals for provisional licensing for kinship, and more timely processing for licensing youth foster homes.

CFSD RFS staff can access MVD results through an electronic system without going through third parties. The child protective service background check exception process recognizes that individuals can change and that while history is important, it is not defining for a lifetime. Training the staff receive from the DOJ to review and interpret results for both PCX and fingerprinting has improved the process of CFSD staff assessing safety of the home by both RFS staff and caseworkers on an ongoing basis.

The negative action process gives individuals the opportunity to challenge negative licensing action and to be made fully aware of the concerns of the Division.

In summary, upon review of the quantitative and qualitative data available and shared throughout this item's assessment above, CFSD believes that the statewide functioning for the foster and adoptive aren't licensing, recruitment, and retention system ensures that state complies with federal requirements for criminal background clearances as a related to licensing or approving foster care and adoptive placements, and has in place a case planning process that includes provisions for addressing the safety of foster care and adoptive placement children.

Item 35: Diligent Recruitment of Foster and Adoptive Homes

SWA Question: *How well is the foster and adoptive parent licensing, recruitment, and retention system functioning to ensure*

that the process for ensuring the diligent recruitment of potential foster and adoptive families who reflect the ethnic and racial diversity of children in the state for whom foster and adoptive homes are needed is occurring statewide?

During the CFSR Round 3 (2017), CFSD's State Outcome Performance 'Systemic Factor Item 35' was rated as an Area Needing Improvement, as Montana was not in substantial conformity. Information from the SWA and the stakeholder interviews showed that there was no process in place to capture data on foster and adoptive recruitment and retention efforts across the state. The SWA and stakeholder interviews further indicated the state could not determine what was working well and there was a need to focus more attention on using relevant data and information to inform diligent foster and adoptive parent recruitment strategies statewide. Stakeholders reported mixed efforts to recruit Native American foster and adoptive parents and a need for more goal-directed collaboration with the Tribes to increase the number of Native American foster family and adoptive homes.

Systemic Factor Item 35 was selected as a priority focus during the CFSR Round 3 PIP Measurement Period. CFSD began problem exploration and key findings, and set forth the following goals by focusing on implementations regarding the following strategies and key activities:

- PIP Goal #3: Improve service array through partnerships with service providers to increase reunification rates and decrease time to permanency.
  - Strategy 3.5: Improve services and supports to Kinship/Foster/Pre-Adoptive homes to increase placement stability and improved time to permanency.
  - Key Activities:
    - 3.5.7: Develop enhancements to our current website to include a Foster Parent application portal, FAQ page and training and resource links. Electronic resource guide will be updated to ensure all resources listed are available and appropriate for foster parents' use.
      - CFSD completed this key activity in January of 2022.
    - 3.5.8: Develop a tracking system for licensing to determine length of time to licensing reasons for denial of license and reason for licenses not being renewed. This system would also allow the agency to look for areas with lower applications as well as foster parent reasons for not renewing license.
      - CFSD completed this key activity in January of 2022.

Throughout CFSR Round 3 PIP-Monitored period, the Licensing and Adoption/Guardianship Unit was a good example of how CFSD incorporates the principles of a Learning Organization and CQI process to support PIP goals, strategies and key activities as follows:

- CFSD moved the licensing program from a unit within the IV-E Program Bureau to a separate bureau itself. The LBC had previously been a supervisor within the IV-E Program Bureau with oversight of the licensing unit staff and policies. The Licensing Bureau was created in 2021. The creation of the Bureau gave foster care licensing a designated place at the leadership table as the LBC became a member of CFSDs M-Team. The move recognized the importance of foster care licensing within the CFSD.
- CFSD LBC and the regional RFSS used a variety of feedback mechanisms to support and coach the licensing field workers, RFS, including but not limited to the following:
  - The LBC and RFSS were involved in case reviews, and used information gleaned from these reviews to coach their staff on how to improve practices and processes with families.
  - RFS and RFSS interact regularly with the UM-WTCs and CFSD FLTS who also work as coaches and mentors for staff. CFSD implemented the FLTSs and UM-WTCs using analytics from interviews with foster parents during the case reviews to develop training for RFS and caseworkers to increase engagement and communicate with placement providers (non-licensed kinship and licensed) to support them more effectively.
  - As discussed in Item 29, CFSD is engaged in the FFPSA Montana Kinship Navigator program and evaluation efforts; additionally, MTKNP has worked alongside the RFS and caseworkers in increasing engagement to specifically identify support for kinship families.

- CFSD implemented a process for the RFS to meet and assess the licensed foster care providers (aka resource families) on a six-month period to discuss specific licensing requirements and to identify individual needs of families and children placed in their home, as well as their overall experience as a foster care provider for CFSD. RFS utilize this collected information to support placement providers. The LBC reviewed all the Licensing Renewal Applications to gather information about concerns, needs and challenges expressed in these by resource families. LBC and RFSS have access to information from the Resource Family Listserv and receive formal and informal feedback from others including, but not limited to, private agencies, CASAs, caseworkers, attorneys, and Judges. The LBC uses this information to provide support and coaching during regular staffing with the RFSS weekly and RFS monthly. These regular staffing discussions include a focus on the case level to improve support to individual families, as well as at the macro level for possible ways to address policy/procedure issues and systemic challenges. RFS and RFSS regionally have had ongoing contact with support groups through Child Bridge, Montana Kinship Navigator Program, Missoula Alliance Church, and other community support groups. These meetings mainly focus on identifying needs for recruitment and individualized families. Additionally, RFS and RFSS are embedded in regional meetings, including but not limited to: Permanency Plan Team Meetings, Leadership Meetings, Family Engagement Meetings (when applicable), etc. RFS and RFSS model communication and effective engagement in these settings specific to licensing requirements and support.
- CFSD collaborated with ITSD to build a robust *Resource Family Portal*, encompassing the key elements of this portal that were already established on the CFSD website: CFSD Becoming a Foster Parent in MT Hyperlink. This collaboration was initiated, but shortly thereafter it was halted by ITSD due to staffing capacity issues. Furthermore, CFSD was informed of a migration occurring to the DPHHS websites, including the CFSD website. No new projects were permitted at the time, and in July 2021, CFSD proposed the use of the 'Built for Child Welfare' platform, however, that ITSD indicated that was not an option for consideration at that time. CFSD collaborated with Adopt US Kids, to be approved to embed the link to the Family Inquiry Tracking Tool on the adoptuskids.org website AdoptUSKids Hyperlink, giving direct access to CFSD staff to eliminate barriers to making and receiving inquiries. CFSD collaborated with UM-CCFWD, on a Resource Guide to assist resource families in accessing on-line training.
- CFSD developed a tracking system for licensing to determine the length of time to licensing, reasons for denial of license, licensing renewal dates, and reason for licenses not being renewed. This tracking system helps identify locations with lower applications as well as foster parents' reasons for not renewing their license. CFSD's LBC developed an 'RFS Caseload Spreadsheet' for RFSS to utilize as an oversight of the RFS responsible for the licensing of kinship and non-kinship families. The spreadsheet allows RFSS to track information on all families who have applied and become licensed by CFSD. The spreadsheet data fields include:
    - RFS Name
    - Provider Number
    - Resource Family Name
    - Town Name (of Resource Family)
    - Application Date
    - License Expiration Date
    - License Type
    - Approval Status.

    RFSS's supplement this spreadsheet with an MPATH report that draws from licensing information in CAPS. The MPATH report shows timelines to licensure, closures and expirations of resource families and reasons why closures or expirations have occurred. This report is sortable by: Region, License Type and Closure Reason. This data is used by the LBC and RFSS in consultation with RAs to address systemic issues identified within regions and with the M-Team to address systemic issues identified statewide.

    In the initial implementation of this spreadsheet, RFSS found it extremely useful in supervision with the RFS using pivot tables to provide visuals of RFS caseloads and trends. RFSS have expressed the spreadsheet has been useful to have more in-depth discussions with RFS to identify strengths and challenges and explore the reason 'why' to determine effective solutions. The spreadsheet is updated weekly, allowing for data to be real-time in nature, which assists in addressing challenges quickly that are identified. Additionally, it has been proven to assist with effective caseload distribution as staff transition to new roles until the RFS role is filled.

While no quantitative analysis of these PIP goals, strategies, and key activities was developed, qualitative analysis is part of the ongoing process of reviewing the information from the above sources, discussing this information with Licensing staff, UM-CCFWD, Training Supervisor and determining how this can be used to inform and improve policies, procedures, and practices. One concrete example is modifications made, based on feedback, to the way adoption packets are made available to resource families and at what stage of that process to improve time to permanency.

CFSD currently is continuing to pursue development of a robust web application portal and how this integrates with the ongoing efforts to move from CAPS and MFSIS to the new CCWIS system. In the interim CFSD is confident that most of the interface needs with prospective and current resource families can be met through the limited portal on the CFSD website which continues to be updated and enhanced to include updated training links for families and updated inquiry information.

