

**STATE OF ALABAMA
DEPARTMENT OF HUMAN RESOURCES
ANNUAL PROGRESS AND SERVICES REPORT
2011**



**State of Alabama
Department of Human Resources
Annual Progress and Services Report
FY 2011**

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* The content for **CAPTA** and **Criminal History Checks** is now located in the **2011 Alabama CAPTA Plan**, which is provided as a separate document to the 2011 APSR.

** The information on Juvenile Justice Transfers is also included in the **2011 Alabama CAPTA Plan**.

INTRODUCTION

I. STATE AGENCY

The Alabama Department of Human Resources (DHR) is designated by the Governor as the agency to administer the Social Services Block Grant (Title XX), Title IV-B and Title IV-E Programs. DHR administers the IV-B, subpart two, Promoting Safe and Stable Families plan and supervises services provided by the Department and purchased through community service providers.

The Family Services Division (FSD), with oversight from the Deputy Commissioner for Children and Family Services, has primary responsibility for the social service components of the Title IV-E plan and programs that include: A) Independent Living Services, B) the Title IV-B plan and programs for children and their families funded through the Social Services Block Grant, and C) the Child Abuse Prevention and Treatment Act (CAPTA). There is additional involvement from other key offices within the Department. Reporting to the Deputy Commissioner, Fiscal and Administrative Services, the Office of Resource Management is responsible for regulatory and residential licensure functions, procuring/contracting services for the child welfare continuum, utilization review, and family preservation/support services.

Alabama meets the Maintenance of Effort (MOE) requirement and does not supplant any state funds. The Substantial Portion of Funds requirement for Promoting Safe and Stable Families is met with the following allocation of funds for FY 2008: Family Preservation 29%, Family Support 28%, Time-Limited Reunification 23%, Adoption Promotion and Support 20%.

II. ORGANIZATION / STRUCTURE OF THE CHILD WELFARE SERVICES PROGRAM – FAMILY SERVICES DIVISION

Director – Family Services

The Director is responsible for the overall administration of the Division with support from two Deputy Directors. A number of specific child welfare programs and initiatives are managed within the Division. In addition, there are other offices or units within the Division that provide an infrastructure to support the overall child welfare mission. The Director's scope of responsibility includes oversight for the provision of a range of administrative supports to county departments in the areas of policy development, program training, foster and adoptive home recruitment and approval, consultation and technical assistance, budgeting, data analysis, quality assurance, and also some direct client services to children and families. The Director sets the vision for the Division in establishing an infrastructure to support service delivery and the capacity for ongoing sustainability of these systemic improvements across all 67 county departments. Coordination with the Commissioner, Deputy Commissioners, the Legal Office, other Division Directors, and County Directors takes place on a regular basis. The Director represents the Division with other state and federal agencies, advisory groups, legislators, Governor's Office, and advocacy groups. Direct supervision is provided to the Deputy Directors, and the Office Administrator.

Deputy Directors

One Deputy Director supervises the Managers and Program Supervisors of the following Offices: Child Protective Services, Permanency, Policy, Child Welfare Training, Child Welfare Consultation, the Comprehensive Assessment Project and Federal Coordination and Reporting. The Deputy Director further serves as a liaison to represent the Family Services Division in internal agency meetings involving the Commissioner, Deputy Commissioners and the State Legal Office, and in extra-agency training, task forces, work committees, and other groups. One Deputy Director supervises the FACTS unit and the Managers of the following Offices: Interstate Compact on the Placement of Children, Child Welfare Eligibility, Quality Assurance, Data Analysis and Financial Resource Management. This Deputy Director will also serve as a liaison to represent the Family Services Division in internal agency meetings involving the Commissioner, Deputy Commissioners and the State Legal Office, and in extra-agency training, task forces, work committees, and other groups.

Office of Child Welfare Policy

The Office of Child Welfare Policy (OCWP) is responsible for developing child welfare policy required by state and federal legislation, and developing and revising all other policies as directed by each child welfare program, (e.g., CPS, Foster Care). The Office of Policy is responsible for coordinating revisions to the **Minimum Standards for Foster Family Homes** incorporating best practice goals and principles into policy; amending the Administrative Procedures Code; coordinating the review of legislation pertinent to services for children and families; developing and submission of the title IV-E State Plan; and publishing policy interpretations.

Policy development and revision process includes:

- Assessing policy needs and issues.
- Planning approaches to policy development.
- Completing state of the art literature research.
- Collaborating with experts and professional resources.
- Writing policy drafts.
- Involving relevant stakeholders (e.g., county staff, County Director's Policy Advisory Committee, and other appropriate individuals and groups in the draft review process.
- Managing the review, comment, and final drafting process through the Department and external stakeholders.
- Securing administration's approval of the proposed final draft.

Office of Child Protective Services

The Office of Child Protective Services (CPS) is responsible for program development of child protective services. This Office provides consultation to County Departments having identified needs with their child protective services program. The Office continues to have responsibility for Administrative Record Review, and the Child Abuse and Neglect (CAN) Central Registry. Also, the Basic Child Abuse and Neglect Grant, Children's Justice Grant, and the Combined Discretionary Grant (Comprehensive Family Assessment) are managed in this office.

The Office of Child Protective Services is responsible for managing and conducting administrative record reviews when persons allegedly responsible for child abuse and neglect do not agree with a substantiated finding. Staff in this Office work in partnership with County administrative staff in conducting record reviews, including any information submitted by the alleged perpetrator, to determine if there is sufficient evidence to support an indicated (i.e., substantiated) finding of abuse or neglect. Administrative record reviewers provide feedback to staff on the basis of their work in administrative record reviews. The Office is also responsible for providing training to county staff on these reviews.

The management of the Central Registry on Child Abuse and Neglect is the responsibility of this Office. Information contained in the Central Registry can prevent child abuse and neglect of children through the clearance of potential childcare providers. Child care institutions, day care centers, school systems, voluntary agencies, child placing agencies, etc., can clear prospective employees or volunteers who work with children through the Central Registry. This information bank also assists County Departments in intervention services by providing data necessary for a thorough family assessment. This Office also conducts requests from other states so they are in compliance with the Adam Walsh Act. Other responsibilities include: working as a team member on the development of child protective services policy, reviewing legislation related to child protective services, and state liaison to the Children's Bureau, Office on Child Abuse and Neglect.

Office of Child Welfare Training

The Office of Child Welfare Training is responsible for training social work and supervisory staff of county departments in the basic child welfare skills curriculum, **Alabama Child Welfare Training (ACT I)**. Trainers are located in Huntsville and Birmingham and deliver training in cities throughout the State. ACT is based on five foundation concepts: the belief that people can change; respecting the family's culture, joining with families; building partnerships with birth families and foster/adoptive families in parenting; and working with families in an ecological (Systems) framework.

ALABAMA CHILD WELFARE TRAINING (ACT I) is a skill based training curriculum designed for new child welfare employees. The program consists of three modules (11 days) of training in a classroom setting, along with Professional Development Plan (PDP) activities in the middle and end of the residential training. The PDP activities are designed to culminate in, or be incorporated into, the workers' PDP. For maximum benefit, participants should attend ACT I within three months of beginning employment with the Department.

ACT I develops skills needed for the Individualized Service Plan (ISP) process, from the initial contact with the family through case closure. Protection and permanence for the children is stressed as dual goals of all work with families. Through ACT I, staff are taught to involve children and their families and foster/adoptive parents as partners in assessing, planning and utilizing services that the family's planning team has identified and agreed upon. ACT I provides a foundation for practice in keeping with the principles of practice Alabama has adopted. ACT I prepares agency staff to promote safety, permanency, and well being for the children and families the Department serves. The following core skills and abilities are presented, modeled, and practiced in ACT I.

Foundation Concepts and DHR Mission: The participants learn the principal foundation concepts in which the agency believes to be able to help families.

Interpersonal Helping Skills: Participants learn how to engage and join with families so that families will be willing to work with the agency. They learn skills necessary for interviewing family and team members including dealing with anger or resistance. Participants also learn the basics of keeping themselves safe.

Assessing Safety: Participants learn the process and skills for assessing safety of children from the point of the intake call through closing the case. Included in this material are the ability to assess and make a determination of whether abuse or neglect occurred and the caregiver's protective capacities. Participants are taught to assess and identify strengths and needs of the families throughout the life of the case to assist in planning and providing appropriate services.

Individualized Service-Planning (ISP): Participants learn how to prepare for, facilitate, implement, monitor and update the family's plan within the ISP process.

Crisis Intervention: Participants learn how to assess the level of crisis and intervention techniques for crisis situations.

Comprehensive Family Assessment (CFA): Participants learn how to assess families and family systems to identify strengths and needs related to abuse and/or neglect. Included in the assessment is gathering historical information as well as identifying underlying conditions for the abuse and/or neglect. Participants are taught how to gather information, analyze it, draw conclusions and make decisions based on the assessment.

Assessing and Planning For Needs Of Children: Participants are taught about the needs of children based on their abuse and/or neglect and strategies to meet those needs. They also learn about issues of loss, separation, grief, and attachment for children who are in out-of-home placements. Included in assessing and meeting children's needs are interdependent living skills which are necessary for any child age 14 or older in DHR custody to prepare them to live interdependently when they are emancipated.

Permanency Planning: Participants learn about different permanency options and how to plan for the most appropriate permanency plan in a timely manner.

ACT II is made up of stand-alone curricula, which support each other and build on the foundations of ACT I, which is a prerequisite for taking all ACT II curricula. They are as follows:

ACT II: MEETING FAMILIES UNDERLYING CONDITIONS provides workers with skills to analyze information about families with regard to underlying causes of risks, safety issues, patterns within the family's behaviors, and assessing the possibility of maintaining a child in the family's home safely (3-day training). The *Underlying Needs* Training strengthens the child welfare worker's critical skills in looking beyond family members' behavioral surface symptoms, in order to recognize, address, and plan for helping the family change their deeper issues which have resulted in child maltreatment.

Child welfare workers are provided the tools to assist them in effectively identifying the underlying needs in a situation where maltreatment has occurred, or is likely to recur, so that risks to children may be eliminated, or significantly reduced for the long-term.

The Core Abilities of *Underlying Conditions* Training are:

- **Core Ability 1:** Recognize and empower families through the process of change.
- **Core Ability 2:** Gather and analyze information to determine the underlying needs being expressed by the family member's behaviors.
- **Core Ability 3:** Identify major danger threats and areas of resiliency (strengths) families are experiencing.
- **Core Ability 4:** Communicate with the family and their team about the assessment process and reach agreement on the causes of maltreatment.
- **Core Ability 5:** Use the assessment information and empower families to determine multiple options for meeting their needs.
- **Core Ability 6:** Develop an individualized plan to meet the causes of maltreatment.

On the last day of the *Underlying Conditions* Training, the workers' supervisors come to the training to coach and model with their workers toward the steps necessary to help them explore and hopefully uncover the underlying conditions with the family.

ACT II: THE INDIVIDUALIZED SERVICE PLANNING PROCESS FOR FAMILIES WHO EXPERIENCE SUBSTANCE ABUSE trains workers on the dynamics of working with families involved in substance abuse (4-day training). The *ISP Process with Families Who Experience Substance Abuse* training was designed to cover the major steps in handling

substance abuse and the resulting child abuse and neglect. A high percentage of families where there is child abuse and neglect have substance abuse occurring in the home. This training builds on *ACT I* which provides the basic ground work for child welfare workers regarding the ISP process, while *ACT II* provides further training in areas of special concern to child welfare workers. This training explores the child welfare worker's role and responsibility in helping parents and children who are addicted or dependent on substances.

The *Substance Abuse* training is designed to develop the following core abilities:

- **Core Ability 1:** Identify substance abuse as a disease that affects the entire family. Be able to assess strengths and danger threats of individuals and families experiencing substance abuse.
- **Core Ability 2:** Be able to identify signs and symptoms of substance abuse and specific drugs, including new drug trends, such as OxyContin and Crystal Meth.
- **Core Ability 3:** Identify the child welfare worker's role and responsibilities as a team member in assessing and treating families who experience child maltreatment and substance abuse; i.e. how to empower families rather than enabling the substance abuse to continue.
- **Core Ability 4:** Identify the immediate danger threats and long-term effects of substance abuse on family members. Treatment modalities are explored. Identify community resources that treat the effects.
- **Core Ability 5:** Examine the recovery/relapse process experienced by a person who is addicted; i.e. how to work with a family and their team in developing an effective ISP and how to monitor the recovery process.

ACT II: CPS (PRACTICAL CHILD PROTECTION SERVICES) is a 5 day training that was originally developed by the National Child Advocacy Center and has since been updated by the Office of Child Welfare Training. This training is designed to enable workers to acquire skills to:

- a. Distinguish between abuse and accidental injury.
- b. Achieve immediate crisis stabilization during assessments.
- c. Recognize emerging safety/removal factors.
- d. Assign priorities with regards to risk and safety.
- e. Assess level of risk in a family in various situations.
- f. Assess ability/willingness of non-offending parent to protect child in the family's home.
- g. Assess probability of recurring safety issues through the assessment of underlying causes of abuse.

The objective of *Child Protection Services Training (CPS)* is to empower the child protective social workers and provide them with the tools and skills required to deliver services related to family preservation and protection of abused, neglected and sexually abused children. *CPS* is an individualized program to help child welfare workers make informed decisions. Topics covered in this course include:

- Knowledge of the values of child welfare practice, including the families' self-determination, permanence, family preservation, preservation of parents' and children's rights, and respect for individual differences.
- How to accurately identify physical, emotional and behavioral indicators of abuse, neglect, and sexual abuse in children who have been abused and their families.
- Knowledge of how child abuse and neglect are presenting symptoms of family dysfunction, and how to assess individual, family, and environmental contributors to abuse, neglect, and sexual abuse.
- Knowledge of what data must be gathered from reporters, case records, and other sources to thoroughly assess alleged abuse or neglect.
- How to identify the factors that must be evaluated when assessing present danger threats, determining whether abuse/neglect occurred and determining impending dangers, strengths, and other risks in the family.
- How to determine when abuse or neglect is indicated; and when complaints are unsubstantiated, yet should be referred for community services.
- Knowledge of the responsibilities of the child protection agency and caseworker, including investigating complaints of maltreatment, providing ongoing, in-home service, providing temporary substitute care placements, and providing permanent homes for children.
- Knowledge of the proper roles and responsibilities of other community agencies in the child protective service process and how we can collaborate with these agencies and practitioners to develop case plans and to provide services.
- Understanding the concept of cultural competence; knowing how one's own culture affects behavior and values; and how cultural and ethnic differences may affect the delivery of child welfare services.

ACT II: PRACTICAL CHILD SEXUAL ABUSE INTERVENTION was developed by the National Child Advocacy Center. Practical CSA is specialized training on the investigation of child sexual abuse and working with families that are impacted by child sexual abuse. This includes information regarding the dynamics of child sexual abuse (5-day training). The Practical Child Sexual Abuse training is a competency based curriculum designed to provide the child welfare worker with a foundation for identifying and assessing child sexual abuse.

The training offers a multidisciplinary approach to the identification, investigation, validation and prosecution of alleged child sexual abuse. An overview of this session includes investigation techniques; developmental considerations of child interviewing; medical assessment of an alleged victim of child sexual abuse; offender typology; dynamics of victims and families; and cultural considerations.

- **Core Ability 1:** Understand legal definitions of sexual abuse, child welfare practice standards, and other related laws in Alabama.
- **Core Ability 2:** Become aware and desensitized to language children may use in naming their body parts and describing sexual activity.
- **Core Ability 3:** Identify survivor, sibling, offender and non-offending parent dynamics.
- **Core Ability 4:** Gain knowledge of interviewing techniques for use with the child, offender, siblings, and the non-offending parent.
- **Core Ability 5:** Recognize personal reactions to cases involving child sexual abuse and ways to prevent burnout and compassion fatigue.
- **Core Ability 6:** Identify steps necessary to complete a child sexual abuse case according to policy and best practice.
- **Core Ability 7:** Determine safety plans, case management and treatment issues.
- **Core Ability 8:** Understand the child sex offender, their motivations, denial and distortions, and assess attitudes toward child molestation.
- **Core Ability 9:** Identify advantages of a multidisciplinary approach to CSA investigations and increase understanding of roles and responsibilities of each discipline.
- **Core Ability 10:** Understand when reunification may be considered and increase knowledge of necessary preconditions.

ACT II: SUPERVISORS TRAINING for supervisors is offered and covers basic skills for supervisors (6-day training, plus an OJT component - - 3 days classroom, followed by OJT weeks in the field, followed by 3 more classroom days). *Supervisors Training* provides the foundation for supervisory practice in Child Welfare. It describes the roles and responsibilities of the Child Welfare supervisor, and provides practice-oriented demonstrations of how to carry out supervisory responsibilities. The pervading theme of the *Supervisors Training* is that the paramount role of the supervisor is to enable front line staff to meet the needs of families and children and to fulfill the mission of the agency. In a large sense, supervisors within the agency are the “Guardians of Practice.”

Two overarching roles are stressed within the 6 days of training: building the foundation for and maintaining unit effectiveness, and developing and maintaining individual staff capacity. Supervisors are given opportunities to practice within the classroom setting, and after completing an On-The-Job (OJT) training assignment in their respective counties, the trainers provide coaching and modeling to the supervisors related to their experiences with OJT. OJT is completed between the first and second weeks of training and is done in conjunction with the supervisor’s regular daily activities.

Supportive practice is modeled and encouraged during the training along with practice techniques for creating a positive tone within the supervisor’s unit to enhance worker productivity. Conversely, corrective action is also demonstrated as part of supervisory practice. Roles as negotiator and mediator between units and upper management is another major focal point, stressing the role of supervisor in delivering both internal and external policies and procedures to line workers, and then monitoring to ensure policy is being followed. The goal of *Supervisors Training* is to provide supervisors with basic skills and knowledge to be effective and to subsequently become a leader within the agency.

ACT II: CONCURRENT PERMANENCY PLANNING TRAINING is designed to show social workers the path to permanency for children (3-day training). It discusses the developmental needs of children for timely permanency, barriers to permanence for children, and the opportunities available through newer laws to achieve permanency for children. Practical tools are shared which will help social workers in making case goal decisions with parents and their team. Specific case management practices to help prevent foster care drift are examined. Participants will have opportunity to:

- Enhance their understanding of concurrent planning concepts and practices.
- Increase their understanding of how to work with the legal process to achieve safety and permanency for children.

- Expand their knowledge and skills of full disclosure and casework practices necessary to expedite permanency.
- Increase differential assessment skills and the ability to assess case prognosis.
- Enhance professional competence in helping families engage in the process of change.
- Expand knowledge of techniques to use to address child well being in the areas of maintaining connections and preparing children for adoption.
- Practice integration of permanency concurrent planning concepts into the ISP team meeting.

The Office of Child Welfare Training also provides **Leader Certification Training in Group Preparation and Selection (GPS) for Prospective Foster/Adoptive Parents** to county staff and foster parents and to qualified staff of licensed child placing agencies who will lead groups of foster/adoptive applicants through the process leading to licensure or approval. Leader certification sequences consist of two weeks of classroom training focusing on GPS curriculum and leader facilitation skills. The Office of Child Welfare Training has, in the past, partnered with other certified “Trainers of Leaders” to deliver the leader certification training. Deciding Together is another curriculum designed for use with foster/adoptive families and is delivered by the Office of Child Welfare Training. Deciding Together is a foster/adoptive preparation and selection process designed for use with individuals/families whose geographic location or circumstances of employment prohibit attendance at the 10 weeks of group meetings included in GPS.

As of May 1, 2011, The Office of Child Welfare Training (OCWT) unit consists of 2 trainers and a Program Supervisor due to the retirement of a trainer located in Mobile. OCWT continues to partner with ILP, QA, OCWC, Policy and FACTS. Currently, some staff from the FACTS project are partnering with OCWT staff in an effort to provide necessary training to county staff. The training unit continues to play an important role in consulting and partnering with other units to meet overall Division training needs.

The Office of Child Welfare Training serves as a “clearinghouse” for training needs within the Division. In some areas it will serve in a consulting role to help other units in the Division develop curricula that is outcome based and fits within the adult learning mode. In other areas, it may do more partnering by helping to deliver the training with staff. It also serves in a consulting role for the counties as they are enabled through train-the-trainer programs to produce and present some of their own training.

Office of Child Welfare Consultation

The Office of Child Welfare Consultation is composed of a Program Manager, four Program Supervisors nine Program Specialists, and three Behavioral Analysts. The Consultation Model changed in September 2008 and has changed several times from the one on one on site consultation with assigned counties. Initially, all 67 counties were assigned a consultant to provide telephone consultation and limited onsite consultation in 2008. The change was necessary in order to provide support to the counties around the new SACWIS system, FACTS, and to assist in conducting the Multi-dimensional Assessment Tool (MAT) for foster children. The FACTS support was for a period of approximately six months, although two Program Specialists continue to support the MAT work. Special assignments continued through 2009.

The Unit conducts random record reviews in counties to assess best practice indicators in Preventions, CAN's, Ongoing CPS cases, Foster Care cases, and Foster Family Home records. These reviews began in January 2010 and were completed in February 2011. Counties were provided copies of the review sheets and a final report is submitted to the county several weeks after the review. The Areas Needing Improvement are to be included in the County Improvement Plan which is to be updated within 30 days of the receipt of the final report. The needs are also to be addressed in the Bi-Annual QA report. Within a 14 month time frame all 67 counties were reviewed by OCWC or state QA.

The current plan for the OCWC Unit is to provide a two day training across the state in the 9 districts with the service supervisors. The training is focused on basic supervision expectations and supporting case practice through supervision. The training in each of the 9 districts will follow the same agenda and curriculum. Each supervisor will be assigned a consultant for one on one follow up at the conclusion of the training. A case for each supervisor will be reviewed using the random record reviews tools. We will ask each supervisor to complete the same review of the case. The consultant will work with the supervisor on comparing the findings and providing feedback to the worker.

One Program Supervisor in the Unit specializes in providing consultation to counties around severely emotionally and/or behaviorally disturbed children and their families. This Program Supervisor consultant also focuses on building capacity in OCWC consultant staff in this area. This involves identifying and accessing resources that can provide technical assistance and training. This individual also participates in the Case Review Committee, with the State Multi Needs Team. This Supervisor coordinates the work with Auburn University Behavior Analysis Program and supervises the three Behavior Analysts that we have added to our state office staff through this work. Another collaborative effort with the University of South Alabama began in 2009. Two bachelor level students have worked in internships with the Behavior

Analyst providing the Tools of Choice Parenting classes and assisting in the in home follow up sessions. Currently we are exploring the opportunity to contract with USA for a PhD Program and to provide individual services to children in Mobile County. This contract would be for a second or third year graduate student to provide 20 hours of services for a year beginning August 2011. This addition to the unit has proven to be an asset for our work with the counties and in helping specific children/families move toward stability and permanency.

An Intake Consultant and Intake Supervisor are accessible to all 67 counties for emergencies, consultation, policy questions, etc. and also handle constituent/consumer problems, complaints, concerns, etc. The Intake staff work with the Child Welfare Consultation staff to ensure that child welfare staff and families served throughout Alabama receive a level of consistent support when they need assistance at the state level.

Office of Quality Assurance

As of May 1, 2011, the Office of Quality Assurance (QA) consists of eight staff: a Program Supervisor and seven Program Specialists. The QA system monitors, evaluates and provides feedback to the Department on the performance of the system of care, the system of care being the structure used to provide comprehensive services to families and children serviced by the Department, and whether services provided are of sufficient intensity, scope and quality to meet the individual needs of children and their families. The QA system is intended to support social workers, supervisors and management at every level within the Department as well as to support the development, implementation and refinement of the service delivery system.

In addition to examining and assessing the components of the department's system of care, QA identifies needs and recommends corrective actions necessary to improve services, capacity, outcomes and conformity with Federal, State and Departmental program requirements. It also confirms strengths, identifies successful strategies and recommends ways in which effective practice and/or system performance can be replicated and/or improved. It helps identify and provide necessary training, consultation and technical assistance to DHR staff and technical providers as well as reviewing for the implementation and effects of corrective actions where needed.

The Office of Quality Assurance (QA) provides technical assistance to counties through QA specialists assigned to work with individual counties by providing information, consultation, etc. It does so in a variety of ways/areas including: training staff and QA committee members; providing consultation on QA committee membership, functions and activities; taking a lead in conducting reviews of county performance; and, as needed, assisting other consultants in the Family Services Division (FSD) in providing instruction and guidance in practice areas identified by onsite reviews as needing improvement.

Office of Data Analysis

As of March 31, 2011, there is one full time staff person (a Program Specialist) in the Office of Data Analysis.

The Office of Data Analysis is responsible for the Program support area of the Statewide Automated Child Welfare Information System (SACWIS) – Family, Adult and Children Tracking System (FACTS), which was implemented statewide in January 2009. Staff from this Office were trained as mentors, and continue to provide support in regard to the SACWIS system. The Office is responsible for identifying the data support needs of the Family Services Division and coordinating the collection of data with the Department's Information Services Division. In addition, the Office analyzes data on child welfare outcomes and strives to present the findings in useful and meaningful ways to all Family Services offices, County Offices and other State and Federal Agencies.

The Office of Data Analysis works closely with the Office of Quality Assurance and provides county safety data profiles to state QA staff before every state QA review. While partial statewide data (QA) reports are maintained in the Office of Data Analysis, due to data enhancements that yet need to occur, publication of these reports remains on hold. The Office has established a database of measurement mechanisms for State QA case reviews. The Office in conjunction with the Department's Information Services Division has developed monthly, quarterly and annual data reports to assist the state and county staff in analyzing and interpreting data. All statistical reports are now located on the web based application BOE (Business Objects Enterprise). This enables all employees to monitor their caseloads with access from their computer desktop.

The Office of Data Analysis in conjunction with the Office of Child Protective Services collects data on child deaths through County Child Death Reviews. The Office has established and maintains a database, which provides a history back to 1997. A monthly report of child deaths due to maltreatment is provided to the Department's administration.

Office of Interstate Compact on Placement of Children

The Office of Interstate Compact on Placement of Children (ICPC) reviews, approves/ disapproves and processes correspondence concerning the placement of children for foster care and residential placement. This office also approves/disapproves and processes correspondence for children to enter or leave the state for the purpose of adoption. The Compact is a uniform law that has been enacted by all 50 states, the District of Columbia and the U. S. Virgin Islands. Placement of children through ICPC ensures protection and services to children who are placed across state lines for foster care or adoption and also establishes orderly procedures for the interstate placement of children. This office arranges travel for caseworkers and children for out-of-state placements. Recognizing the increased volume of the ICPC workload following implementation of ASFA, the Office of ICPC includes two staff for Adoption ICPC and two staff for Foster Care ICPC. Other staff of this office includes a manager and three assistants.

Office of Permanency

The Office of Permanency supports efforts in permanency planning for children in out of home care. The Office of Permanency staff currently consists of a Program Manager, who supports and supervises four Program Supervisors that provide supervision for 12 in and out-based consultant staff in the areas of policy development and training for Out-of-Home Care, Independent Living Services, Adoption Services, and Recruitment and Retention Support. In addition, there are two Administrative Support staff that provide for the clerical and support needs of the program area.

The Office of Permanency also has the responsibility for post adoptive support which includes the adoption assistance program. The Program Manager administers the Adoption Assistance Program in the State and supervises the Subsidy Consultant responsible for implementing the Adoption Assistance program. The role of this consultant is in supporting placement of children with special needs through reviews and processing of all requests for adoption assistance. In addition, the consultant provides periodic workshops in support of building staff capacity and knowledge in the area of Adoption Assistance.

In addition the Program Manager is responsible for the development, supervision and coordination of the Department's post adoption service program which is funded under contract with, Alabama's Pre-Post Adoption Connection (APAC). Three regional sites are located across the state, with core services of recruitment/training of adoptive resources, information and referral, crisis counseling, a lending library, support groups and sponsorships of adoption-related conferences/camps.

Out-of-Home-Care

Out-of-Home-Care support focuses on permanency planning for children currently in the foster care system.

Support and activities regarding out-of-home care includes program development and support to 67 counties for children in out of home care, whether in a relative's home, foster home, group home, residential placement or adoptive placement in working to achieve permanency. Consultation is provided to the counties on issues related to children in DHR custody, to be certain that the requirements of the Adoption and Safe Families Act (ASFA) are followed and to help focus permanency efforts for all children in care. In addition, support and policy are provided on the Putative Father Registry and the responsibility in clearing all adoption petitions through existing data systems for acknowledgement to the court to proceed with adoption, as well as the responsibility and coverage of a Deputy Compact Administrator for Interstate Compact Association on Medical Assistance (ICAMA).

This area is served by an Intake Consultant whose role is to respond or refer inquiries from staff and constituents requiring information on the laws, policies and practice impacting permanency for children. This includes maintaining the Putative Father Registry and assuring acknowledgements to the court on the clearing of non-DHR petitions are timely. In addition one of the permanency consultants supports Adult Adoptees in information and referrals when inquiries are received.