CFSD believes the foster and adoptive parent licensing, recruitment, and retention system is functioning well in efforts to ensure diligent recruitment of potential foster and adoptive families and appropriate placements for foster care youth, reflecting both a racial and ethnic diversity across the state for whom homes are sought. CFSD's recruitment and retention efforts have focused on recruiting across all areas of the state. Each year Licensing Bureau has prepared a recruitment plan to not only act as a guide, but also for targeted recruitment of foster or adoptive families. CFSD licensing staff are engaged daily in the process of child placement and are aware of the needs for homes in their specific regions, specifically rural areas.

CFSD continues to experience data limitations, including the system's ability to extract data in a way that is meaningful, and outcome based. In addition, geographically, CFSD can describe where providers live and other basic demographics, but the data management systems do not have the mechanism to visually display the information without a great deal of manual effort.

CFSD Collaboration with External Community Providers Engaging in Recruitment Efforts

CFSD recently hired a PPS, whose primary role is to engage with the community programs who provide recruitment activities (as listed below) and support the field in identifying the best match for a specific child and to ensure successful placement. The PPS is currently developing, or enhancing, procedures focused on recruitment for targeted youth, as well as transition and placement of those youth. The initial focus of this position is to focus on youth who do not have an identified permanency option. The PPS will meet regularly with field staff and recruitment program staff to identify the best matches with programs and to ensure appropriate follow-through occurs when placements are made.

Through a CQI process, the PPS will be collecting data regarding targeted recruitment efforts and their outcomes by tracking the outcomes of referrals and placement. This process will assist CFSD in identifying the efficacy of programs and success of the various placements informing future recruitment and placement activities. Due to this being a new initiative by CFSD, there is no current data to share regarding the effectiveness of the recruitment programs.

Child Bridge

Child Bridge has a long-standing relationship with CFSD. Child Bridge is a faith-based statewide program focused on the recruitment and retention of resource families through supporting ongoing training and peer support groups. More can be found on this program on their website: Child Bridge Website Hyperlink.

According to Child Bridge's annual reports they:

- Between 2020 and 2023:
  - Recruited 362 families
  - Recorded 4690 instances of adults and children served at Child Bridge monthly Foster/Adoptive Group Education Groups.
  - Reported 3107 children were living in homes served by Child Bridge programs.
- In 2024:
  - Recruited thirty-seven families.
  - Recorded 1,769 instances of adults and children served at Child Bridge monthly Foster/Adoptive Group Education Groups.
  - Enhanced their program by now offering in-person and virtual services to all fifty-six counties in Montana.

Child Bridge also leads the 'Finding a Way Home' program, which began several years ago but took a hiatus during 2024 to regroup and refocus their intentions. Child Bridge takes referrals of one to two children at a time and makes targeted recruitment efforts from within the families currently involved with their programs. Previously, the program did a photo gallery presentation in churches, recruiting families outside the current foster care system but learned that the needs of the children were not best served by families with no involvement in the current foster care system. The program is increasing their staffing levels and will begin recruiting families for specific children this spring. Many of Child Bridge's recruiters are former resource parents, which helps in their overall recruitment and support of resource families.

A Waiting Child

A Waiting Child is a statewide television-based recruitment effort presented by a local television station. In years past, children were interviewed in person and featured on a monthly segment during the news. This program has also undergone a transformation. They will no longer be interviewing children in person for their stories but will feature up to two children a month using photos and their stories, as provided by their caseworker. The change was based on the challenge of arranging interviews in such a vast state and matching television staff's availability with children and families' schedules. The expectation is that this will allow more children to be featured, and the program expects to air the recruitment effort monthly.

Wendy's Wonderful Kids (WWK)

Recruitment for permanency for children in foster care also happens with collaboration with WWK. CFSD has a MOU with two entities in Montana who house the WWK recruiters (Yellowstone Boys and Girls Ranch and St. John's Lutheran). CFSD collaborates with WWK through referrals to them for recruiting opportunities, retention efforts (supporting current providers), and in annual adoption celebrations across the state which is an annual recruitment event.

WWKs recruiters are focused on identifying permanency options for children ages ten through eighteen who do not currently have an identified permanency plan. Recruiters use an evidence-based, child-focused recruitment model to find the right family for every child in their care. A rigorous, five-year national evaluation revealed that children referred to the program are up to three times more likely to be adopted.

AdoptUSKids

CFSD collaborates with AdoptUSKids.org site to recruit families for placement and is also where families interested in foster care and adoption begin their search.

Between 2020 and January 2024, there were 1196 Montana's inquiries that were processed through the Adopt US Kids Family Intake Tracking Tool according to the AdoptUSKids data.

In January of 2024, AdoptUsKids chose to discontinue their relationship with CFSD. CFSD established its own statewide inquiry clearing house mailbox askaboutfostercare@mt.gov, which at the time of this assessment had 251 successful inquires received.

Toll-Free Licensing Hotline

CFSD has a toll-free line individuals can call to request information on licensing or to request a licensing inquiry packet. The calls are then referred to the RFS responsible for managing those inquiries. CFSD recorded 387 inquiry calls between 2020 and 2024.

Any inquiries made are routed to the appropriate RFSS or designated staff (based on location and type of inquiry) who then assigns it to the appropriate RFS. The RFS makes telephone and email contact with interested individuals within seventy-two hours of their inquiry. The RFS gathers information about the inquiring family, shares information regarding licensing requirements, training requirements, and the overall process. The inquiring family is also referred to the self-assessment tool to assist them in their journey. Families complete the tool in their own time and the results are not tracked by CFSD. If the individual or family would like to start the licensing process, they are provided with an inquiry packet.

Additional inquiries are received by individual caseworkers via personal email, direct office calls, drop-ins etc., which are not included in these numbers.

Data regarding the intersection of inquiry to application is not currently available in the Montana data system. Additionally, Montana does not have the capacity to track the data detailing what deterred people from moving forward in the process or that failed to respond to efforts to engage them in the process from the time of inquiry.

CFSD Internal Recruitment Efforts

Over the past five years, there has been a decrease in the number of children in care in Montana, and in conjunction there has been a decrease in the number of licensed families, especially families willing and able to parent children ages ten through eighteen, those with special needs, or those with behavioral challenges. The number of licensed homes is represented in the table below for the past five years.

Table 247: Licensed Foster Care Homes 2020-2024

2020	2021	2022	2023	2024
1111	1674	1298	1200	1159

The number of licensed shelter facilities and group homes in Montana that had the capacity to care for children ages twelve through eighteen, including those with behavioral issues or who struggled in a family-like setting, decreased as well. The number of licensed congregate care facilitates are represented in the table below reflecting a rise and fall in the past five years (Note: 2020 and 2022 are not included as the numbers did not significantly change during those times).

Table 248: Licensed Shelter Facilities 2020-2024

2019	2021	2023	2024
64	83	51	23

In addition to the decrease in shelter care and group homes, the number of CPA, who licensed and supported therapeutic foster care providers, dropped from six to two between 2019 and 2024. In 2018, budget cuts decreased funding for support programs. Despite increases in funding since that time, programs have struggled to regain their footing and adequately staff or maintain staff. CPA program managers cited difficulty in recruiting families to provide therapeutic level care and difficulty staffing support positions. CPA staff also noted an increase in the number of families wanting to only adopt, or only care for, younger children.

The CPAs that closed and no longer provided therapeutic care had also provided home support and family-based services to non-therapeutic families. The decrease in higher levels of care or congregate care, including therapeutic foster care, meant that children that might otherwise be placed in shelter or congregate care or therapeutic care were now placed in regular youth foster homes and with fewer services available. Often the families that were available were homes with little or no foster care experience, and this led to outcomes resulting in resource families leaving foster care or being unwilling to take placement of older children in their homes after only one placement, due to the high needs of the youth despite CFSD efforts to support the child and family. The number of therapeutically licensed homes between 2022 and 2023 are reflected in the table below.

Table 249: Licensed Therapeutic Foster Care Homes 2022-2024

2022	2023	2024
81	52	25

To offset the CPA shift, CFSD's Licensing Bureau developed a work plan, which included RFSs engaging in recruitment activities across the state. This was compromised of multiple activities with their urban Tribal programs to provide families with a realistic understanding of foster care and the type of children needing permanency. For example, out of the seventy-two children currently without an identified permanency option the average age is twelve, and historically families wanting to adopt are interested in children ages birth through five.

In prior years, each regional CFSD RFS unit had engaged in foster care month and adoption month activities. CFSD magnified these recruitment efforts throughout 2024, by assigning each region to target three of the following activities (which most completed more than three):

- Participation in Montana Kinship Advisory Board
- Participation in Promise 686 Collaboration Meetings
- Meeting with Billings Urban Indian Health Center Staff - *Identifying ways to increase engagement*
- Multiple Radio Station Interviews
- Faith Chapel Foster Parent Interest Panel
- Friday Lunch in Park with Billings Urban Indian Health Center
- PCAN Conference and No More Violence Week in Great Falls.
- Work with the Great Falls Indian Family Health Center and Chippewa Cree Tribal Office to Present to Tribal Members
- School Presentation to Local Teachers About Foster Care Needs
- Recruitment Table at The Mental Health Walk
- Recruitment at County Fairs
- Local Exercise Studio Recruitment Event

- Collaborating with Little Shell Tribe to Recruit Families
- Booth at Patsy Cline Review
- Fentanyl Awareness Conference at New Day
- Crow Tribe Open House
- Second Annual Native American Walk for Wellness
- Eagle Seekers Block Party and Carnival
- Multiple Events with Child Bridge
- Mailing to Families in Local School Districts Regarding the Needs for Resource Families

CFSD has flyers and other materials with QR codes to share during daily interaction opportunities in communities (stakeholder meetings, public events etc.). The QR code allows families to scan and review the CFSD website on their phone, computer or tablet at their preferred time.

Efforts to collaborate specifically with Urban Indian Health Centers or programs were targeted. While the efforts resulted in increased positive working relationships with Tribal programs, it didn't necessarily increase the number of Native American families applying to foster.

CFSD has requested the assistance of the Office of America Indian Health through the Director's Office to coordinate scheduling a meeting to assist in developing greater collaborative efforts with each of the Tribes on recruitment of Native American families. When Tribes have struggled to recruit families on their reservations, they have reached out to CFSD licensing staff for assistance and ideas. While CFSD RFS units have a strong relationship with Tribal social services staff and there have been active collaborative efforts in the past, the collaborative efforts were impacted by Covid and is taking some time to rebuild.

Placement with Kinship Placements

Montana ranks among the top states for placement with kinship care. While placement with kinship increased CFSD's capacity to meet children's placement needs, it also impacted recruitment of families. When the knowledge that a child placed in a non-relative home could be moved to be placed with kinship, despite the appropriate care and service provided by a regular youth foster home, it can be challenging for non-relative homes to understand. Additionally, kinship families usually take only placement of a single relative child/sibling group, which can be a barrier for placing siblings together. Though licensing a kinship home for one child/placement is not as labor intensive as licensing a regular youth foster home that could take multiple children over a span of years, it still requires time and support of the family by CFSD RFSs.

CFSD works to engage with kinship within seventy-two hours of placement notice. Staff have targeted information they provide to kinship families, including MTKNP, SNAP and TANF programs, training opportunities and other resources. CFSD recognized that water testing and fire safety equipment were barriers to licensure because of the costs especially for kinship families. CFSD provides fire extinguishers, smoke alarms carbon monoxide detectors and water testing to families when purchasing them is a barrier for the family. This effort to support kinship at the most basic level is also a recruitment tool. Kinship families who feel supported and valued are likely to maintain placement and at times consider transitioning to regular foster care when their kinship placement ends.

Connected Voices for Montana Kids

As discussed in Section 1 of this assessment, in 2021, Connected Voices for Montana Children was organized. The primary goal of CVMC is to provide feedback to agency leadership regarding training, resources, supports, and other topics related to the child welfare system in Montana, as identified by CVMC and/or CFSD. Representation consists of foster, kinship, biological, birth parents and youth with lived experience, and CFSD's LBC attends as the Division's liaison. Having a foster parent advisory board has been a small but important recruitment tool for CFSD. Foster parents who feel they are heard or have a place to express themselves is important in retaining families.

Vision Statement: CVMC seeks to provide a platform for professionals and families to communicate within the Montana child welfare system.

Mission Statement: CVMC exists to provide a safe place for foster families, adoptive families, kinship families, birth families, and youth and adults with lived expertise to solve problems and collaborate.

CVMC holds monthly virtual meetings and quarterly in-person meetings, and have provided input on training, policy, rule and practice to CFSD. The meetings all have an opportunity for outside comment. CVMC is undergoing a transition currently, as members who have been actively involved are transitioning away due to a change in family circumstances. The recent 2025 survey of resource families included an opportunity for respondents to indicate an interest in learning more or becoming involved with CVMC. That information has been provided to the current members who will complete follow-up with the respondents, including an invitation to participate in upcoming meetings. CVMC will continue to work to engage with stakeholders to increase the diversity and number of participants in their group.

Members from CVMC also participate in the SAC meetings quarterly, and one member is scheduled to participate in the 2025 CFSR stakeholder interviews.

CFSD Retention Efforts

CFSD has focused continual retention efforts on families on an ongoing basis. It should be noted that CFSD completes 6-month checks, once a family becomes licensed. The visits are designed to support current families and is targeted at a recruitment activity that was also designed to fill some of the gap created by the loss of service providers. These checks also help to identify challenges and attempt to locate services in a timelier manner (before disruption or licensing violations occurred), in other words, a retention effort as well. Well-supported and engaged families are one of the best forms of recruitment for CFSD. Also, children who have fewer moves/disruptions are more likely to achieve permanency. Children who have successfully reunified and or been adopted are also a key recruitment tool. All these things are also reasons why families will retain their license, even in the face of difficult challenges.

CFSD also developed ongoing training opportunities with a focus on enhancing foster parents' skills and abilities. Families were offered training (as described in the previous section) based on results from surveys and staff input. Families feeling supported and heard are also keys to minimizing disruptions and staying licensed, even in the face of challenges.

Foster care rates have always been a source of frustration and discussion for both staff and families. Following the 2023 legislative session, Montana also incorporated clothing and transportation allowances (that were previously required to be requested by foster parents for each child) into the daily foster care rate. The move increased the daily rate and made funding readily accessible to families for clothing and transportation, rather than relying on the process that involved several layers of approval.

During that same period, Montana also increased the respite rate available for families from $4.00 per hour to $20.00 an hour. The increase recognized the importance of respite in maintaining placement and keeping families licensed and children from disrupting. There is no data available to support that the increased rate sustained families in greater numbers or impacted the stability of placements. Some of the challenge is that families are responsible for finding their own respite provider and that is often difficult. Additionally, the children whose behavior would lead to an increased need for respite often have the fewest respite resources available.

Provider and Adoptive Parent Training – Surveys/Evaluations/Assessments

2025 KCS Annual Training and Needs Survey

As discussed previously in Item 28, in March of 2025, CFSD collaborated with UM-CCFWD to survey resource parents to gain greater understanding of the ongoing training.

- The 109 participants who had previously indicated they were a licensed foster care provider were asked, ***"Are you actively providing foster care to a youth?"*** Seventeen participants did not respond. The following table reflects the responses.

Table 250: Active Foster Care Inquiry (N=92)

Are you actively providing foster care to a youth?	Respondents Count / Percentage
Yes	77 / 84%
No	15 / 16%
Grand Total	92 / 100%

- The 109 participants who had previously indicated they were a licensed foster care provider were asked, ***"Has your interaction with your assigned Resource Family Specialist supported your role as a resource parent (foster care parent)?"*** Fifteen participants did not respond. The following table reflects the responses.

Table 251: Interaction with Licensing Staff (N=94)

Has your interaction with your assigned RFS supported your role as a resource parent?	Respondents Count / Percentage
Yes	79 / 84%
No	15 / 16%
Grand Total	94 / 100%

- The 109 participants who had previously indicated they were a licensed foster care provider were asked, ***"Do you have doubts about continuing as a resource parent (foster care parent)?"*** Seventeen participants did not respond. The following table reflects the responses.

Table 252: Doubts of Continuing as a Resource Parent (N=92)

Do you have doubts about continuing as a resource parent?	Respondents Count / Percentage
Yes – *Reasons provided were categorized as: Negative experiences with CFSD staff, burnout, lack of time, personal life issues, lack of placements in their home, and overall length of cases.*	37 / 40%
No	55 / 60%
Grand Total	92 / 100%

Item 35 Performance Appraisal

For the CFSR Round 4 (2025) SWA, CFSD has rated *'Systemic Factor Item 35'* as a Strength.

CFSD sees strengths in recruitment and retention of resource parents and adoptive families. CFSD's large number of kinship providers speaks to the efforts to maintain children's connection to culture and community.

CFSD assessed the following strengths for this item:

- Creation of the Foster Care Licensing Bureau to manage all aspects of the foster care licensing programs, staff and policies. This centralized and defined element has resulted in more efficiencies in the program and better communication at all levels of the agency.
- Calendar of training and recruitment efforts scheduled annually to ensure consistent messaging and statewide efforts to identify potential placement options, as well as timely licensure and access to training and resources.
- Connected Voices for Montana Kids offered ongoing feedback, and support to the Licensing Bureau. The meetings allow for supportive conversations and meaningful feedback to ensure the voices of these stakeholders are heard and their concerns considered on an ongoing basis, whether to maintain the status of programs or systems, or in the development of change.
- WWK, Child Bridge, and A Waiting Child are ongoing efforts for child specific adoption recruitment, while targeted for specific children, they are a constant reminder in the media of the need for resource families.
- Hiring of the child specific recruitment PPS to support efforts to identify permanency options for children.

In summary, upon review of the quantitative and qualitative data available and shared throughout this item's assessment above, CFSD believes that the statewide functioning for the foster and adoptive aren't licensing, recruitment, and retention system ensures the diligent recruitment of potential foster and adoptive families who reflect ethnic and racial diversity of

children in the state for whom foster and adoptive homes are needed occurring statewide.