The Permanency Consultant's roles and responsibilities are designed to specifically address permanency planning for children in out of home care. There are 8 permanency consultants that work with counties around assessing and supporting permanency planning and placements regardless of the permanency goal. In addition, some of the consultants have specific responsibility for matching and placing children legally free for adoption and who currently do not have an identified resource. All consultants also participate in facilitating and supporting the permanency case review process to review and strategize planning for forward movement in permanency planning, specifically for older youth in care. The consultants are accessible to assigned counties by telephone and through field visits to provide training and case consultation. In addition to their focus on permanency, the consultants provide input on policy development and interpretation. Consultants participate in training for county staff on current issues and new policies impacting permanency. Consultants also participate in Quality Assurance Reviews in assessing permanency outcomes statewide.

One Permanency Consultant in the unit also serves as the liaison to the Alabama Department of Youth Services (DYS) for discharge planning for children leaving DHS who are dependent and in need of additional treatment or services. This consultant serves as a point of contact for DHS in communicating and arranging planning prior to discharge. Another Permanency Consultant serves as the liaison to Tutwiler Prison for Women and serves as a link between inmate mothers and their children. This consultant visits the prison to meet with prison staff and inmates, facilitate visitation between inmate mothers and their children (when this is consistent with the permanency goal), and help facilitate return of the mother to the community. This is in addition to other permanency consultation responsibilities.

All consultants are expected to have extensive knowledge of ASFA and MEPA which guides the work and best practice. They are expected to provide case consultation, to conduct record reviews, and to participate in ISPs to offer guidance in cases.

Independent Living Services Unit

The Independent Living Services Unit supports the needs and identification of services for older youth to develop skills to live independently and achieve permanency more timely achieve. Currently the unit consists of Program Supervisor who also serves as the State Independent Living Coordinator. As a result of recent restructuring it was possible to reassign one consultant to serve as the Independent Living Program Consultant with the responsibility of supporting all 67 counties in the State. Efforts continue toward exploring additional staffing in an effort to support counties more consistently around the objectives of the Independent Living Program and the requirements in the National Youth in Transition Database.

This unit has the responsibility for providing program development and implementation utilizing Chafee and Foster Care Funds received to support improved outcomes for youth involved with the child welfare system. Currently consultation to each county office is limited and is provided upon request or identification of specific needs in the county. This program area currently provides management of federal funding available to support counties in serving youth ages 14-21 and development of State and local programs. The implementation of (NYTD) National Youth in Transition Database and monitoring of the Alabama Education and training Voucher (ETV) Program are also responsibilities within this office.

As achieving permanency for older youth and supporting them as they transition out of foster care was identified as a need in Alabama, specific activities to further engage youth have been identified and are being implemented to raise awareness, provide training and encourage forums for the youth's voice in program development and implementation.

Recruitment/Retention Unit

The Recruitment/Retention Unit is managed by one of the Program Supervisors who is responsible for providing technical assistance to county departments in the area of recruiting resources to serve children in out-of-home care. This position supervises three of the permanency consultants assigned to support child specific recruitment and permanency planning. The supervisor also supports both local and statewide recruitment campaigns. In addition this supervisor supervises two consultants responsible for child specific recruitment in specific regions of the state which are funded through Wendy's Wonderful Kids from the Dave Thomas Foundation. The third consultant supports retention efforts in the state while also serving as a permanency consultant for designated counties and provides supporting services to adult adoptees who request information regarding biological family. This consultant is also available to provide training and other technical assistance to counties in the area of foster family/adoptive home recruitment and retention. The Program Supervisor currently has the responsibility to also support and monitor contracts and agreements with AdoptUsKids and participates in the partnership with Heart Gallery of Alabama and Kids to Love. The Program Supervisor also has the responsibility for serving as State Liaison to the Conflict Resolution Team (formerly known as the Project Grievance Committee).

The Recruitment/Retention Unit has responsibility for general recruitment activities for both foster and adoptive resources. The theme for the State's recruitment effort is Open your Heart, Open your Home. Ongoing child specific recruitment efforts include featuring children on www.AdoptUsKids.org; www.heartgalleryalabama.com; and www.adoption.com websites, as well as the Department's website. Additional efforts for recruitment are available through the child focused recruiters funded through Wendy's Wonderful Kids Grants from the Dave Thomas Foundation for adoption. The Department also features waiting children through Alabama Foster and Adoptive Parent Association (AFAPA) and Alabama Post Adoption Connection (APAC) newsletters and in Waiting Child Notebooks (WCN), prepared and updated by APAC. These WCN's are used by APAC regional staff when providing training to foster/adoptive parent groups as well as during their regular AFG (adoptive family group) meetings.

Office of Child Welfare Eligibility

The Office of Child Welfare Eligibility (OCWE) was transferred to Family Services in April 2005. OCWE was established in 1991, in response to the State's need for accurate determinations of IV-E eligibility. This office is responsible for

administering the Title IV-E Program and Aid to Children in Foster Care Medicaid Program. In addition, the OCWE has responsibility for the maintenance of policies and procedures of the Emergency Assistance Program currently funded through the TANF Block Grant and Title XX.

The primary responsibility of this Office is to determine eligibility for Title IV-E, a federal funded program that assists states in three major areas: room and board payments for children in foster care, administration, and training. Policies and procedures must be consistent with the federal regulations and the Title IV-A State Plan that was in effect on July 16, 1996. The Office must make a determination of providers' reimbursability for Title IV-E eligibility based on the minimum standards set by the Department of Human Resources. The provider must be fully licensed and meet all safety requirements to claim Title IV-E reimbursement for the placement.

The Office of Child Welfare Eligibility consists of a Program Manager, Program Supervisor, six Program Specialists, an Administrative Support Assistant II, and two Retired State Employees.

Office of Financial Resource Management

The Office of Financial Resource Management (OFRM) is responsible for updating policy, training social work and supervisory staff of county departments in the policy and claiming responsibilities for the Medicaid Rehabilitative Program and the Targeted Case Management (TCM) Program. During (FY10), the department received an approximate gross reimbursement of \$39.7 million from Medicaid Rehabilitative Services and \$28.3 million from Child TCM Services. The OFRM currently consists of a Program Manager, a Program Supervisor, a Medicaid Rehab Specialist (Vacant), a Targeted Case Management Specialist (Vacant), an Accountant/FACTS Financial Trainer (Vacant) and 2 Administrative Support Assistants.

Training on Medicaid Rehabilitative services that qualify as medically necessary and are designed to treat and/or rehabilitate a child with a mental illness, is provided in county offices. FACTS Financial Training is a hands on training that provide county staff with the basic information that needs to be in the system for Medicaid billing to occur. Training on Case Management Services, that assist an individual in gaining access to needed medical, social, education and other services which are targeted to custodial children and adults receiving protective services, is provided bi-monthly for all new employees at a regional training site. TCM training consists of 5.5 hours of training in a Medicaid Agency approved curriculum. Staff are tested and must earn a score of at least 80 in order to be certified to claim reimbursement for TCM services provided to custodial children. Staff attending TCM training are eligible for 3.75 hours of continuing education units.

The objective for Medicaid Rehab and TCM training is to provide the knowledge base from which county staff can make informed decisions regarding available services, the best way in which to offer services by qualified practitioners, and how to seek reimbursement for services provided.

1. Training for Medicaid Rehabilitative services consists of a one-day session which focuses on the definition of eligible services, who is qualified to provide the service, when the services should be authorized, how to authorize the needed service, and the documentation required by the Medicaid Agency.

FACTS Financial Training reinforces the following procedures to ensure the department is able to seek federal reimbursement for eligible rehabilitative services.

- Reinforces the need for county staff to complete the Intake Evaluation and the Treatment Plan Review for each child in care.
- Discusses at what point in time it is appropriate to claim reimbursement; i.e., protective service and safety plan vs. an open case.
- Covers the importance of claiming reimbursement for services authorized on the Individualized Service Plan (ISP).
- Identifies which services can be claimed if not authorized on the ISP.
- Explains the importance of establishing Medicaid eligibility and understanding the impact on claiming reimbursement.
- Instructs on the need to use the correct name, Medicaid number, date of birth and gender in FACTS.
- Explains MSIQ and MSED (Medicaid Eligibility screens) and how to read these screens.
- Identifies the services that can be provided to an adult on behalf of a Medicaid eligible child and how to get this entered in the system.
- Explains the difference between what's a reimbursable Medicaid service and what is needed to track for other expenditures paid out of Flex Funds.
- Discusses County Reports and the need to review Rejected and Denied reports so that errors are corrected and reimbursement can be claimed.
- Reviews options for County Procedures on how to ensure that adequate Progress Notes on services provided are received from the vendor provider prior to payment of the invoice.

- Explains the need for EPSDT screening and its impact on claiming Medicaid reimbursement.
- Explains HIPAA privacy codes, number of units and unit rate of services that can be authorized.

2. Staff complete 5.5 hours of TCM classroom instruction which consists of curriculum that includes the following:

- Roles of the DHR Case Manager/Social Worker
- TCM Resource Material
- Interviewing and Communication Skills
- Confidentiality – HIPAA Regulations
- Cultural Diversity
- Case Transition/Case Closure/Case Termination
- TCM Encounters Defined – Core Services
- Documenting TCM Encounters
- Self-Determination Movement
- Freedom of Choice
- Clients Rights and Responsibilities
- Review
- Test

OFFICE SUPPORTING CHILD WELFARE

Resource Management Division

This office reports to the Deputy Commissioner for Fiscal and Administrative Services. The Resource Management Division consists of four units: the Office of Resource Development, the Office of Contracts and Grants, the Office of Licensing, and the Office of Service Utilization Review.

The Office of Resource Development continues to be responsible for providing support services and technical assistance to County Departments of Human Resources and various program providers in the delivery of services to families and children. This unit provides assistance in the areas of resource development, as well as monitoring service providers including residential facilities and Therapeutic Foster Care (TFC). The overall mission of this unit is to provide technical assistance and support to County Departments and providers in the creation of resources which are individualized, family focused and community-based. An additional mission is to ensure that outcomes for families are being achieved through effective service delivery through an organized monitoring program, which includes quality of life issues, outcomes for individual children in care and investigation of complaints on services provided. The Office of Licensing conducts scheduled site visits regarding standards issues, and the Office of Contracts and Grants, for contractual issues.

The primary activities of resource development staff are to provide technical assistance for development of community-based and individualized services, maintaining data on needs forecasted by County Departments and services utilized, the development of foster care resources which therapeutically serve children in the least restrictive and community-based placements, the conducting of assessments using the Multi-Dimensional Assessment Tool (MAT) to determine the level of service needed by an identified child and the monitoring of providers to determine safety and outcome achievement. Other activities include providing consultation regarding training needs for providers, providing technical assistance to County Departments in the creation, development, and monitoring of individualized services in order to achieve outcomes for families and children, reviewing the program narrative in the contract/vendor process for County Departments and developing Requests for Proposals (RFP) for contracted services. Promoting smooth transition of children to adult services systems is supported through consultation with providers who operate transitional living and Independent Living programs. The abilities to assess service provision for identified outcomes and to adequately craft services for families and children are identified needs for county staff.

A mission of the Resource Management Division in support of the Therapeutic Foster Home Care program is to provide consultation and technical assistance to County Departments and providers for the development of therapeutic foster homes, to direct the implementation of a Statewide plan for therapeutic foster homes and the implementation of a Statewide plan for therapeutic foster home care, including the implementation of the Multi-dimensional Assessment tool (MAT), which is used in assessing children's behaviors for possible step-down to a lesser restrictive treatment intensity. Activities include site visits to existing programs and technical assistance regarding development of requests for proposals for therapeutic foster home care. Other activities involve participation in the development of policy and standards for therapeutic foster home care, maintaining statistical records for evaluation purposes and participating in meetings to identify barriers in development of programs and strategies for addressing the barriers. Finally, responsibilities involve providing support to the partnership between the programs and County Departments as the programs provide a no reject

and unconditional approach, and providing technical assistance to maximize federal funding for children served. Resource Management will also continue to look for innovative service to support TFC programs, such as step-down, in-home support service for families whose children are in TFC placements, etc. As referenced above, Resource Management has also developed the Multi-dimensional Assessment Tool (MAT) to assess the behavioral strengths and needs of children. Results of the MAT are integrated into planning for children to determine what level of service is needed to meet the child's needs. Initially, Troy University, in coordination and agreement with the Department, implemented the use of the MAT in determining when a child was ready to step down in, or from, TFC and whether a child's behaviors rose to the level that placement in TFC was really needed. It should be noted that the contract with Troy University to complete MAT's was cancelled; these are now completed by SDHR staff, with assistance from county DHR staff.

Also within the Office of Resource Development (ORD) is the Family Preservation and Support Services Function. Consultants in the ORD are responsible for monitoring, evaluation, and technical assistance to providers of the Family Service Centers and Family Outcome-Centered Unification Service (FOCUS) program funded through Title IV-B, Subpart 2, Promoting Safe and Stable Families. The Family Options program was changed to Family Outcome-Centered Unification Services (FOCUS), which allowed for a diversification of evidenced-based models other than Homebuilders to be used in providing services for an increasingly difficult population that the Department serves. Consultants work with county departments to ensure that these programs are as responsive to the needs of the county as possible, within the federal guidelines, and are providing the highest quality services as possible. The mission of the FP/SS programs is to implement, expand, and maintain quality services to preserve, reunify, support, and strengthen families. The ORD consultant team coordinates services and activities with other offices, including the Office of Child Welfare Training, Office of Child Protective Services, and the Office of Child Welfare Consultation in order to facilitate service provision and coordination between the providers and the county departments.

The Residential Licensing Unit within the Division of Resource Management has the responsibility to license childcare institutions, group homes, child placing agencies, and shelters. **See further information under "Systemic Factor – Service Array", Residential Licensing.**

The Service Utilization Review Unit job duties include:

- 1) In charge of training, tracking, developing the monthly lists, quality control and applying thresholds to the Multi-dimensional Assessment Tool (MAT) used to determine the need of services for our children in out of home care placed in therapeutic foster care, moderate residential and intensive residential facilities.
- 2) Reviewing length of stay of children from therapeutic foster care, moderate residential and intensive residential facilities using the information from our FACTS system and BOE reports.
- 3) Serves as liaison with the Department of Mental Health-Intellectual Disability Division to determine eligibility for our children that may qualify for an ID waiver.
- 4) Track our children that are placed out of state and assist the counties in developing in-state resources.

III. CHILD AND FAMILY SERVICES REVIEW (CFSR)

Alabama began Round 2 (R2) of the CFSR Process by developing the Statewide Assessment. This document was then submitted to the Administration for Children and Families (ACF) Regional Office in Atlanta in June of 2007. The Onsite Review was conducted the week of August 13-17, 2007 in three separate locations: Lee County which includes the town of Opelika, in the central eastern part of Alabama; Tuscaloosa County which includes the town of Tuscaloosa in the central western part of Alabama; and Jefferson County which includes the city of Birmingham, and is the largest city / metropolitan area in Alabama.

The final report was received in May 2008. The Program Improvement Plan (PIP) was approved by the Children's Bureau with an effective start date identified as being September 1, 2009. Six quarterly PIP reports have been submitted to the Regional Office, and a seventh report is due on June 30, 2011. The Children's Bureau has approved a PIP measurement plan that includes eight items being measured by the state's QA system (QSR's conducted as part of state QA reviews). Four items (child safety, family preservation, caseworker visits with child and caseworker visits with parents) will be measured using statewide QA review data. Four items (permanency, APPLA or OPPLA, ISP and family involvement in the ISP) will be measured using data from QA reviews in the three counties of Jefferson, Cullman and Calhoun. The Children's Bureau has also approved one non-overlapping year of measurements for all eight items. The five year plan in particular includes content from the PIP, as well as additional strategies and objectives that are not a part of Alabama's PIP.

IV. VISION STATEMENT

The Department of Human Resources (DHR), as the designated Title IV-B agency, administers this Plan based on the philosophy that children should be protected from abuse and neglect and, whenever possible, families should be preserved and strengthened in order to nurture and raise children in safe, healthy and stable environments. Service interventions are to be based on a set of beliefs about outcome-based practice that is both strengths based and family focused, and underscore the importance of comprehensive assessments and individualized planning on behalf of the children and families that come to the attention of the Department. At the core of these beliefs are the following tenets:

- Children belong with their families whenever they can safely live at home.
- Child maltreatment is an expression of an underlying, unmet need.
- Most parents love their children and want to care for them.
- All individuals have worth, deserve respect, and are capable of change.
- All children need to experience permanency in their lives; and when children cannot continue to live at home, they still need their family as well as meaningful relationships and enduring community connections.

The Department's Mission Statement is on its website and is as follows: "The Alabama Department of Human Resources will help families receive the least disruptive services they need, when they need them, and for only as long as they need them in order to maintain children in – or return them to - a safe, stable home." The state child and family services plan for abused, neglected and at-risk children and their families is intended to operationalize beliefs through developing goal-directed services that are individualized and needs-based and designed with the following desired outcomes in mind:

- Treat families as partners in parenting and protecting their children.
- Respect parents and their children and focus on the family as a whole and on the family's strengths.
- Are matched to meet identified needs and vary in levels of intensity needed to keep children safe and assure their well being.
- Are coordinated between service provider and agencies to meet the multiple needs of children and their families.
- Are delivered in culturally sensitive ways.
- Are accessible to children and families.
- Address systemic barriers to accessing needed services.
- Support families through services and to strengthen families so they may safely care for their children.

The vision of the Division as it relates to priorities and connections to organizational outcomes includes:

- Being in agreement on vision, priorities, and plans for moving forward.
- Being clear on organizational responsibilities and mandates.
- Developing an organizational structure along with processes that can best support the work.
- Being clear on how to achieve partnerships between units and with counties.
- Presenting a unified view of practice, program mission, and priorities.

Central to the organizational structure within Family Services is the creation of a management team comprised of managers and supervisors from all of the offices in the Division. This team of staff members serves as the leadership body of the Division and has responsibility for carrying out the overall vision through its ownership of the goals, priorities, and desired outcomes.

V. PRINCIPLES OF OPERATION AND PRACTICE MODEL

Department of Human Resources/Family Services Division

The Department of Human Resources and its Family Services Division are responsible for developing, operating, and sustaining a system of child welfare services in accordance with its goals and principles:

- Children will be protected from abuse and neglect.
- Children will live with their families whenever possible and when that cannot be achieved through the provision of services, children will live near their homes in the least restrictive environment that can meet their needs.
- Children will achieve stability and permanency in their living situations.
- Children will achieve success in school. Children will become stable, gainfully employed adults.

Caseload Standards

The following caseload standards have been set out for child welfare caseloads:

- New Reports alleging abuse/neglect (CANs) 12 reports per worker per month
- Ongoing child protective service cases (families) 18 per worker
- Foster Care cases (children) 18 per worker
- Adoption cases (children in adoptive homes) 22 per worker
- Foster/Adoptive Resource Families 40 per worker

These standards establish a maximum number of cases per worker based on the type of case, giving consideration to the responsibilities that are inherent to particular staff positions. There is also a standard for the staff position that involves handling the incoming cases, inquiries, and reports of abuse and neglect from the community that is typically referred to as intake. Each county is allocated one full time staff position for the intake function, with selected counties having additional staff resources, based on county size. Additional staffing resources are allocated to counties to fulfill resource development and quality assurance functions in each county department. These positions along with the caseload standards are designed to provide the program and administrative support to counties in accordance with the Department's/Division's goals and principles. The implementation of caseload standards marks a significant reform in child welfare operations in Alabama that provides a framework for supporting quality child welfare practice.

Individualized Service Planning (ISP) Process

Central to the reform is the individualized service plan (ISP) which is to be developed in the context of a partnership between the children, families, and stakeholders. The ISP is designed to create a child and family planning team that participate in the development of a plan that is directed toward achieving the goals of the DHR/FSD and the Consolidated Child and Family Services Plan. The individualized service plan is to be based on an assessment of the strengths and needs within the family along with the behavioral and environmental conditions that need to be changed in order for the children to live safely with their family, to be safely reunited, or to be provided a permanent, safe and stable living situation. The effective use of these collaborative planning processes can result in both 1) partnerships in parenting and protecting children, and 2) reforms in all levels of child welfare practice (State and counties) in accordance with the DHR/FSD goals and principles. Moreover, the 51 Indicators of Best Practice remain available to provide a framework for assessing the level of practice and system performance, using both quantitative and qualitative measures. This collaborative system of care can only be operationalized with the support of community-based, goal-directed services that are individualized, needs-based, culturally sensitive, and family-focused while also being accessible and well coordinated. Family preservation and support services are an integral design of the Department's system of care for children and families served through the Department's child welfare programs.

Practice Model

The Department's Practice Model sets forth the following "Guiding Principles" for, and Desired Outcomes of, the work done with children and families:

Guiding Principles:

1. Safety & Protection

Children's safety is first and foremost. DHR shall promote prompt, effective intervention, and freedom from maltreatment.

2. Permanency, Stability & Self-Sufficiency

DHR shall promote the timely achievement of permanency for children so that they may live with their birth/relative family, and if that is not possible, have enduring relationships living with a permanent family that preserves birth family and other significant connections, and provides commitment, stability, belonging, and smooth, successful transitions into adulthood.

3. Well Being & Development

Appropriate planning promotes children experiencing love and belonging along with consistent, balanced nurturing and structure in a family environment, in order for children to experience educational, emotional, physical and developmental growth and well being.

4. Family-Centered & Culturally Responsive

Parental/child perspectives and expert knowledge of the strengths and needs of their family are valued, encouraged and used, in a family-centered, culturally responsive approach, that involves birth families as partners in planning, shapes all aspects of agency involvement with the family and seeks to strengthen parental capacities to care for their children.

5. Individualization of Services

Children and families are best enabled to grow, change their behavior and overcome challenges when they are engaged, understood and treated with respect as individuals with their own unique strengths, needs and cultural identity, and receive strengths-based, individualized services and supports accordingly.

6. Community Collaboration

Ongoing collaboration with the community is valued and cultivated in order to have a continuum of services and resources that are comprehensive, seamless, readily accessible, responsive to individual, unique and differing levels of need, provided in the least restrictive, most normalized environment and adequately supports parents in raising their children.

7. Professional/Organizational Competence

Child welfare practice should be provided by well-trained and empathetic professional staff, who respect the dignity and worth of every individual, receive skilled supervision, are adequately trained, have appropriate caseloads, and are supported by an effectively managed child welfare agency.

Desired Outcomes:

1. Contact is promptly initiated with children who are reported to be experiencing maltreatment, or an impending danger threat, and immediate safety is assessed / provided.
2. Children with whom the Department is involved are safe and safety threats do not exist or are effectively controlled/managed (either within, or outside of the birth family's home).
3. Permanency is achieved in a timely, appropriate manner and stability for children in their living situations is maintained.
4. The significant (family, relative, community, educational, faith and cultural) connections for children and their families are consistently preserved.
5. Families have enhanced capacities to provide for their children's needs.
6. Children in the care/custody of the Department are achieving success in school and, where necessary, are effectively supported in successfully transitioning into adulthood where they become stable, gainfully employed adults.
7. Children in the care/custody of the Department are experiencing healthy emotional and physical growth and development.

ASFA and MEPA

Much of the initial work to implement ASFA was accomplished by the ASFA implementation Task Force in conjunction with the Administrative Office of Courts. Ongoing work continues toward reinforcing policy and training provided to staff regarding ASFA and MEPA. Family Services staff continue to explore ways to emphasize ASFA and MEPA as best practice by weaving the principles throughout training, consultation, tracking of data, and policy development. The QA Reviews help to assess conformity in these areas. Also, information is reviewed to see if there is evidence of Trans-racial placements and matching of resources without regard to ethnicity or race. The Office of Permanency has procedures in place not to delay or deny placement of a child due to race and continues to review policies and strengthen practice in this area.

Ongoing work with the Administrative Office of Courts (training for juvenile and family court judges and referees, parents' attorneys, Guardians ad litem, DHR staff and court staff) has been directed toward strengthening compliance with ASFA and improving partnerships between the Court and the Department. Standard orders containing required "contrary to the welfare" and "reasonable efforts" language are available electronically and a social worker legal guide was developed and included in packets provided at training sessions. Other work has centered on issues related to juvenile dependency caseflow management for judges, court staff and DHR staff (better scheduling dockets, etc.) and building relationships between county staff and their local courts. A multi-disciplinary approach will include ASFA issues. Alabama's SACWIS system currently is interfaced with the Administrative Office of Courts data system in that information from the courts regarding hearing dates and legal actions filed are brought over to the system. There continues to be dialogue on how the transfer of information can be supported as well as the utilization of the information for improved outcomes.

VI. ORGANIZATION OF THIS APSR

Alabama's Annual Progress and Services Report (APSR) for FFY 2011, includes information regarding child welfare services provided through Title IV-B, subparts 1 and 2, Title IV-E, Chafee Foster Care Independence Program (CFCIP), and CAPTA as required. The following acronyms are among those most used in this report:

AACCA	Alabama Association of Child Care Agencies
ACT I	Alabama Child Welfare Training (initial training for new employees)
ACT II	Alabama Child Welfare Training Modules (ongoing training for current employees)
AFAPA	Alabama Foster and Adoptive Parent Association
APAC	Alabama Post Adoption Connections
APSR	Annual Progress and Services Report
AS	Action Step (within the Program Improvement Plan)
CAN	Child Abuse / Neglect Assessment
CAP	Comprehensive Assessment Process
CAPTA	Child Abuse Protection and Treatment Act
CFA	Comprehensive Family Assessment
CFSP	Child and Family Services Plan
CFSR	(Federal) Child and Family Services Review
CFCIP	Chafee Foster Care Independence Program
CIP	Court Improvement Program
CWCI	Child Welfare Collaborative Initiative
DCAP	Department of Child Abuse Prevention
EOC	Evidence of Completion
ETV	Education and Training Voucher Program
FACTS	Family, Adult, and Child Tracking System
FSD	Family Services Division (of the Alabama State Department of Human Resources)
ILP	Independent Living Program
ISP	Individualized Service Plan
MAT	Multi-dimensional Assessment Tool
PIP	Program Improvement Plan
PSSF	Promoting Safe and Stable Families, Title IV-B, subpart 2
Q	Quarter (Q – 3 = Quarter 3 of a PIP Submission)
QA	Quality Assurance
QSR	Qualitative Service Review
SACWIS	Statewide Automated Child Welfare Information System
SEBD	Severely Emotionally and Behaviorally Disturbed
TANF	Temporary Assistance for Needy Families

This APSR is organized in a manner consistent with that of the CFSR, particularly, the format used in the Final Report that is issued to states. The goals and strategies for which status reports are provided will be located under the outcome area or systemic factor which seemed most logical for reporting purposes. For example:

- Safety Outcome 1: Children are first and foremost protected from abuse and neglect;
- Safety Outcome 2: Children are safely maintained in their homes when possible & appropriate;
- Permanency Outcome 1: Children have permanency and stability in their living situations;
- Permanency Outcome 2: The continuity of family relationships and connections is preserved;
- Well-Being Outcome 1: Families have enhanced capacity to provide for children's needs;
- Well-Being Outcome 2: Children receive services to meet their educational needs;
- Well-Being Outcome 3: Children receive services to meet their physical and mental health needs;
- Systemic Factor 1: Statewide Information System;
- Systemic Factor 2: Case Review System;
- Systemic Factor 3: Quality Assurance System;
- Systemic Factor 4: Training;
- Systemic Factor 5: Service Array;
- Systemic Factor 6: Agency Responsiveness to the Community;
- Systemic Factor 7: Foster and Adoptive Parent Licensing, Recruitment and Retention

VII. Annual Progress and Services Report – 2011

The established benchmarks and 5 year goals are based on either data from SACWIS system or the QA database. Where QA data is used, the measurement percentages are taken from the following period of time: 10/01/09 – 09/30/10. (Note: this is not the same data and/or time frames that are used for PIP measurements, see quarterly PIP reports for that data).

Across the goals of the CFSP, the PIP will have an important role, and although all PIP steps are not identified, many of them are specified in the content that follows. Additionally, it is hoped that the distribution of a revamped Practice Model to county and state DHR staff, along with the work of the Supervision Work Group that has been formed, will ultimately have a positive impact on all of the outcome and systemic areas that define the work of child welfare.

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

CFSR Determination:	Not in Substantial Conformity		
Absence of maltreatment recurrence:	Met National Standard of 94.6% -	97.8%	
Absence of maltreatment of children in foster care:	Met National Standard of 99.68% -	99.87%	

In the PIP two action steps have been devoted to the implementation of a Practice Model. It is believed that an integrated Practice Model will provide direction and guide decisions on all that is done in child welfare across all program emphases, (e.g. child abuse/neglect assessments, foster care, ongoing services and resource families), all system entities (e.g. training, policy, supervision, community collaboration, etc.), and primarily, the direct work with children and families, etc. This will include promoting the achievement of desired safety outcomes. Although the Practice Model will be comprehensive, the core principles and desired outcomes will be concise, clear statements of belief, that reflect how the Department has chosen to shape its approach to serving families in Alabama. A newly articulated Practice Model was distributed to county and state DHR staff (see EOC, Practice Model, AS 1.1b, 2nd QTR PIP Submission).