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

SWA Question: *How well is the foster and adoptive parent licensing, recruitment, and retention system functioning to ensure that the process for ensuring the effective use of cross-jurisdictional resources to facilitate timely adoptive or permanent placements for waiting children is occurring statewide?*

During the CFSR Round 3 (2017), CFSD's State Outcome Performance 'Systemic Factor Item 36' was rated as an Area Needing Improvement, as Montana was not in substantial conformity. Information from the SWA and the stakeholder interviews showed that the state was not routinely completing home study requests received from other states in a timely manner. The lack of adequate staffing was identified as a key barrier to ensuring home studies were routinely completed timely. Many stakeholders reported that the state was effective in utilizing cross-jurisdictional resources to facilitate timely adoptive or permanent placements for waiting children. However, there was no statewide data to measure the state's performance in this area.

CFSD's ICPC unit moved from the IV-E Program Bureau to the Licensing Bureau in March of 2024 for oversight. This transition came on the heels of Montana's participation in the NEICE data system. ICPC staff conduct a high volume of communication via phone calls and emails to ensure and expedite placement of children in and out of the state of Montana. Additionally, the ICPC staff request virtual meetings with other states regularly to troubleshoot barriers and delays in the ICPC process. The RFS staff in the Licensing Bureau are responsible for most of the incoming home studies for ICPC. As a result, there is regular communication between the ICPC unit and the RFSs in the field. The CFSD kinship assessment, use of non-agency providers to assist with the completion of kinship studies, and timely access to criminal background checks through the live scan and card scan machines have dramatically decreased timelines for completion of home studies for other states.

The dual role of LBC and ICPC administrator also benefits the field staff looking to place children with relatives in other states because of the relationships in place with other licensing program managers and staff across the country and a clear understanding of licensing rules and processes in other states, as well as Montana. Data regarding ICPC requests and timelines is not available for 2020-2023 but the NEICE report for the period between February 2024 and December 2024 indicates that CFSD has processed 612 requests for interstate placement, both in and outside Montana. There are currently two overdue safe and timely reports (past sixty days) incoming requests, and eighteen overdue safe and timely reports for outgoing requests. Delays in ICPC approvals are often the same reasons that foster home licensing is delayed; record check requests from other states, and families not actively engaging in the process.

The ICPC staff work closely with the IV-E Program Bureau to achieve permanency including guardianship and adoption, as well as staff from the Children's Mental Health Bureau to facilitate communication and understanding of the ICPC process and to address barriers and challenges to placement. The ICPC staff provide technical support to any staff and Tribal entities requesting assistance, both at the initiation of the ICPC and for ongoing cases.

CFSD trained field staff in the fall of 2024, facilitated by CFSD's ICPC Deputy Compact Administrator on the use of ICPC requests and the process for initiating them to ensure clear understanding of the ICPC process and expectations and the process regarding providers, both in and out of the state of Montana. Additionally, CFSD will be providing similar training on the basics of ICPC to the Montana Office of Public Defenders, who represent birth parents and children in dependency and neglect cases to create a greater understanding of the ICPC process and the impact on their clients/cases.

Item 36 Performance Appraisal

For the CFSR Round 4 (2025) SWA, CFSD has rated *'Systemic Factor Item 36'* as a Strength.

CFSD sees strengths in recruitment and retention of resource parents and adoptive families. CFSD's large number of kinship providers speaks to the efforts to maintain children's connections to culture and community.

CFSD assessed the following strengths for this item:

- The greatest strengths to the ICPC process are CFSD being a part of the NEICE system and the ICPC unit being a part of the Licensing Bureau. This allows better tracking, documentation and communication between states and within the Bureau, and program ICPC staff are still becoming familiar with the NEICE system and its capabilities. The ease at which a case can be entered into the system and responses and updates monitored, is light years from the email, fax and United State Postal Services method of communication.
- The other identified strengths related to this item are CFSD's kinship licensing assessment and the use of non-agency providers to assist in writing studies, along with CFSD's use of live scan and card scan machines for background checks. Montana ICPC staff communicate regularly with the RFSs in the field. The LBC regularly reviews the NEICE system for the status of ICPC requests and reviews those cases that are nearing safe and timely deadlines with the RFSS to assist in identifying and mitigating barriers to completion of studies or timely responses to ICPCs.
- Additionally, the LBC and the ICPC staff review overdue requests that are in the hands of other states and identify steps to communicate with other state ICPC and field staff to address delays.
- Qualitative feedback supports and reinforces strengths of the interstate compact process. ICPC spreadsheets, the NEICE system and verbal interactions with the ICPC staff indicate that overall, the ICPC process is a positive experience. CFSD's RFS staff are very conscientious in knowing the importance of timely completion of those studies in the context of permanency for children.

In summary, upon review of the quantitative and qualitative data available and shared throughout this item's assessment above, CFSD believes that the statewide functioning for the foster and adoptive aren't licensing, recruitment, and retention system ensures the effective use of cross-jurisdictional resources to facilitate timely adoptive or permanent placements for waiting children is occurring statewide.

SWA Appendix A – Acronym List

A

Accenture Case Insight Solution (ACIS)
Addiction Recovery Team (ART)
Addictive and Mental Health Disorders Division (AMHDD)
Administration for Children and Families Children Bureau (ACF-CB)
Administrative Rules of Montana (ARMS)
Adoption and Foster Care Analysis and Reporting System (AFCARS)
Advanced Practice Training (APT)
Americans with Disabilities Act (ADA)
Annual Progress and Service Report (APSR)
Ansell Casey Life Skills Assessment (ACLSA)
Area Needing Improvement (ANI)

B

Behavioral Health Alliance of Montana (BHAM)
Behavioral Health and Development Disabilities
Business Analyst Unit (BA)

C

Center for States Child Welfare Capacity Building Collaborative (CSCWCBC)
Centralized Intake (CI)
Chief Safety Officer and Community Liaison (CSO)
Child Abuse & Neglect Review Commission (CANRC)
Child Abuse Prevention and Treatment Act (CAPTA)
Child Adult Protective System (CAPS)
Child and Adolescent Service Intensity Instrument (CASII)
Child and Family Services Division (CFSD)
Child and Family Service Plan (CFSP)
Child and Family Services Review (CFSR)
Child Placing Agency (CPA)
Child Protection Specialist (CPS)
Child Protection Specialist Supervisors (CPSS)
Child Support Services Division (CSSD)
Child Welfare Managers (CWM)
Child Welfare Prevention and Support Services (CWPSS)
Children's Advocacy Centers (CAC)
Children's Alliance of Montana (CAM)
Children's Justice Act (CJA)
Children's Mental Health Bureau (CMHB)
Children's Special Health Services (CSHS)
Chippewa Cree Tribe (CCT)
Citizen Review Panel (CRP)
Commodity Supplemental Food Program (CSFP)
Community Based Child Abuse Prevention (CBCAP)
Community Response Program (CRP)
Comprehensive Child Welfare Information System (CCWIS)
Conditions for Return (CFR)
Confederated Salish and Kootenai Tribes (CSKT)
Connected Voices for Montana's Children (CVMC)
Continuous Quality Improvement (CQI)
Court Appointed Special Advocates (CASA)
Creating Lifelong Families (CLF)

D

Department of Commerce Montana Housing Program (MHP)
Department of Justice (DOJ)
Department of Motor Vehicles (DMV)
Department of Public Health and Human Services (DPHHS)
Dependent and Neglect Cases (DN)
Developmental Disability Program Bureau (DDPB)

E

Early and Periodic Screening, Diagnostic, and Treatment (EPSDT)
Early Childhood and Family Support Division (ECFSD)
Education and Training Vouchers (ETV)
Emergency Protective Services Hearing (EPS)

F

Families First Prevention Services Act (FFPSA)
Family Based Services (FBS)
Family Case Plan (FCP)
Family Engagement Meeting (FEM)
Family Functioning Assessment (FFA)
Family Medical Leave Act (FMLA)
Family Support Services Advisory Council (FSSAC)
Family Support Team (FST)
Federal Fiscal Year (FFY)
Field Lead Training Specialist (FLTS)
Former Foster Care Medicaid (FFCM)
Foster Care Review Committee (FCRC)
Foster Youth to Independence (FYI)
Free Application for Federal Student Aid (FAFSA)

G

Guardian Ad Litem (GAL)

H

Healthy Families America (HFA)
Healthy Montana Families (HMF)
Healthy Mothers Healthy Babies (HMHB)
Human and Community Services Division (HCSD)
Human Factors Debriefing (HFD)
Human Resources (HR)
Human Resource Development Councils (HRDC)

I

In-Home Cases (IH)
Individualized Education Plan (IEP)
Indian Child Welfare Act (ICWA)
ICWA Family Recovery Court (ICWA-FRC)
Infant Early Childhood Mental Health Consultant (IECMHC)

Information and Technology Division (ITSD)
Interstate Compact on Placement of Children (ICPC)

K

Keeping Children Safe (KCS)