Another PIP theme that is designed to contribute to practice advancement across all areas of child welfare is that of strengthening supervision. Supervisors have a significant function when it comes to providing coaching and feedback around practice, policy and documentation. They maintain an important, perhaps infectious, responsibility in promoting an organizational climate and culture that is consistent with the practice model principles and values. In strengthening supervision, it is expected that improved outcomes in safety, permanency and well being will be realized.

Item 1. Timeliness of initiating investigations of reports of child maltreatment

CFSR Rating:	Strength			
CFSR Percent:	90%			
Data Benchmark:	95%	(1.1)	94%	(1.2)
5 Year Goal:	97.5%	(1.1)	95.5%	(1.2)

1.1 Increase the number of child abuse reports completed i.e., investigated, recorded and approved by the supervisor within the ninety (90) day policy timeframe.

2008 95% (as of June 2008)

FY 2010	0.5%
FY 2011	0.5%
FY 2012	0.5%
FY 2013	0.5%
FY 2014	0.5%
Total	2.5%

Safety Threshold information for FY 2008 (October –June), using CANs disposed data, indicates that the statewide average of CAN Assessments completed within the 90 day time frame was 95%, and this will be used as the baseline measure for FY 2010-2104. The same data collection method as the previous five years will be used to track yearly progress.

Following the statewide implementation of FACTS in FY 2009, the first statewide data became available for measuring the timeliness of investigations of reports of child maltreatment. For FY 2010, of the 20718 CANs disposed statewide, 9888 reports (approximately 47%) were completed in 90 days or less. This is almost a 50% decrease from the established baseline of 95%. In reviewing CANs pending data for FY 2010, as of 09/30/10, there were 5612 CANs pending assessment by DHR. Of these, 4668 (83.2%) had been pending 90 days or less. In the three years prior to FACTS

implementation, the number of assessments (in CANs disposed) completed within policy timeframes ranged from 90%-95%.

Due to the drop in the percentage of CAN Assessments completed with the 90 day time frame, work continues on the reports generated by FACTS to insure that work being completed is accurately being reflected in the data. This decrease in CAN Assessments completed timely may be a result of a learning curve for new FACTS users in the new system. FACTS' staff and the Office of Data Analysis continue to work with the Office of Child Protective Services to monitor data reports to insure that the data is being captured correctly. In addition, timeliness of completion of CA/N reports is included in the Quality Assurance Review Safety Assessment. Feedback is provided to the counties in the written Quality Assurance Report.

1.2 Increase the percentage of face to face contacts with children in CAN reports within the policy timeframe

FY 2008	94% (as of June 2008)
FY 2010	0.0%
FY 2011	0.0%
FY 2012	0.5%
FY 2013	0.5%
FY 2014	0.5%
Total	1.5%

The FY 2008 data (October – June) indicates face-to-face contacts were made within policy timeframes approximately 95% of the time in CANs disposed. The baseline of 95% will be used to measure this objective for FY 2010-2014.

The threshold information suggests that the majority of the 67 counties meet this objective of face-to-face contacts within policy time frames. It is also evident that in smaller counties, the inability to locate one or two children can greatly impact the data for this threshold.

Since the roll out of FACTS in FY 2009, this is the first year data has been available to monitor the percentage of face to face contacts with children in CAN reports. For FY10 93% of children in CA/N reports (disposed) were seen within the policy time frame of 5 days. Many of the children are seen within twelve hours of the report being received. Currently, there is no way to sort this data as 12 hour contacts or 5 day contacts. Even though the baseline for this item was developed before FACTS roll out, this percentage is in line with previous years' data.

Item 2. Repeat Maltreatment

CFSR Rating:	Strength			
CFSR Percent:	100%			
Data Benchmark:	2.9%	(2.1)	4.3%	(2.2)
5 Year Goal:	2%	(2.1)	4%	(2.2)

2.1 For children previously known to the Department due to child abuse or neglect reports within the past 12 months, decrease the number of child fatalities due to maltreatment (.9% across 5 years).

2008 – 2.9%

FY 2010	0%
FY 2011	0%
FY 2012	0.3%
FY 2013	0.3%
FY 2014	0.3%
Total	0.9%

This objective will continue to be monitored. The FACTS Report, QA Indicator-Child Safety status as of October 1 of each year, will be used to measure this objective. The baseline for this objective is based on the most recent statewide data for each fiscal year. Using this information the baseline established for FY 2010-2014 is 2.9%. Although it is unacceptable for any child death, especially one who has had previous contact with the Department, in measuring this objective, room for errors such as data reporting and inaccurate information must be considered. The overall goal for the next five years

is to reduce the percentage of children previously known to the Department due to child abuse or neglect within the past 12 months to 2%.

The PIP has in place strategies to improve the quality of caseworker visits. One of the benefits of these strategies is that by improving caseworker visits, it is anticipated the number of child fatalities will decrease for the number of children known to the Department due to child abuse or neglect within the past twelve months.

Using the INVS206 report, in FY 2009, thirty-three (33) child fatalities occurred with allegations of death due to child maltreatment. In referencing the same report, the dispositions on those CA/N reports were as follows:

Child Fatalities w/allegations of maltreatment	33
Indicated	15
Not Indicated	14
Unable to Complete	2
Pending	1
Entered in error	1
12 month prior contact w/ Indicated Finding	0 (0%)

The goal for FY 2009 was established as 0% in order for there to be ample time to insure that data is being captured correctly in FACTS and that the reports from this data are accurate. The objective will continue and will be closely monitored by FACTS, Office of CPS and the Office of Child Welfare Consultation. Of the 33 children who died with allegations of maltreatment, 15 were disposed as "Indicated". Of those 15 disposed as "Indicated", no child had a prior "Indicated" report of child maltreatment.

Using the INVS206 report, in FY 2010, twenty-nine (29) child fatalities occurred with allegations of death due to child maltreatment. In referencing the same report, the dispositions on those CA/N reports were as follows:

Child Fatalities w/allegations of maltreatment	29
Indicated	7
Not Indicated	11
Unable to Complete	2
Pending	8
Entered in error	1
12 month prior contact w/ Indicated Finding	0 (0%)

Of the 29 children who died with allegations of maltreatment, 7 were disposed as "Indicated". Of those 7 disposed as "Indicated", no child had a prior "Indicated" report of child maltreatment.

2.2 Decrease the number of children being subjected to repeat maltreatment within the past 12 months (decrease by 0.3% for FY 2010-2014).

2008 – 4.3%

FY 2010	0%
FY 2011	0%
FY 2012	0%
FY 2013	0%
FY 2014	0.3%
Total	0.3%

The QA Indicator Report was selected to monitor this objective. The baseline for this objective is 4.3% of the children with previous dispositions of indicated were subject to repeat maltreatment within a 12 month period. This percentage is

based on the last statewide data available prior to FACTS implementation.

Prior to the implementation of FACTS, an issue thought to be impacting the rate of repeat maltreatment was related to the method of linking cases in the previous automated computer system, ASSIST. During the development of the FACTS (SACWIS System), there was specific planning to insure the system has the capacity to ensure accurate searches for individuals already in the State Central Registry and the ability to easily link and merge case information pertaining to families. In FACTS training, the trainers now cover information on why merging and linking cases are important in casework. Workers are also trained in the mechanics of how to link and merge cases.

Data for tracking this goal was established in August 2008, when the pilot counties began the use of FACTS. At that time, the rate of repeat maltreatment was 4.3%. Using that as a baseline, the overall goal for five years was to reduce repeat maltreatment by 0.3%. For FY 2010, the rate of repeat maltreatment statewide is 3%. The current percentage already exceeds the goal for the 5 year plan. This objective will continue.

Safety Outcome 2. Children are Safely Maintained in their Homes Whenever Possible and Appropriate

CFSR Determination:

Not in Substantial Conformity

Goal: Enhance the ability of families and communities in Alabama to create safe, stable and nurturing environments that promote healthy child development and enable families to resolve crises and connect with necessary and appropriate services in order to remain safely together in their homes whenever possible.

In the CFSR Round 2 Final Report, issues that were cited included the following: the need to better assess for safety, the level of placement prevention services that are needed and the adequacy of placement prevention services and safety plans.

Item 3. Services to family to protect children in home and prevent removal

CFSR Rating:	ANI
CFSR Percent:	78%
QA Benchmark:	36%
5 Year Goal:	45%
QA Measurement:	35%

The percentages for improvement are noted below:

FY 2010	1%
FY 2011	1%
FY 2012	2%
FY 2013	2%
FY 2014	3%
Total	9%

Work will begin with the approval of the PIP on improving the quality of caseworker visits. It is believed that this objective may also improve as a result of these strategies. Although not included in the above data, additional analysis is provided by each county Quality Assurance Committee reviewing cases and rating the family preservation through the use of appropriate services.

3.1 Increase the capacity of staff to adequately assess and address all risks of harm to children living in their own homes or in out-of-home placements and improve the effectiveness of family preservation services to protect children in their own home.

In October 2006, the Department developed a pilot Continuum Family Preservation Program in six counties with the goal of keeping children safe in their own home. While the referrals are primarily from in-home protective services cases, the same service providers continue to work with the families should a child be placed in foster care and attempt to reunify the family. The Department has recognized the need to provide additional funding for

front-end services. The Continuum Program is currently available in Lee, Madison, Jefferson, Cullman, Mobile and Montgomery Counties. Preliminary opinions on these programs were positive; although five of the sites were to receive additional slots, due to budget constraints, this did not occur. In FY 2010, the Continuum Preservation Program continued to operate in the original six counties. There are one hundred thirty slots for this contracted service. Continuums are financed with State dollars with the expectation that providers bill for Medicaid Rehabilitation Services, when possible. Unfortunately due to budget constraints, the program could not be expanded to other counties in FY 2010. As of May 2010, continuums have a cumulative success rate of 81.4% at the time the families are discharged. In May of 2011, the average success rate at discharge was 82.8%.

In attempting to analyze why the Department's rating on family preservation fluctuates significantly and is continuously evaluated as an area needing improvement, the Department made some adjustments to the onsite QA review process, by adding a safety assessment as a component to the onsite review. Prior to the addition of the Safety Assessment to the on site reviews, CAN Assessment reviews were limited to those reviewed for Ongoing CPS services that had had a report of maltreatment during the period under review.

The Safety Assessment includes a random pull of cases, based on the total number of CAN reports and Prevention reports received by the county in the past twelve months. Typically this assessment is conducted by the Office of CPS, the Office of Child Welfare Consultation, or other SDHR consultant with CPS experience. The inclusion of this approach was piloted in 2007 and became a permanent part of the onsite review process beginning in January 2008. No Quality Assurance Reviews were conducted at the state level for FY 2009. When the Quality Assurance reviews resumed in FY 2010, the Safety Assessment continued as a part of the review process.

The Safety Assessment evaluates seven (7) of the Quality Assurance Indicators. These indicators include:

1. Adequately assessing intake information to determine if abuse has occurred and setting the appropriate response time for first victim contact.
2. Face to face contact with all children in abuse/neglect reports within the policy timeframes
3. Timely and thorough CA/N and Prevention Assessments with documentation to support the disposition of the report.
4. Assessing child safety continuously throughout the investigation and implementing appropriate interventions to insure children are safe in their own homes.
5. Identifying the need for safety intervention, developing and monitoring safety plans.
6. Children are being safely maintained in their own homes.
7. Determining if repeat maltreatment has occurred.

In FY 2010, sixteen (16) of sixty seven counties have had a Safety Assessment as part of their Quality Assurance Review. Thus far in FY 2011, six more counties have had a Safety Assessment. Through these assessments both strengths and needs have been identified allowing the Department to focus on problem areas; statewide issues; resource needs; program development and trends in practice.

The Alabama CWCI has developed a definition of prevention services that can reflect perspectives across member agencies (see Appendix 16). Additionally, the group has sought information on ways in which the effectiveness of prevention programs can be measured.

DHR placed Simulator Dolls for Abusive Head Injury in every Fatherhood Program which is a partnership with DCAP. DCAP has placed approximately 80 Simulator Dolls in programs funded by DCAP.

DCAP is developing a Statewide Plan for Prevention and Intervention. The plan will identify gaps in services and attempt to estimate a dollar amount that it will take to provide those services and identify private providers that could possibly fill in the gaps with an ROI incentive. **2011 Update:** Through a partnership between DHR and DCAP the following Fatherhood clients were served:

	Participants Employed	Completed Educational Program	Completed Short Term Skills Training	Total Number of Participants	Total Child Support Payments
PY 2009-2010	707	81	95	2020	\$2,146,959
PY to date 2010-2011 (Aug - June)	737	46	63	1412	\$2,449,265

In addressing risk of harm, it will be helpful for the Department to clarify policy issues (e.g. what is and is not policy) with state/county DHR staff and partner agencies regarding the handling of child abuse and neglect reports for infants who are born addicted, and whose birth mother has a current prescription and/or is actively involved in a treatment program.

3.2 PIP – PRACTICE MODEL, ACTION STEP – 1.5

Implement a stand-alone training module as it relates to application of the Practice Model to meaningful caseworker visits that emphasizes the value of the caseworker relationship to families (with a focus on fathers), preparing for visits, using the ISP in conducting visits and timely/thorough documentation of visits. Completed. Six training sessions were completed - See EOC, Practice Model, AS 1.5, Q-3 PIP Submission, as well as the Q-4 submission.

3.3 PIP – PRACTICE MODEL, ACTION STEP – 1.4

Implement a stand-alone, training module as it relates to application of the Practice Model to safety with an emphasis on accurately assessing safety and timely determination and provision of placement prevention (reunification) services based on those assessments.

Completed. The curriculum focused on accurately assessing safety through a comprehensive assessment process using impending danger threats and parental protective capacities as a basis for removing children who are unsafe and for children who can return home safely. Six 1 ½ day sessions were conducted in the April-June 2010 time frame, using video conferencing equipment that is available at three sites, Birmingham, Montgomery and Mobile. By using this equipment as many as 90 participants can be trained at one time. This training was completed in FY 2010. See EOC, Practice Model, AS 1.4, Q-3 PIP Submission.

3.4 Maintain previously established integrated and coordinated family service center sites that vary in intensity to meet the needs of children and families for family support and preservation services under the Promoting Safe and Stable Families portion of the Adoption and Safe Families Act. No funding for new sites was available for FY 2011.

3.5 Maintain intensive family preservation services and family reunification services, and expand as need dictates and funding allows, under the Promoting Safe and Stable Families portion of the Adoption and Safe Families Act. Allow preservation and reunification providers to remain in the cases for longer periods of time to allow for greater treatment/crisis stabilization within the family.

- Fund service delivery, with expansion as need dictates and funding allows, in the intensive family preservation and family reunification programs (Family Options/FOCUS) currently funded in all sixty-seven counties throughout the state.
- The Family Options name was changed to Family Outcome-Centered Unification Services (FOCUS) in FY 2009. The Homebuilders Model will no longer be a requirement for service providers, and programs will be able to serve families for a longer period of time to help achieve long-term success and stability for family unification. Providers now may serve families up to 4 months (or longer if a brief period of additional service time is needed) rather than the short-term 4-week service delivery of the past. The program may serve more families at a time as the caseload per worker was raised from 2 cases to 4 cases.
- Maintain monthly statistical reports on families and children served.
- Each program submits monthly reports to the Program Manager of the Office of Resource Development in the Resource Management Division which contains the following: child/family served; DHR case number; county of origin; referral date; placement at the time of referral; current placement; discharge date, if discharged; length of service in days; discharge successful or unsuccessful; and placement post-discharge 3, 6, 12 and 24 months. These statistics are then compiled into a Statewide report.

FY 2010	This objective will be continued.
FY 2011	This objective will be continued.
FY 2012	This objective will be continued.
FY 2013	This objective will be continued.
FY 2014	This objective will be continued.

It will be evident that this objective has been achieved if existing programs continue to be funded and programs are expanded as need dictates and funding allows.

3.6 Through the provision of family support services under Promoting Safe and Stable Families, improve child safety for children in families served.

- Improve the number of children that safely remain with their families or another identified relative or significant person by continuing to provide services to families through Family Service Centers and FOCUS programs.

FY 2010	This objective will be continued.
FY 2011	This objective will be continued.
FY 2012	This objective will be continued.
FY 2013	This objective will be continued.
FY 2014	This objective will be continued.

3.7 Through the provision of intensive family preservation services, time-limited family reunification services, and home visitation services under Promoting Safe and Stable Families, increase the numbers of children served by intensive family preservation and home visitation services enabled to live safely with their families.

An emphasis will be placed on achieving positive outcomes for the children that are being served intensive family preservation and home visitation services.

- Document progress toward goals established by families in their work with providers related to child safety as rated by families at regular intervals or at the end of the Family Options/FOCUS intervention.
- Maintain numbers of families safely remaining together at 3 months, to no less than 80%, at 6 months, to no less than 80%, at 9 months, to no less than 80%, at 12 months, to no less than 80%, and at 24 months no less than 80% after intensive family preservation (Family Options/FOCUS) intervention or at the same rates remaining together after the permanency/re-unification intervention has been completed.

Families Remaining Together Post FOCUS Preservation/Re-unification Services Intervention

Beginning January 2008, a new reporting format was implemented to compare all types of in-home services providers, including Continuums (for both prevention and re-unification), Permanency Services (for re-unification) and Intensive In-Home Services (for prevention). See Appendix 6.

For January 2008 through December 2010, please see the following breakdown for IIHS prevention results for Family Outcome-Centered Unification Services (FOCUS) only:

	Successful at discharge	at 3 months	at 6 months	at 12 mos.	at 24 mos.
Central Alabama	94%	93%	91%	90%	
East Alabama	94%	97%	94%	91%	100%
East Central Alabama	89%	100%	100%	83%	78%
Jefferson/Shelby	96%	96%	92%	94%	99%
Montgomery	79%	89%	91%	88%	89%
Northeast Alabama	95%	93%	93%	90%	
Northwest Alabama	94%	99%	96%	93%	100%
Southeast Alabama	98%	95%	95%	94%	
Southwest Alabama	95%	91%	90%	88%	33%
Tuscaloosa Hub	95%	91.9%	88%		
West Central Alabama	93	92%	89%	82%	67%

For January 2008 through December 2010 for Family Outcome-Centered Unification Services (FOCUS) only, please see the following breakdown for permanency/ reunification results:

	Successful				
	at discharge	at 3 months	at 6 mos.	at 12 mos.	at 24 mos.
Central Alabama	94%	88%	88%	82%	
East Alabama	80%	96%	94%	95%	
East Central Alabama	80%	84%	79%	73%	100%
Jefferson/Shelby	91%	88%	88%	86%	
Montgomery	80%	89%	92%	94%	100%
Northeast Alabama	90%	89%	87%	76%	
Northwest Alabama	85%	98%	95%	93%	80%
Southeast Alabama	97%	99%	97%	98%	
Southwest Alabama	91.4%	88%	85%	83%	100%
Tuscaloosa Hub	88%	87%	82%	87%	
West Central Alabama	82%	70%	63%	68%	60%

FY 2010	This objective will be continued.
FY 2011	This objective will be continued.
FY 2012	This objective will be continued.
FY 2013	This objective will be continued.
FY 2014	This objective will be continued.

3.8 Provide funding for the Family Service Centers in Houston, Jefferson, Montgomery, Baldwin, Russell, Calhoun, Talladega, Tuscaloosa, Chambers and Madison Counties

As funding allows, enable the Family Service Centers to provide additional services as identified by each county DHR. The Family Service Centers sites listed above received funding based on funding availability in FY 2008. In FY 2008 all Family Service Centers received a 15% reduction in funding from the amount received in FY 2007. Although FY 2010 funding levels were reduced by 15%, the same level of funding reduction was in turn provided for FY10 through allocation of funds from Children First monies. A total of 40,594 unduplicated families received core family support services through the Family Service Centers and Healthy Families in Fiscal Year 2009. The following chart shows numbers of unduplicated families served through one or more of the core service programs offered by each Family Service Center and Healthy Families during these time periods:

	October 08- September 09
Alfred Saliba Family Services Center (Houston County)	4,100
Family Service & Resource Program (Montgomery County and Lowndes County)	8,293
Family Service Center – Bay Minette (Baldwin County)	563
The Children and Family Connection (Russell County)	347
The Family Services Center of Calhoun Co., Inc. (Calhoun County)	5,289
F.I.R.S.T. Family Service Center of Talladega (North Talladega County)	2,583
SAFE Family Service Center (South Talladega County)	7,558
Circle of Care Center for Families (Chambers County)	5,875

The Center for Families – Jeff. Co. (Jefferson County)	3,675
Tuscaloosa Family Resource Center (Tuscaloosa County)	1,983
Healthy Families North Alabama (Madison County/ Home Visitation Only)	328
TOTAL	40,594

Core services are based on a comprehensive assessment process that results in goals identified by the families. Case management services are provided as a part of core services to facilitate access and follow-up. The Family Service Centers continue to provide many other supportive services that are not classified as core services; however, the reporting database no longer provides totals for these services.

Lowndes County FSC services are being provided through the Family Services and Resource Program (Montgomery County). Overall, the Family Service Centers remain well respected and provide quality services in their communities. The variety of quality assurance processes in place indicates that the overwhelming majority of the Centers are meeting community needs and enabling families to become safe and stable.

FY 2010	This objective will be continued.
FY 2011	This objective will be continued.
FY 2012	This objective will be continued.
FY 2013	This objective will be continued.
FY 2014	This objective will be continued.

It will be evident that this objective has been achieved if existing programs continue to be funded and programs are evaluated as providing efficacious services to achieve family stability.

3.9 Coordinate service delivery under the Promoting Safe and Stable Families portion of the Adoption and Safe Families Act.

- Ensure that community needs are met through FP/SS programs, through utilization of feedback received from County DHR staff during reviews of individual programs.

Resource Development consultants during their reviews of the various FOCUS programs will elicit feedback from the county DHR offices using the program. This information will be used in giving feedback to the provider in the written report to them at the close of the annual site visit.
- Enable family support programs to receive technical assistance and training.

Technical assistance was provided by the Resource Development consultants to providers, program staff and county staff regarding programmatic and contracting issues. Training will not be provided by DHR for FY 2011, and providers must arrange in their budgets to provide training based upon the model used to deliver the services. Training will be monitored during the annual site visit.
- Enhance through technical assistance the capacity of staff to utilize natural and creative resources toward the goals of family preservation and support.

Resource Development consultants provide individualized technical assistance with planning and problem solving, monitoring and support functions to the FOCUS programs Family Service Centers. The Resource Management consultants conduct regularly scheduled site visits to each program in order to provide technical assistance, consultation, and monitor progress toward goals.
- Evaluate progress and utilization of each program in order to change and adapt programs as needed.

As site visits are conducted, the State consultants will address any concerns with the Director/Program Supervisor and/or provider. Technical assistance is provided by the consultant to help improve utilization or address other issues. These statistical reports are utilized as plans are made for the following fiscal year in terms of funding, staffing or other necessary programmatic changes.

FY 2010	This objective will be continued.
FY 2011	This objective will be continued.
FY 2012	This objective will be continued.
FY 2013	This objective will be continued.
FY 2014	This objective will be continued.

It will be evident that this objective has been achieved if the activities listed above have been completed.

3.10 Explore ways in which Family Preservation services can be expanded, e.g., services for low functioning birth parents, drug rehabilitation programs that enable families to stay together, child and adult mentors, etc. New Goal – 2010.

Item 4. Risk of harm to children

CFSR Rating:	ANI
CFSR Percent:	84%
QA Baseline:	90%
5 Year Goal:	93%
QA Measurement:	86%

FY 2010	.5%
FY 2011	.5%
FY 2012	.5%
FY 2013	.5%
FY 2014	1%
Total	3%

4.1 Increase the staff's capacity to develop and monitor safety plans for effectiveness in managing identified risk of harm.

In October of 2007, the Federal Government awarded the State of Alabama Department of Human Resources a research-based grant on Using Comprehensive Assessments to achieve better outcomes for families. The Department is working in partnership with ACTION for Child Protection and the University of Maryland. The project was designed to pilot in three county sites: Baldwin, Escambia and Mobile Counties and once the pilot is complete, to expand it statewide.

The concept of the project in Alabama is one which considers family assessment as an ongoing process that begins at Intake and continues throughout the life of a case until the family reaches the point of safe case closure. There are five phases of the assessment: Intake Assessment, Family Functioning Assessment, Protective Capacity Family Assessment, Change Strategy /ISP, and Family Progress Assessment to determine safe case closure.

As of, July 2011, all of the pilot sites will be trained on all of the assessments. The staff in the pilot counties has been working and will continue to work on improving their skills and ability to apply criteria in all of the assessments. Supervisors have also been trained in the Supervisor Consultation Guide. The guide provides instruction on how supervisors can help staff to learn and effectively use the Comprehensive Assessments. It also provides supervisors with the skills on using modeling, coaching and providing effective feedback.

With safety as the primary focus of cases, work is focused around safety being continuously assessed through each phase of the assessment. Since August 2010 work in the counties has focused on enhancing the understanding and ability to do all of the assessments. The activities utilized are coaching, modeling, case reviews, training reviews and practicums on methods to move the pilot counties forward in their development. The external consultants continue to guide and coach the internal consultants to move the pilot counties forward in their development in the Comprehensive Assessment Process. In each phase of the assessment, staff are

becoming more aware of the purpose or the safety plan; the need for regular assessment of the safety plan and the need increase or decrease the amount of intrusion depending on the safety needs of the families.

An observation from a focus group of staff from AACCA agencies was that when safety issues were raised, they were addressed immediately.

In surveys completed by county QA committee members, some references were made to DHR staff being responsive in terms of identifying and/or addressing safety threats.

In 108 survey ratings completed by county QA committee members, on a scale of 1-6 (6 being optimal), the average rating for Safety, was 5.21. In 108 survey ratings completed by county QA committee members, on a scale of 1-6 (6 being optimal), the average rating for Safety Plans, was 5.09.

4.2 PIP – PRACTICE MODEL, ACTION STEP – 1.4 – Implement a stand-alone, training module as it relates to application of the Practice Model to safety with an emphasis on accurately assessing safety and timely determination and provision of placement prevention (reunification) services based on those assessments. Completed - See EOC, Practice Model, AS 1.4, Q-3 PIP Submission.

4.3 PIP – PRACTICE MODEL, ACTION STEP – 1.5
Implement a stand-alone training module as it relates to application of the Practice Model to meaningful caseworker visits that emphasizes the value of the caseworker relationship to families (with a focus on fathers), preparing for visits, using the ISP in conducting visits and timely/thorough documentation of visits. Completed. Six training sessions were completed - See EOC, Practice Model, AS 1.5, Q-3 PIP Submission, as well as the Q-4 submission.

4.4 Examine current policies regarding assessment / use of provisional foster homes and relative homes to determine if revisions are needed to those policies.

In October 2010 Alabama passed the Kinship Guardianship Subsidy Act to provide for a program and consideration of relative foster homes as permanent placements with subsidy for youth who otherwise would remain in foster care. The legislation and policy provides for Kinship Guardianship as another permanency goal for youth as a means of legal permanency through placement in approved relative homes.

4.5 Collaborate with and/or support community partners, in the development and implementation of a pilot project related to a continuum of care for children, age birth to 3 years of age, that utilizes the existing service delivery system in providing care for / supports to young children and their caregivers.

As part of the Jefferson Co. Pilot Project work has been done (among community partners) to develop a standardized health assessment process and forms (for use by hospital staff) to assess new born infants in the pilot project area of Jefferson County. Also, progress has been made in establishing a “Cribs for Kids” project, which will enable new mothers to have safe sleeping surfaces for their infants. Further, community partners, including DHR, are communicating safe sleeping messages in a number of communities utilizing various media sources. Twenty-one non-profit agencies, DHR, Public Health, civic organizations, the religious community, law enforcement, the District Attorney’s office, the Board of Nursing and two institutions of higher learning are involved in this project.

2011 Update: The Alabama DCAP/Children’s Trust Fund reported that for 2009-2010, the Jefferson County Pilot Project (JCPP) provided 230 cribs to new mothers; Jefferson County DHR refers individuals to the Cribs for Kids project.

As part of the Jefferson Co. Pilot Project the UAB School of Nursing is working with new mothers beginning in October to educate them on the subjects of Abusive Head Injury and Unsafe Sleeping. Additionally a program to identify new mothers that are in need of Mentors has been developed. The project has currently identified 77 mentees and will begin training for Mentors in the next few months. The Mentors will make a 3 month commitment to the new mothers.

2011 Update: The Alabama DCAP/Children’s Trust Fund reported that for 2009-2010, the Mentors for New Mothers program has 19 mentors and 12 mentees, the mentees with DHR involvement are given priority for matches.

As part of the Jefferson Co. Pilot Project and in partnership with the Board of Nursing, Public Health and DHR, training on Mandatory Reporting, Abusive Head Injury and Unsafe Sleeping is being developed. Training will also be developed for the education sector. **2011 Update: See 4.17.**

4.6 Examine the results of the pilot project and explore the prospects of implementing a model approach to serving families of children, age birth to 3 years of age. See 4.5.