L

Learning Management System (LMS)
Licensing Bureau Chief (LBC)
Leaders in Organizational Change (LOC)
Low Income Home Energy Assistance Program (LIHEAP)

M

Management Team (M-Team)
Maternal Infant and Early Childhood Home Visiting (MIECHV)
MCIP ICWA Communities of Practice (CoP)
Memorandum of Understanding (MOU)
Montana Board of Crime Control (MBCC)
Montana Career Information System (MCIS)
Montana Chafee Foster Care Independence Program (MCFCIP)
Montana Chapter of the American Academy of Pediatrics (MTAPP)
Montana Child Abuse and Neglect Orientation Training (MCAN)
Montana Children's Trust Fund (MTCTF)
Montana Code Annotated (MCA)
Montana Continuum of Care (COC)
Montana Court Improvement Program (MCIP)
Montana Family Safety Information System (MFSIS)
Montana Kinship Navigator Program (MKNP)
Montana's Prevent Child Abuse and Neglect Conference (PCAN)
Montana's Program for Automating and Transforming Healthcare (MPATH)
Montana State University (MSU)
Montana State University – Billings (MSU-B)
MSU Extension Family & Consumer Sciences Program (MSU-E)
Motivational Interviewing (MI)
Multi-Disciplinary Teams (MDT)

N

National Child Abuse and neglect Data System (NCANDS)
National Crime Prevention and Privacy Compact (NCPPC)
National Electronic Interstate Compact Enterprise (NEICE)
National Training and Development Curriculum (NTDC)
National Youth in Transition Database (NYTD)

O

Office of Child and Family Ombudsman (OCFO)
Office of Inspector General (OIG)
Office of Legal Assistance (OLA)
Office of Public Assistance (TANF)
Office of Public Instruction (OPI)
Office of the Commissioner of Higher Education (OCHE)
Office of Victims of Crime (OVC)
Online Monitoring System (OMS)
On Site Review Instrument (OSRI)
Out-of-Home Cases (OOH)

P

Performance Improvement Plan (PIP)
Permanency Planning Program Manager (PPPM)
Permanency Planning Specialist (PPS)
Permanency Planning Team (PPT)
Permanent Planned Living Arrangements (PPLA)
Positive Youth Development (PYD)
Post Permanency Support Specialist (PPSS)
Pre-Employment Transition Services Program (Pre-ETS)
Pre-Hearing Conferences (PHC)
Priority One (P1)
Priority Two (P2)
Priority Three (P3)
Priority Four (P4)
Priority Five (P5)
Psychiatric Residential Treatment Facilities (PRTF)
Public Housing Authority (PHA)

Q

Qualified Expert Witness (QEW)
Qualified Individual (QI)
Quality Assurance (QA)
Quality Improvement Center (QIC)
Quality Improvement Center Engagement of Youth Project (QIC-EY)

R

Random Moment Time Study (RMTS)
Reach Higher Montana (RHM)
Recruitment, and Training (RRT)
Regional Administrator (RA)
Regional Advisory Councils (RAC)
Request for Proposal (RFP)
Request of Information (ROI)
Resource Family Specialists (RFS)
RFS Supervisors (RFSS)
Risk Standardized Performance (RSP)

S

Safety and Management System (SAMS)
Safety Plan Determination (SPD)
Salish Kootenai College (SKC)
Service Organization and Reporting System (SOARS)
Sexual and Violent Offender Registry (SVOR)
Social Security Administration (SSA)
State Advisory Council (SAC)
State Fiscal Year (SFY)
Statewide Assessment (SWA)
Statewide Data Indicators (SWDI)
Skill Enhancement Training (SET)
Structured Query Language (SQL)
Substance Use Disorder (SUD)
Supplemental Nutrition Assistance Program (SNAP)
Systemic Processes and Operations Review Team (SPORT)

T

Targeted Case Manager (TCM)
Team of Lived Expertise (TLE)
Temporary Assistance for Needy Families (TANF)
Temporary Legal Custody (TLC)
Termination of Parental Rights (TPR)
Therapeutic Foster Family (TFF)
Therapeutic Group Home (TGH)
Training Development Specialist (TDS)
Training Development Specialist Supervisor (TDSS)
Transitional Living Plan (TLP)
Trial Home Visits (THV)
Trauma Informed Practices Training (TIPs)

U

U.S. Department of Housing and Urban Development (HUD)
University of Montana (UM)
University of Montana Center for Children Families and Workforce Development (UM-CCFWD)
University of Montana Workforce Consultants (UM-WTCs)

V

Vocational Rehabilitation and Blind Services (VRBS)

W

Wendy's Wonderful Kids (WWK)
Women, Infant and Children (WIC)
Workforce Investment and Opportunities Act (WIOA)

Y

Yellowstone Boys and Girls Ranch (YBGR)
Youth Advisory Board (YAB)
Youth Dynamics Incorporated (YDI)
Youth Engagement Coordinator (YEC)
Youth Homelessness Demonstration Program (YHDP)