4.7 Explore options / avenues regarding a community education approach to informing the public on available services to address safety issues (e.g. placement prevention, family centered services, etc.).

Draft legislation was promoted by DHR and partner agencies, which was meant to establish and promote the teaching and adoption of Sudden Unexplained Infant Death Investigation (SUIDI) protocols throughout the state. The training is already being voluntarily offered (by ADFS, ACDRS, and other partners) throughout the state to first-responder agencies by request. The proposed legislation would have made such training mandatory for crime/death scene investigators and coroners, while it remained optional for other disciplines. The purpose was to both increase and improve infant death scene investigations in Alabama, leading to more accurate death diagnoses which, in turn, would better inform our prevention efforts. The legislation did not pass.

2011 Update: DCAP and Children's First Foundation worked to get the SUID bill passed that made it mandatory to investigate all child deaths under 12 months of age.

4.8 PIP – TRAINING, ACTION STEP – 1.1 Implement agency timeframe/expectations, along with monitoring and reporting mechanisms for completion of ACT I, by staff as they are hired by the agency. Completed - See EOC, Training, AS 1.1b, Q-3 PIP Submission.

4.9 PIP – TRAINING, ACTION STEP – 1.4 Implement, monitor and report on a prioritization plan for the completion of ACT I by current staff who have not yet completed this training. A prioritization plan has been developed. See EOC, Training, AS 1.4, Q-3 Submission.

4.10 PIP – TRAINING, ACTION STEP – 2.1 Develop and disburse for implementation agency time frame expectations, along with monitoring and reporting mechanisms for completion of Supervisor Training for future (new) supervisors. Completed. See EOC, Training, AS 2.1b, Q-3 PIP Submission.

4.11 PIP – TRAINING, ACTION STEP – 2.2 Implement, monitor and report on a prioritization/incremental plan for the completion of Supervision Training for current supervisors who have not attended this module. **2011 Update: Some components of Training, AS 2, were renegotiated in February 2011. See Appendix 15, "Renegotiated PIP Steps" for more information / details.**

4.12 PIP – SUPERVISION, ACTION STEP – 1.4 Implement (supervision) work group recommendations (strategic plan) in a systematic way and in accordance with the identified timeline. **2011 Update: Some components of Supervision, AS 1, were renegotiated in February 2011. See Appendix 15, "Renegotiated PIP Steps" for more information / details.**

4.13 Explore the provision of safety training by DHR to judges and attorneys. New Goal – 2010.

4.14 Explore the enhancement of data access to allow judges the ability to review county-specific safety data New Goal – 2010. In January 2011 at the Juvenile Court Judges received training from Therese Roe Lund, MSSW from the Resource Center for Child Protective Services and Timothy Travis, JD from the National Resource Center Legal and Judicial Issues On "Child Safety: A Guide for Judges and Attorneys". This training was also provided to DHR Staff Attorneys and the DHR contract attorneys.

4.15 Since DHR has representation on each committee involved with the health assessment initiative that is being piloted in Jefferson County, explore how DHR can collaborate community partners in implementation aspects of the project. New Goal – 2010.

4.16 Examine ways in which DHR can have a role in promoting (through referrals) the “Cribs for Kids” project. New Goal – 2010.

4.17 Collaborate with community partners in implementing training modules on Mandatory Reporting of Child Abuse and Neglect allegations that includes communication between community partners and DHR, as well as within DHR (e.g. other DHR Offices with DHR Family Services). Explore the development of online training for mandatory reporting of community partners and DHR offices other than child welfare in regard to the reporting of child abuse and neglect allegations. Promote with community partners (with a focus on healthcare and education settings) the importance of each agency mandating the training as staff are hire, and including the training as a requirement of the annual training that agency employees must complete. New Goal – 2010. The Alabama Children’s Justice Task Force has also recognized the need for the development of Mandatory Reporter Training and has included this training in their funded projects for FY 2012. A draft script providing information on child abuse reporting requirements for those mandated to report abuse according to Alabama’s mandatory reporting laws has been developed. The script included frequently asked questions regarding anonymity of reporters, protection from liability for reports made in good faith, the information needed when making a report and general information describing why some reports are accepted for assessment while others are not.

Task Force members are exploring the use of an interactive training by using a web-based application. This decision would be made concomitantly with decisions about content and functionality of the Children’s Justice Website. In the meantime, the “Child Abuse Hurts” pamphlet describing mandatory reporting requirements and how to report child abuse was revised and disseminated to county Departments of Human Resources. The pamphlet continued to be used by County Departments.

2011 Update: The Alabama Department of Child Abuse and Neglect Prevention (DCAP), “Children’s Trust Fund” reported that for 2009-2010, it trained 780 individuals on Mandatory Reporting and Abusive Head Trauma (AHT) and Unsafe Sleeping Environments (USS). DCAP conducted 26 trainings on the following subject matter:

- Recognizing the signs of abuse and neglect;
- The effects of Domestic Violence on children;
- The Impact and Implications of CAN;
- Differential Response to prevent CAN;
- Building Community Models to prevent CAN.

DCAP participated in 52 public awareness events where programs were highlighted and programs on AHT and USS were presented. The public awareness campaign to prevent AHT and USS had minimum exposures to 61,110,000 individuals over the course of 12 months. DCAP hosted a conference on AHT and USS directed at law enforcement, nurses, social workers, counselors, advocates; 217 individuals attended the conference.

The UAB School of Nursing is providing training on AHT and USS to the community. Upcoming plans for JCPP:

- Produce online Mandatory Reporter Training for educators with the inclusion of ASDE, DHR, AOC, ADPH, and the Board of Nursing;
- Continue the Cribs for Kids Program;
- Continue our Public Awareness Campaign;
- Work on the data collection for death rates from AHT and USS.

The 175 grantees at the community level served 24,660 individuals, and the volunteers within those programs provided 216,347 hours of cost free service to the children and families of Alabama.

4.18 Strengthen the consistent monitoring and (as needed) revising of safety plans. New Goal – 2010.

4.19 Explore the development of a community education resource kit that would be provided to all county DHR offices and includes strategies that can be utilized in implementing activities that are designed to promote public awareness of/to child safety issues. New Goal – 2010.

In surveys completed by county QA committee members, some references were made to the value of community awareness programs in terms of informing the community on resources that are available for families.

4.20 Strengthen the expertise of child welfare workers regarding screening for and addressing issues related to domestic violence through training and consultation. New goal for FY 2012.

One possible avenue for addressing the knowledge base of line staff is through coordination with the Alabama Coalition Against Domestic Violence (ADADV) and/or coordination with SAIL staff for a county/region.

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

CFSR Determination:	Not in Substantial Conformity	
Timeliness and permanency of reunification:	Met National Standard of 122.6+	(124.2)
Timeliness of adoptions:	Did not meet National Standard of 106.4	(56)
Permanency for children in FC for extended time periods:	Did not meet National Standard of 121.7+	(107.6)
Placement stability:	Met National Standard of 101.5	(111)

Goals: Children entering out of home care will achieve timely permanency and have access to permanent connections, supports and services to maintain stability in their current living situations.

In the CFSR Round 2 Final Report, permanency issues that were cited included the following: addressing placement stability; establishing appropriate permanency goals in a timely manner; improving the practice of concurrent planning; the need for a better understanding of the state statute regarding TPR and adoption; the need to explore relative resources (particularly paternal relatives) and to establish paternity in a timely manner; the need to reduce the frequency with which APPLA is used as a permanency plan; and, the need to improve service delivery to older youth.

Practice Model and Permanency

In the Program Improvement Plan (PIP), two action steps have been devoted to the implementation of a Practice Model. It is believed that an integrated Practice Model will provide direction and guide decisions on all that is done in child welfare across all program emphases, (e.g. child abuse/neglect assessments, foster care, ongoing services and resource families), all system entities (e.g. training, policy, supervision, community collaboration, etc.) and, primarily, the direct work with children and families, etc. This will include promoting the achievement of desired permanency outcomes. Although the Practice Model will be comprehensive, the core principles and desired outcomes will be concise, clear statements of belief, that reflect how the Department has chosen to shape its approach to serving families in Alabama. A newly articulated Practice Model was distributed to county and state DHR staff (see EOC, Practice Model, AS 1.1b, 2nd QTR PIP Submission).

Supervision and Permanency

Another (PIP) theme that is designed to contribute to practice advancement across all areas of child welfare is that of strengthening supervision. Supervisors have a significant function when it comes to providing coaching and feedback around practice, policy and documentation. They maintain an important, perhaps infectious, responsibility in promoting an organizational climate and culture that is consistent with the practice model principles and values. In strengthening supervision, it is expected that improved outcomes in safety, permanency and well being will be realized for children and families in Alabama.

Concurrent Planning

Permanency planning must be viewed as beginning at the first point of contact in working with a family to assure a safe and stable living environment for children. State Consultation is available to assist the counties in recognizing the value of engaging and assessing families early in the process toward positive outcomes and to assist with accessing needed resources to be able to meet the needs of children and the families.

Alabama has continued to train and support staff to increase focus in the area of permanency to assure that efforts are made to work toward reunification with the family while at the same time working a concurrent plan to assure children achieve permanency in a timely manner. To assure a more consistent focus, the Office of Permanency works closely with other program areas in providing the training, support and consultation that is needed for a consistent message and practice to assure that concurrent plans are identified and worked to reduce the length of time children remain in care. Consultant roles in the Office of Permanency have expanded so that all consultants focus on permanency from entry into care to exit regardless of the permanency goal. Concurrent planning has also continued to be a topic of training that is being provided to GALs, parents' attorneys, judges and DHR staff through various conferences, meetings and presentations.

In 1st Quarter FY 2010 Alabama implemented a permanency review process in 6 pilot counties that provided an opportunity to consider and identify concurrent plans for youth with the goal of Another Permanent Planned Living Arrangement. The process involved intense case review and strategizing steps for implementing concurrent planning. In 1st Quarter FY 2011 this process known as Permanency Roundtables was expanded to 5 additional counties with the goal of statewide implementation due to the positive outcomes that have been realized. As other counties become familiar with the process efforts are underway for further expansion.

In October 2010 another permanency goal for children was added to policy as a result of the passing of legislation for a Kinship Guardianship Program. Training has been initiated on new policies governing this program and will need to be ongoing as more relatives are identified as concurrent planning is considered. Though the current number of potential candidates for Kinship Guardianship is low, counties have begun to explore Kinship Guardianship as a goal in these cases. Alabama expects to initiate the first Kinship Guardianship Subsidy in June 2011 for several cases that are pending.

Safe and Timely Interstate Placement of Foster Children Act of 2006

On July 3, 2006, President George Bush signed into law Public Law 109-239 – The Safe and Timely Interstate Placement of Foster Children Act of 2006. The law became effective October 1, 2006. The main thrust of the law is the establishment of timeframes to complete home studies in cases involving the Interstate Compact on the Placement of Children (ICPC). The completed home study or a preliminary report is due to the sending state within 60 days. The Interstate Compact policy has been revised to include the new law. An overview of the law and policy revisions has been sent to all 67 counties. All 67 county DHR offices are in full implementation of The Safe and Timely Interstate Placement of Foster Children Act of 2006. The ICPC Program Manager has provided ICPC training in the largest in Alabama (Jefferson County). More training will be provided to counties for FY 2011.

Timely Home Studies Reporting and Data: The Safe and Timely Interstate Placement of Foster Children Act of 2006 amended of the Act at 471(a)(26)(B)(2) to encourage timely home studies. (Information Memorandum ACYF-CB-IM-06-03, dated August 11, 2006, provides an overview of the provisions.) A home study is considered timely if “within 60 days after the State receives from another State a request to conduct a study of a home environment for purposes of assessing the safety and suitability of placing a child in the home, the state shall, directly or by contract, conduct and complete the study”.

The Alabama Interstate Compact office currently tracks home study requests through an automated system. Alabama is in full implementation of the SACWIS system known as FACTS. Alabama implemented this system statewide in January, 2009. We are developing reports in the new system to continue to track the 60 day requirement under the Safe & Time Foster Care Act of 2006. Alabama is currently using the Live Scan System to expedite criminal background clearances. Due to delays in receipt of criminal background clearances, Alabama has used the 75 day extension regularly. The extended compliance was needed because of delays in receipt of background clearances from ABI and FBI. Even with the extended compliance period, there continues to be delays due to the receipts of final criminal background clearances. This particularly causes a delay when there is a criminal history identified which must be investigated before a final disposition is made.

The Department of Human Resources is in the initial phase of contracting with Security Biometric Clearing Network. The Department of Human Resources has contracted with Security Biometric Clearing Network to complete criminal background in 30 counties and State DHR. The remaining 37 counties send background directly to State DHR. The vendor is utilizing LIVE SCAN to complete criminal background clearances.

Statewide Foster Care Population

The State of Alabama Department of Human Resources is responsible for the statewide foster care population which is monitored and supported through the Office of Permanency. Due to implementation of a new SACWIS system reliable and current data is limited. As of March 2011, the Office of Data Analysis reported there were approximately 5,729 children in out of home care, this excludes children in their own home, related home and court ordered non-relative placements.

Item 5. Foster care re-entries

CFSR Rating:	Strength
CFSR Percent:	91%
QA Benchmark:	Maintain national standard of higher than 101.5 (QA does not measure this item and it has remained a strength over Rounds 1 & 2 of the CFSR process).

- 5.1 The Office of Permanency will continue to monitor through the use of data trends in the number foster care entries and identify policy and/or practice that support a reduction in the number of foster care re-entries experience by children.**

Due to the implementation of SACWIS System beginning FY 2009 some data is not available. The Department continues to refine data collection and currently monitors the data through the Quality Service Reviews conducted at the local level. Recently, Alabama has experienced an AFCARS review which revealed that much of the data is currently being accurately tracked and reported. However, there were several technical issues identified which are thought to be easily resolved and therefore the state will be entering in to a Program Improvement Plan.

- 5.2 PIP – PRACTICE MODEL, ACTION STEP – 2.6
Provide tools and establish statewide expectations as to the use of permanency roundtables in each county.** Completed - See EOC, Practice Model, AS 2.6, Q-3 PIP Submission.

- 5.3 PIP – TRAINING, ACTION STEP – 1.1
Implement agency timeframe/expectations, along with monitoring and reporting mechanisms for completion of ACT I, by staff as they are hired by the agency.** Completed - See EOC, Training, AS 1.1b, Q-3 PIP Submission.

- 5.4 PIP – TRAINING, ACTION STEP – 1.4
Implement, monitor and report on a prioritization plan for the completion of ACT I by current staff who have not yet completed this training.** A prioritization plan has been developed. See EOC, Training, AS 1.4, Q-3 Submission.