Chart 49: Region 1 Organizational Chart

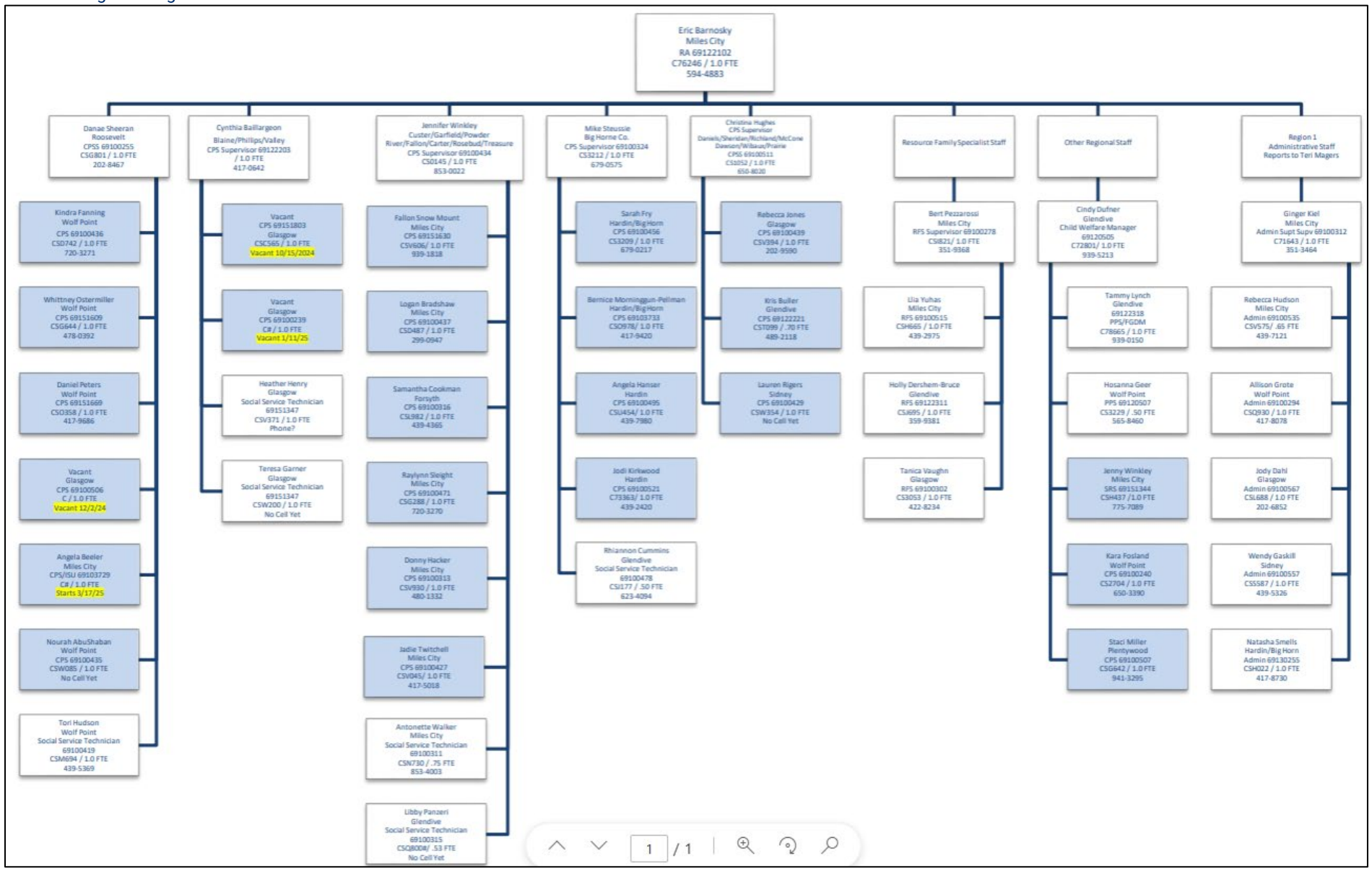


Chart 50: Region 2 Organizational Chart

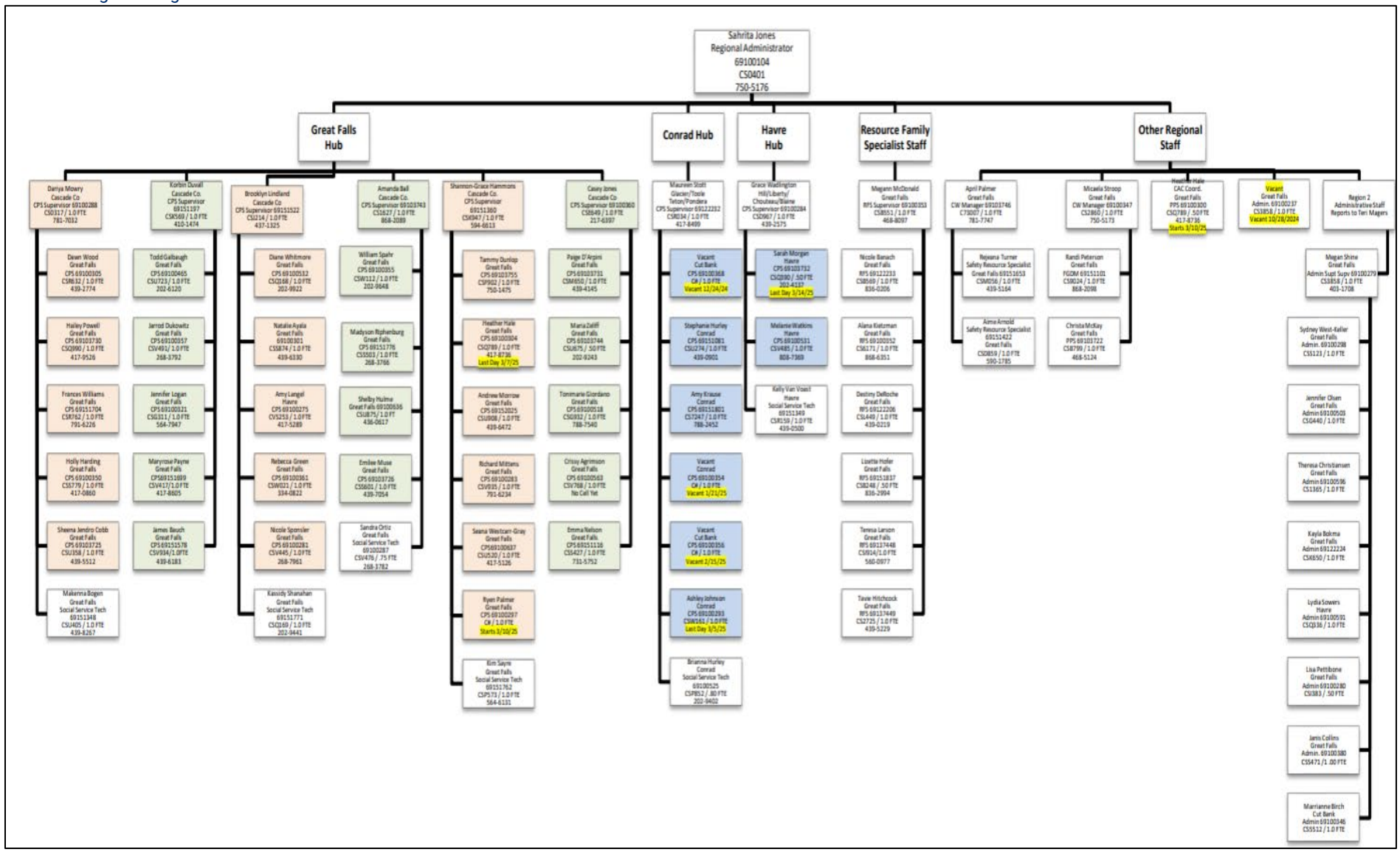


Chart 51: Region 3 Organizational Chart

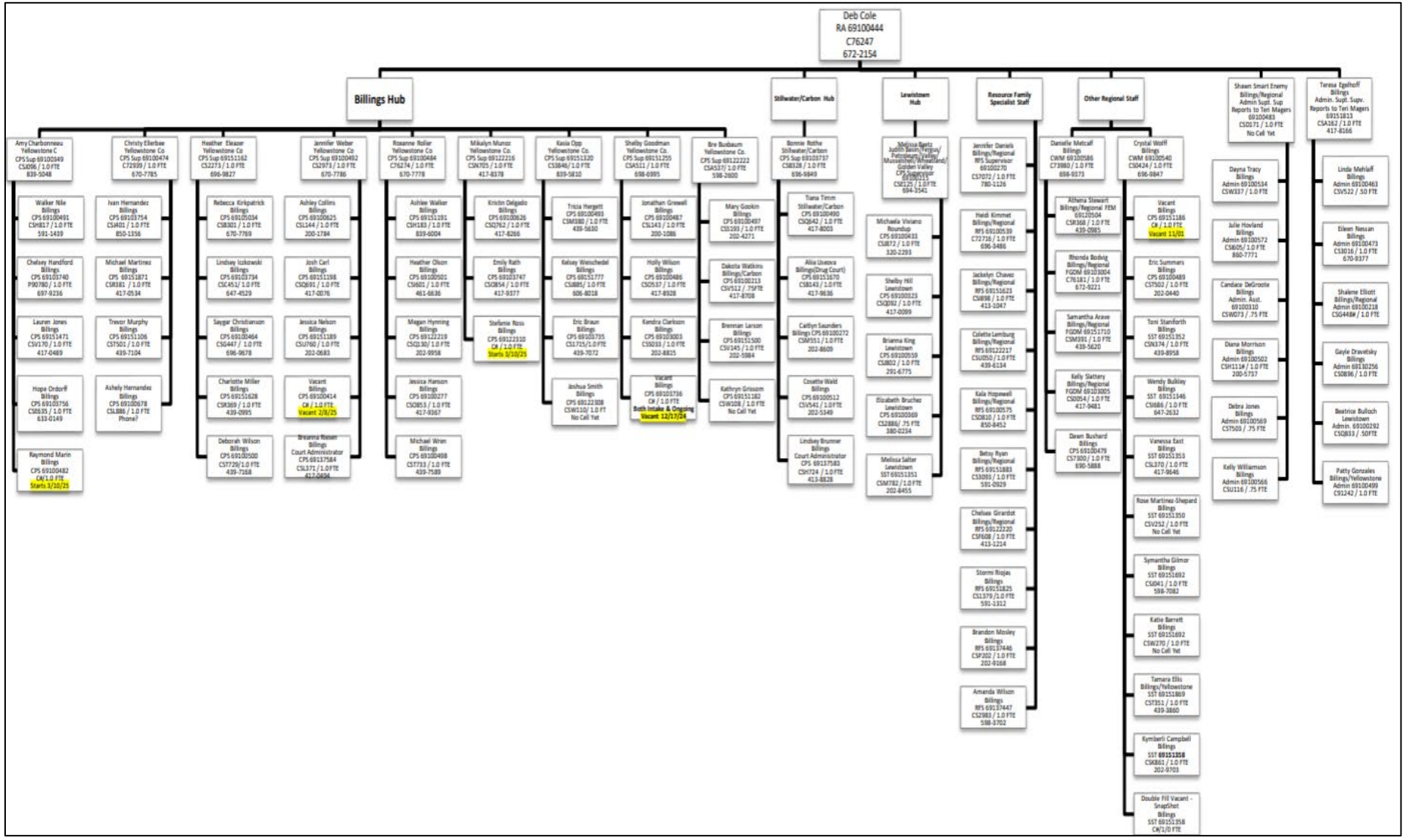


Chart 52: Region 4 Organizational Chart

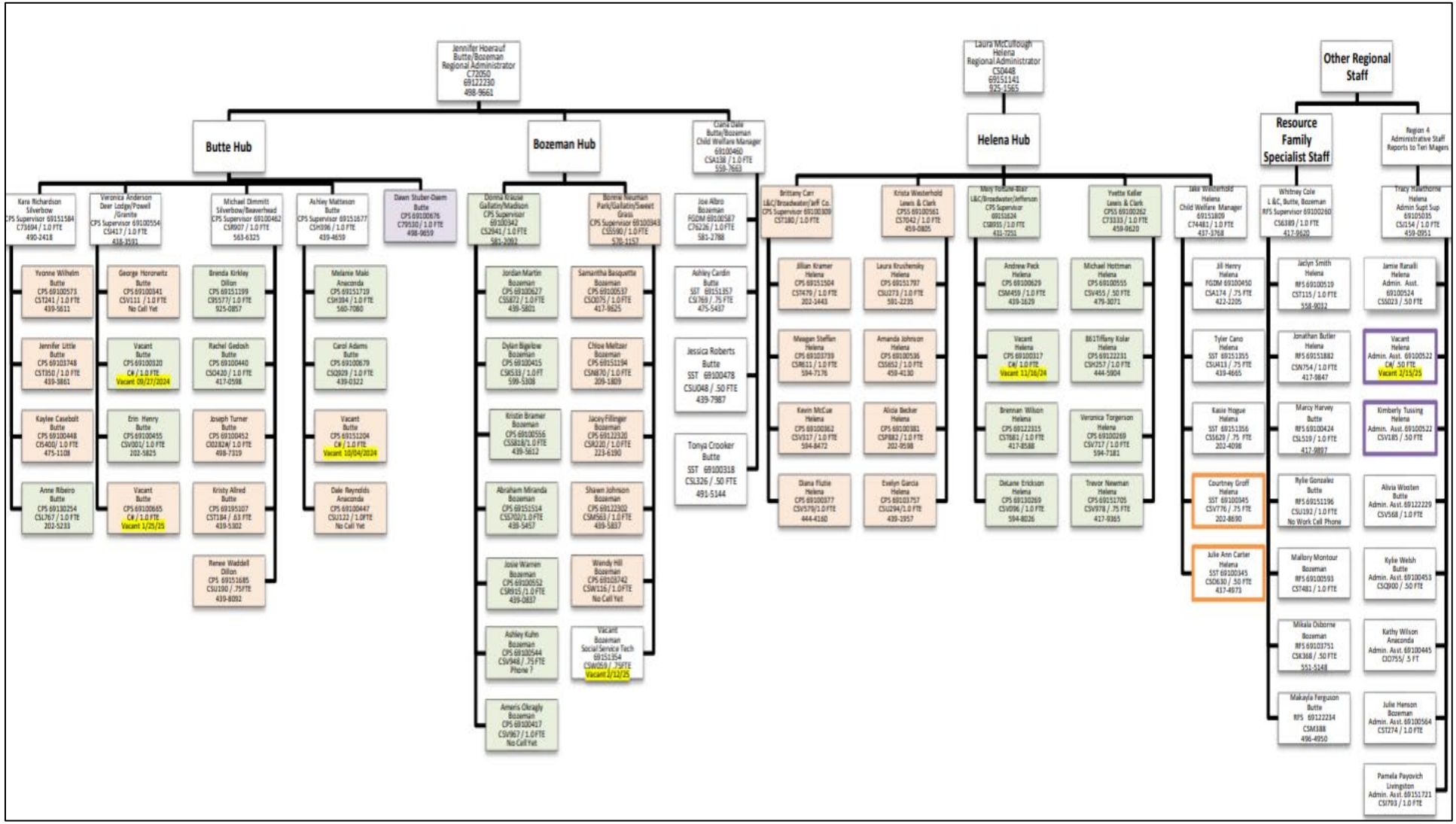


Chart 53: Region 5 Organizational Chart

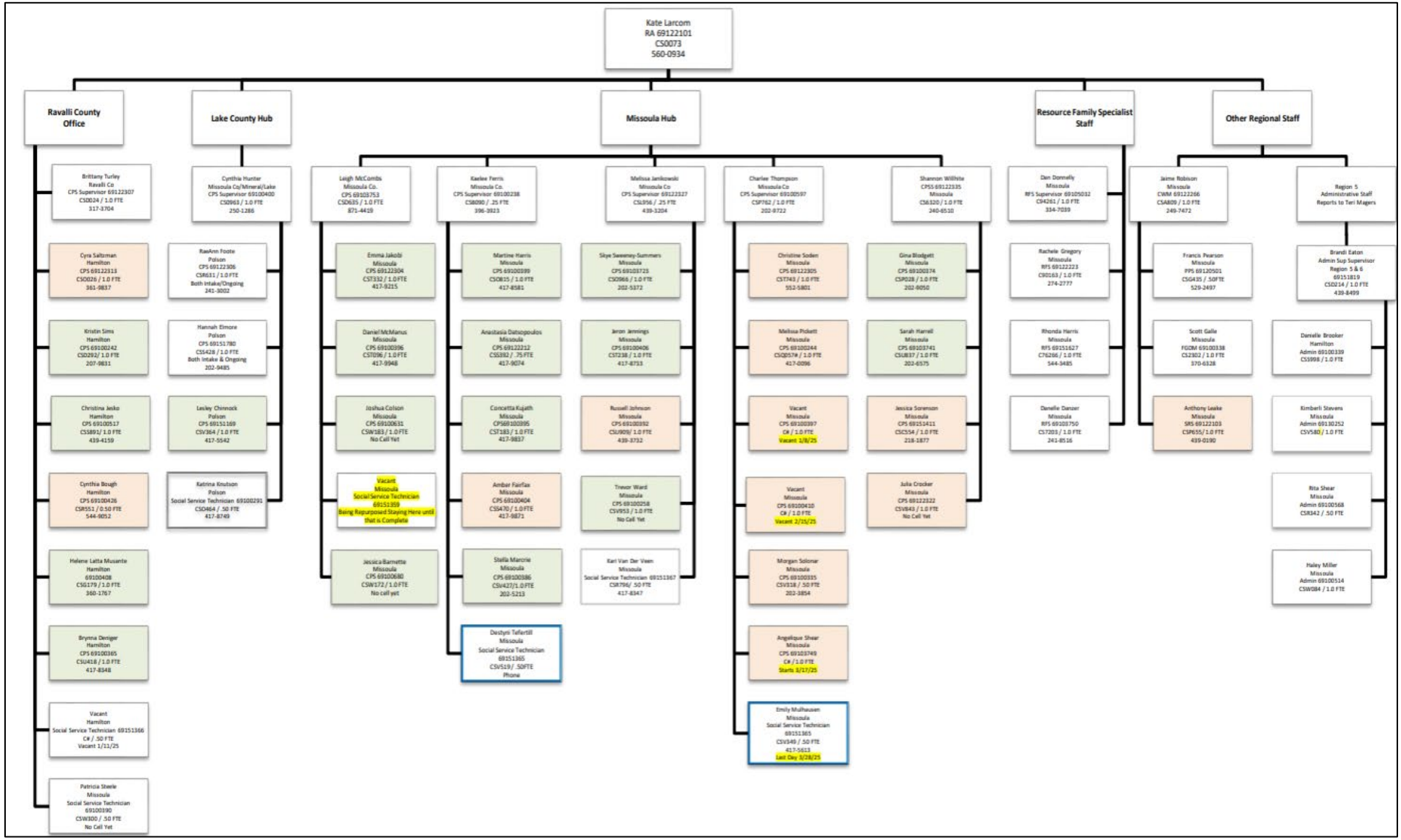


Chart 54: Region 6 Organizational Chart

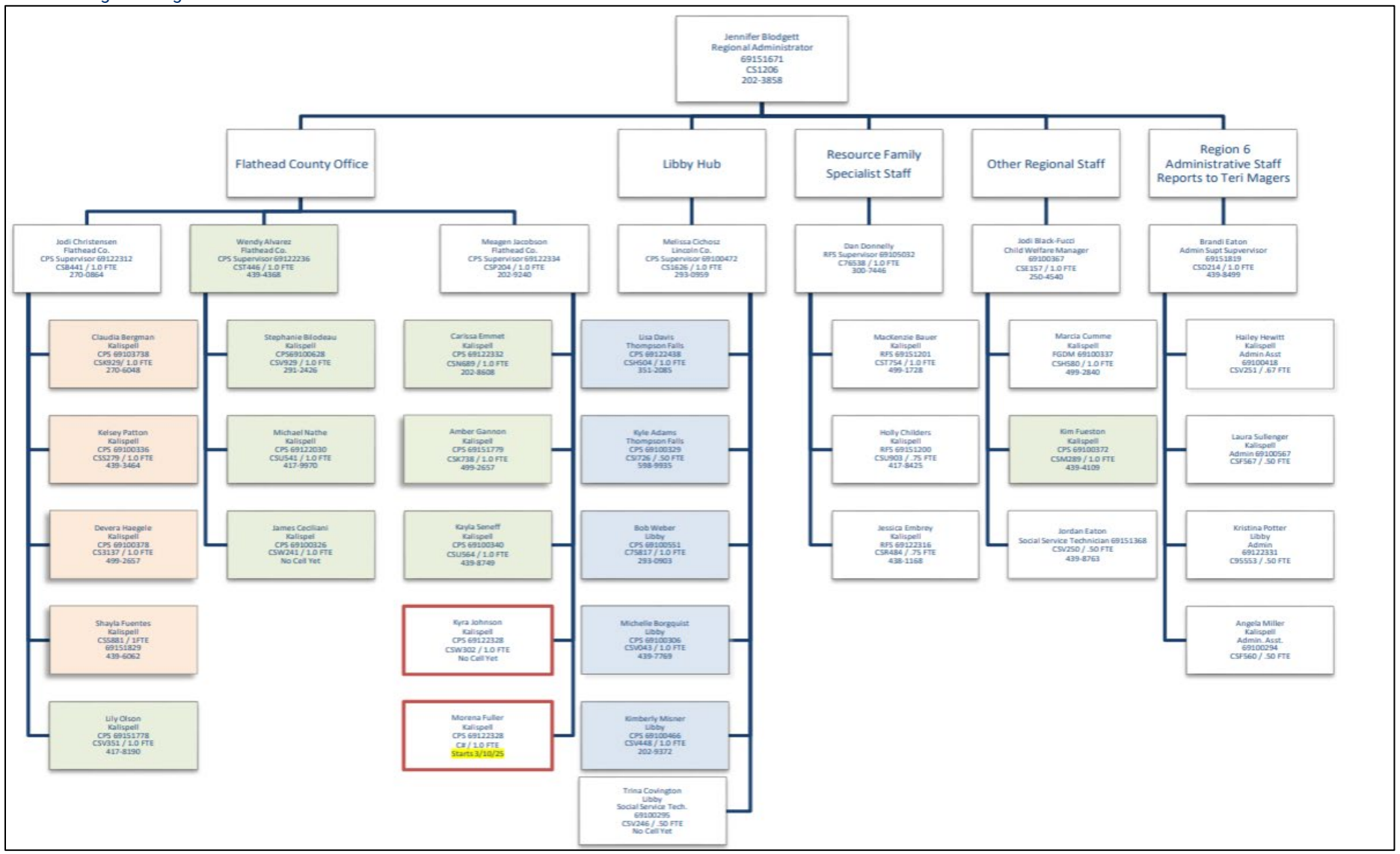


Chart 55: Centralized Intake Organizational Chart

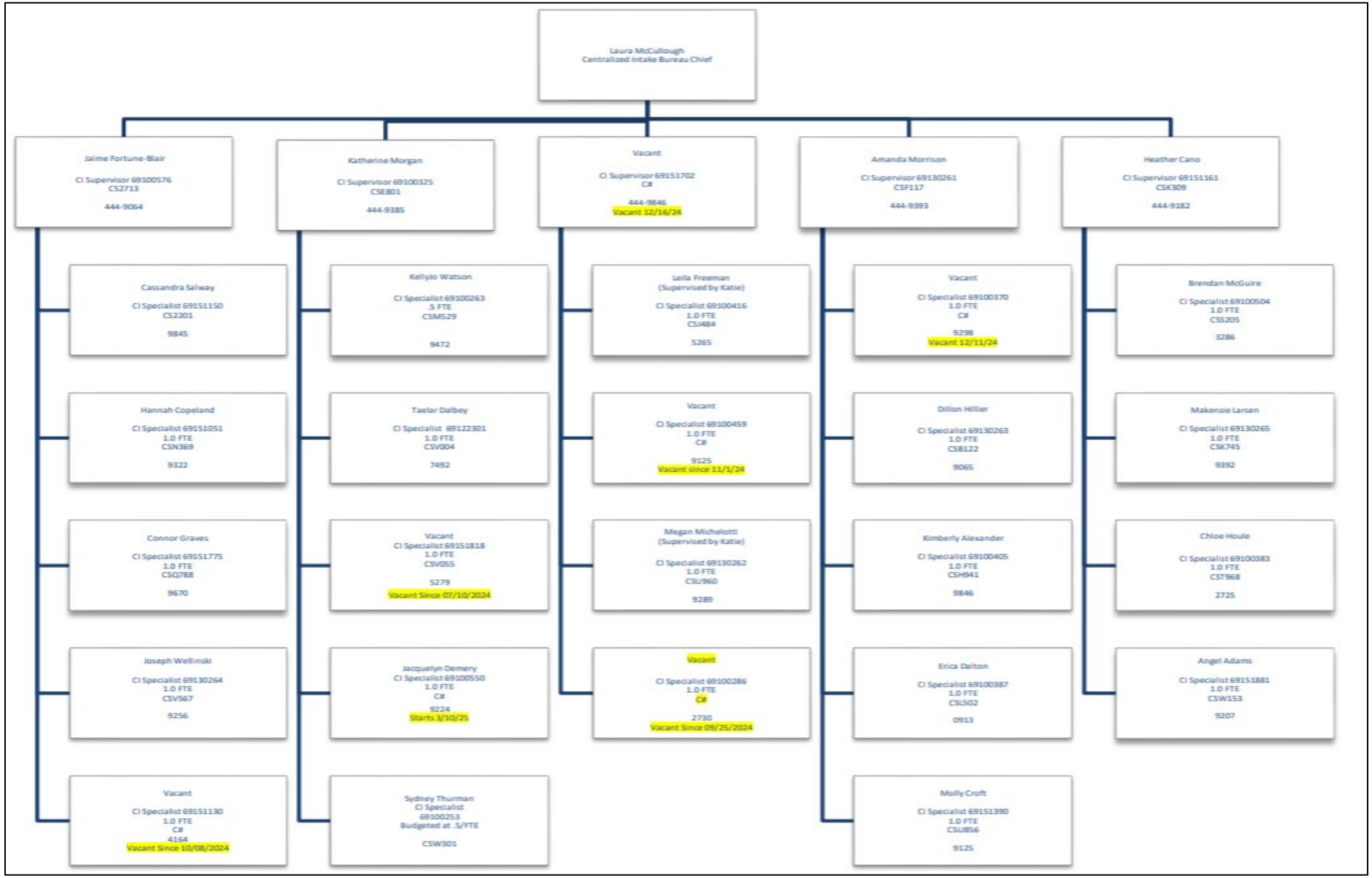
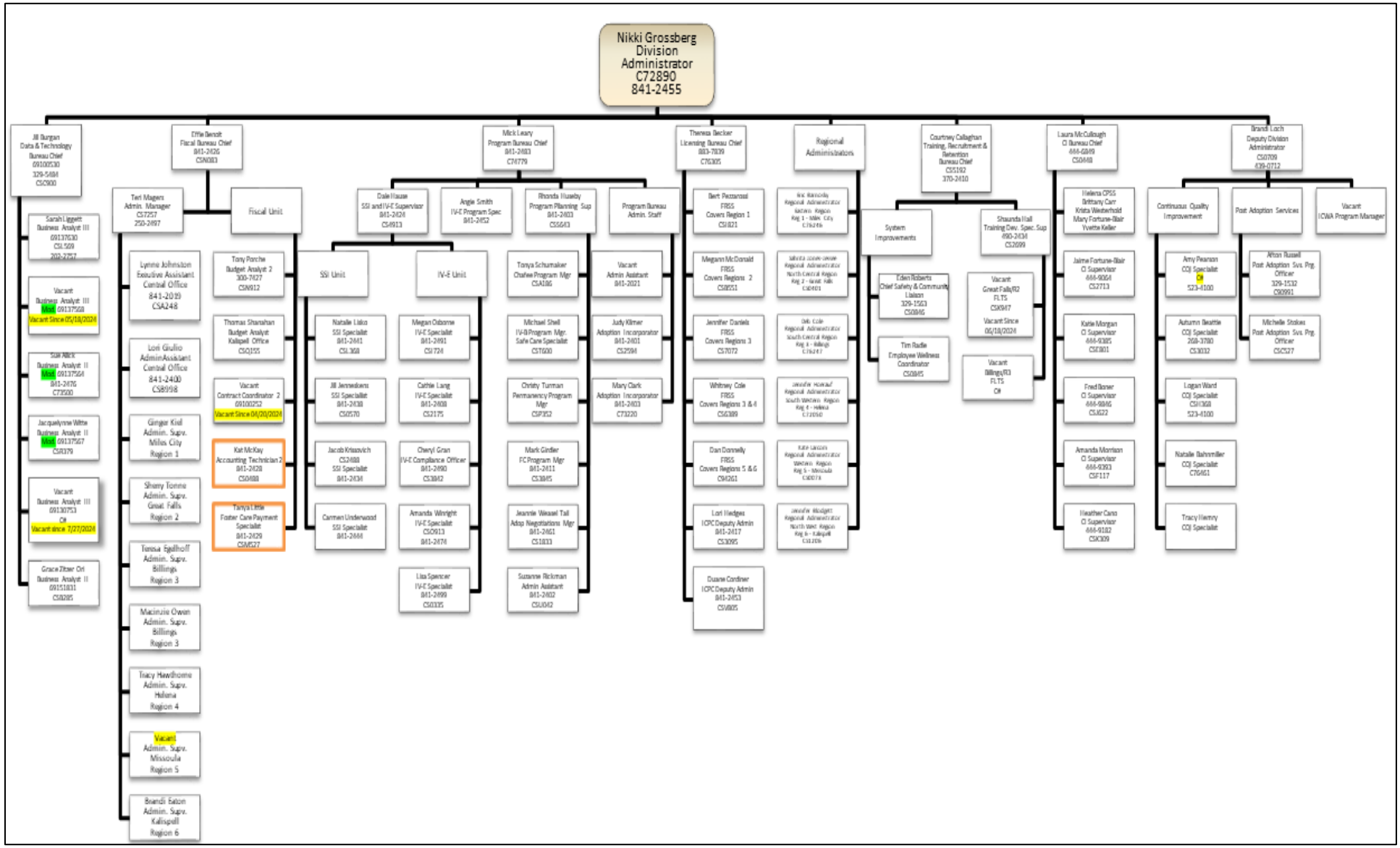


Chart 56: Central Office Organizational Chart



Montana CFSR State Data Profile

The state data profile can be requested from the state or Children's Bureau.