- 5.5 PIP – TRAINING, ACTION STEP – 2.1
Develop and disburse for implementation agency time frame expectations, along with monitoring and reporting mechanisms for completion of Supervisor Training for future (new) supervisors.** Completed. See EOC, Training, AS 2.1b, Q-3 PIP Submission.

- 5.6 PIP – TRAINING, ACTION STEP – 2.2
Implement, monitor and report on a prioritization/incremental plan for the completion of Supervision Training for current supervisors who have not attended this module.**
2011 Update: Some components of Supervision, AS 1, were renegotiated in February 2011. See Appendix 15, "Renegotiated PIP Steps" for more information / details.

- 5.7 PIP – SUPERVISION, ACTION STEP – 1.4
Implement (supervision) work group recommendations (strategic plan) in a systemic way and in accordance with the identified timeline.** **2011 Update:** Some components of Supervision, AS 1, were renegotiated in February 2011. See Appendix 15, "Renegotiated PIP Steps" for more information / details.

- 5.8 Continue to focus on the provision of timely supports and services to foster parents, adoptive parents and relative caregivers.**

Alabama continues to support foster, adoptive and most recently kinship caregivers through collaboration with the Alabama Foster and Adoptive Parent Association. Advocates are available through the association to support and advocate families in accessing services and implementation of case plans for children in their care.

Opportunities for the provider families are available in supporting capacity building through an Annual AFAPA Conference as well as regional mini conferences that address trends in care and provide training hours for providers.

Some counseling support is also available through Alabama Pre and Post Adoptive Services for foster, kin or adoptive families who will be adopting or have adopted in and effort to address unique issues facing children and families who experience the adoption process

A Permanency Advisory Committee exists with representation from the Office of Permanency, County and Alabama's Foster and Adoptive parent association to quarterly discuss trends and issues impacting families serving youth in out of home care to develop strategies that support collaboration and supports for best practice.

Item 6. Stability of foster care placements

CFSR Rating: ANI
CFSR Percent: 78%
QA Benchmark: 78%
5 Year Goal: 85%
QA Measurement: 75%

FY 2010	1%
FY 2011	1%
FY 2012	1%
FY 2013	2%
FY 2014	2%
Total	7%

6.1 Reduce the number of moves children experience while in care.

Alabama implemented a new SACWIS system in FY 2009. As a result reliable data has not been readily available as implementation has required ongoing cleanup of the data. Currently, the FC186A Report noting the number of moves for children in care indicated an average of 3.76 placements as of March 2011.

In an effort to support stable resources the FSD has continued to review Minimum Standards for Foster Family Homes to identify areas needing revision that support quality resources. In addition, resource cases are now being randomly reviewed through State Quality Service Reviews to assess compliance and quality of foster care resource. A specific review tool is used for consistency. This has already provided a snapshot of areas for focusing efforts with regard to training and policy development. To increase the education/training opportunities and support for out of home care providers, the Department continues to have a contract with AFAPA utilizing Safe and Stable Funds, with which the organization provides additional training for foster and adoptive resources and develops them to be trained parent advocates. These identified advocates received increased training around policy and practice to serve as advocates and empower foster/adoptive resource in advocating for the children and their needs. In addition, regional foster/adoptive representatives are identified through AFAPA to help provide support and training to resources in the specific region. The FSD hopes to see more stability in foster home placements with improved training and partnerships with our foster parents as well as improved assessments and supports of children placed in care. The training and consultation provided focused on assessing resources for children with special needs to promote better initial matching of child's needs with a provider's strengths and capabilities. The goal is to do an early assessment of need and secure a placement with appropriate support services to eliminate the need for additional moves and/or disruptions.

An area of need identified previously was training around the needs of the older youth population. As a step in the program improvement plan the department has developed training around the needs of older youth in the foster care system. This training is provided during the Annual Foster and Adoptive Parent's Conference and is available regionally as well. The desire is to raise awareness to the need for permanency connections for older youth and the unique needs of this population. This may have the added benefit of increasing the number of foster homes willing to accept teens into their homes. In addition, FSD has worked with the AFAPA to provide training to increase knowledge and capacity of Advocates made up of regional foster and adoptive parents to support the provider community. Currently the Department partners with AFAPA in delivering additional training at the Annual AFAPA conference with a specific focus on the importance of placement stability and timely permanency for all youth.

AFAPA, County Representatives and the State Office of Permanency staff meet quarterly as a Permanency Advisory Committee to discuss policies and practice that support permanency for youth in care. AFAPA board members serve on the committee as well as county and state representatives. In addition, the Department provides a process for conflict resolution with the goal to offer support and resolve conflicts at the local level as they arise before they develop into a disruption of placement or elevated to a grievance. The State Conflict Resolution Committee receives referrals when the issue has been unable to be resolved as the local level. This committee consists of representatives from the Office of Permanency, County Directors and AFAPA.

A concern noted by a focus group of staff from AACCA agencies was the number of disruptions from the placements during the past two years. They also expressed concerns about serving more difficult children (e.g. more aggressive and assaultive) due to the changes in the Juvenile Code, when the children/youth assault staff,

the court has little in the way of consequences and a county may delay removing a child from a placement due to no new placement being readily available.

6.2 PIP – PRACTICE MODEL, ACTION STEP – 1.5

Implement a stand-alone training module as it relates to application of the Practice Model to meaningful caseworker visits that emphasizes the value of the caseworker relationship to families (with a focus on fathers), preparing for visits, using the ISP in conducting visits and timely/thorough documentation of visits. Completed. Six training sessions were completed. See EOC, Practice Model, AS 1.5 (Q-3 PIP report), as well as the Q-4 submission.

6.3 PIP – PRACTICE MODEL, ACTION STEP – 2.6

Provide tools and establish statewide expectations as to the use of permanency roundtables in each county. Completed - See EOC, Practice Model, AS 2.6, Q-3 PIP Submission. See also 5.3 – 5.7

6.4 Explore with community partners the creation of more placement options for the aggressive and assaultive children who are being placed with DYS. New goal for FY 2012.

Item 7. Permanency goal for child

CFSR Rating: ANI
CFSR Percent: 60%
QA Benchmark: 22%
5 Year Goal: 37%
QA Measurement: 16%

FY 2010 2%
FY 2011 3%
FY 2012 3%
FY 2013 3%
FY 2014 4%
Total 15%

7.1 Reduce the length of time a child remains in out of home care.

Alabama implemented a new SACWIS system in FY 2009. As a result reliable data has not been readily available as implementation has required ongoing cleanup of the data. Department is currently monitoring this item through the Quality Service Reviews conducted at the local level. Trends in data are as follows for children in out of home care.

FY 2006 32.49 months
FY 2007 32.27 months
FY 2008 (6/30) 31.17 months
FY 2009 No Reliable Data
FY 2010 32.38 months (approximate)

Ongoing efforts continue toward reducing the length of time children remain in out of home care prior to achieving permanency. These figures represented a need for increased efforts in concurrent planning to reduce the length of time to permanency for children who cannot be reunited with family. The Department has placed significant effort in reducing the length of stay for children through focusing on achievement of permanency through finalization of pending adoptions. As a result many children who have remained in care for significant lengths of time have recently achieved permanency through adoption.

While already a point of awareness for the department, county QA committee surveys referenced the importance of giving attention to concurrent planning for children.

In 108 survey ratings completed by county QA committee members, on a scale of 1-6 (6 being optimal), the average rating for Permanence, was 4.57. In 108 survey ratings completed by county QA committee members, on a scale of 1-6 (6 being optimal), the average rating for Concurrent Plans, was 4.62.

The Program Improvement Plan addresses steps to assist with permanency achievement which the Department

has been implementing. Through collaboration with the Administrative Office of Courts (AOC) monitoring of permanency hearings is underway to assess timeliness. With available data, strategies and monitoring can be developed to assure that these hearings are being effective toward permanency achievement. Additionally, targeted consultation to those counties identified as needing or requesting assistance in permanency policy and practice is provided. Information from state and local QSR reviews will also be used to target consultation on permanency goals. Recently, the role of all consultants in the Office of Permanency has been redefined so that the focus is on building capacity to support permanency from entry to exit from care regardless of the permanency goal. In FY2010 a review of timeliness of permanency hearings was conducted of on data available for Lauderdale, Marshall, Tuscaloosa and Mobile Counties. Efforts were made to utilize court data available through the Administrative Office of Courts, however, that data was considered inaccurate due to coding and incorrect data entry therefore, data was utilized from the current SACWIS system. The information revealed that most hearings were being held timely with some held within a couple of days of the due date. It was learned that in some cases the data was delayed in being entered which did not reflect the most current status. This was addressed with the counties as identified.

The development and implementation of a permanency planning case review process is a step in the program improvement plan which impacts both concurrent planning and timely permanency. A permanency roundtable model that originated in Jefferson was reviewed along with review processes in Marshall, Cullman and Tuscaloosa Counties in considering proposed guidelines to be considered for statewide implementation. In FY 2009 Alabama collaborated with Casey Family Programs to design and implement a pilot for Permanency Roundtables that provided an intense review and brainstorming process to impact permanency outcomes for children who appeared to be stuck in the system with a goal of movement within 6 months from the review.

In FY 2010 Alabama implemented the Permanency Roundtable Pilot in 6 of the largest counties with a specific focus on children with the goal of APPLA (Another Permanent Planned Living Arrangement) as these were children viewed as stuck in the child welfare system without achieving legal permanency. In 2011 the Permanency Roundtable model is being expanded into 5 additional counties which is to be completed by the end of the year. The number of cases reviewed has exceeded 500 with additional cases being reviewed as the roundtables are implemented in additional counties. Below are the reported results as of December 2010. Below are the reported results as of December 2010.

Jefferson County

Jefferson County initially staffed 178 cases using the Permanency Roundtable Model. 64 of those children achieved permanency and 114 remain in foster care. 109 children had a case plan of APPLA at the inception of the process. As a result of the process 54 children had their case plans changed to relative placement or adoption. Through the Permanency Roundtable process 29 children have been emancipated, 9 children have returned to their parents, 14 children were placed with relatives, 2 are in the custody of their foster parents, 2 were transitioned to adult custodial care and 6 children were adopted.

Jefferson County is now using the Permanency Roundtable model with their cases at the 30 day, 90 day and 6 months point in out of home care. They are now using the Permanency Roundtable concept and children in that County are experiencing shorter lengths of time in foster care. The following are the outcomes from the Permanency Roundtables as of December 2010.

Marshall County

Roundtables took place in Marshall County in April 2010. Thirty-five children were reviewed. Permanency has been achieved for a total of 13 children. The County is in the process of obtaining legal residence status for two additional youth who will be successfully emancipated in the next few months upon reaching age 21. The County has made progress in several other cases involved in the process. Marshall County reports that their permanency skills have been significantly enhanced resulting in more timely permanence for all of the children in their custody.

Tuscaloosa County

Tuscaloosa County completed Permanency Roundtables in May 2010. 50 youth with the permanency goal of APPLA were reviewed. Tuscaloosa County had been conducting permanency reviews in the county previously. Since the time of the Permanency Roundtables, 4 youth have been emancipated.

Mobile County

Mobile County reviewed 128 youth which included 85 target children and 43 siblings. There have been several positive outcomes in the county as a result of the process. There have been 8 young people who have achieved

permanency. The County viewed the process as successful and there was a renewed commitment and enthusiasm around serving older youth in care.

Montgomery County

Montgomery County participated in Permanency Roundtables in October and early November. Montgomery reviewed 50 children. That number included 31 children with an APPLA permanency goal and 19 siblings. Legal permanency has been achieved for one young person following the Roundtable process. That youth was reunited with her mother. Montgomery County viewed the process as positive and has begun to integrate portions of the Permanency Roundtable model into their current case review and safe case closure process.

Madison County

Madison County completed Permanency Roundtables in late October and early November 2010. 90 youth were reviewed during the process. Workers were engaged in the process and are excited about potential outcomes. The Permanency Roundtable Coordinator will be working closely with Madison County to develop follow-up strategies. Since the Roundtables 3 youth have achieved legal permanency.

After each county completes Permanency Roundtables, a debriefing is held to identify what worked well and what barriers might exist in moving youth to legal permanency and/or establishing long term permanent connections.

The emphasis of the reviews is on concurrent planning, appropriateness of the permanency goals, and identification of barriers to the achievement of the permanency goal for all children in out of home care. As a step in the Program Improvement Plan every local county department is to develop a process by which permanency reviews will occur at critical timeframes to assure movement toward permanency. Therefore, the Permanency Roundtable Model Pilot has been expanded to 5 additional counties with support from State Office and Casey Family Programs. The counties include: Lauderdale, Cullman, Macon, Houston and Baldwin counties. The focus of the reviews will continue to be those cases involving youth with the goal of APPLA or challenging cases that appear to be “stuck”. A Jurisdictional Agreement has been entered into between the Department and Casey Family Programs for ongoing work and support through December 2011.

Lauderdale County

Lauderdale County participated in the second round of implementation of the Permanency Roundtables which was initiated in April 2011. During this review 13 youth and 2 siblings were staff through the roundtable process. The county found the feedback useful and continues in reviewing cases in this manner.

Cullman, Macon, Houston and Baldwin Counties are scheduled for Permanency Roundtables through the end of the year. The Office of Permanency is currently assessing the most efficient and planned manner in which to implement this review process statewide. Counties that have implemented this review process have reported expanding the review to all cases in the county rather than just continuing with the APPLA population.

General Observation

A strength noted by a focus group of staff from AACCA agencies was the number of children who had received permanency during the last two years.

- 7.2 **PIP – TRAINING, ACTION STEP – 2.1**
Develop and disburse for implementation agency time frame expectations, along with monitoring and reporting mechanisms for completion of Concurrent Permanency Planning (CPP) Training for future (new) workers. Completed - See EOC, Training, AS 2.1b, Q-3 PIP Submission.
- 7.3 **PIP – TRAINING, ACTION STEP – 2.2**
Implement, monitor and report on a prioritization/incremental plan for the completion of CPP Training for current staff who have not attended this module.
2011 Update: Some components of Training, AS 2, were renegotiated in February 2011. See Appendix 15, “Renegotiated PIP Steps” for more information / details.
- 7.4 **PIP – PRACTICE MODEL, ACTION STEP – 2.6**
Provide tools and establish statewide expectations as to the use of permanency roundtables in each county. Completed - See EOC, Practice Model, AS 2.6, Q-3 PIP Submission.

7.5 PIP – COURT COLLABORATION, ACTION STEP – 3.2

Conduct training (for Guardians ad litem – GALs - and parents’ attorneys). Collaborate with the Administrative Office of Courts in developing and providing training.

Completed - See EOC, Court Collaboration, AS 3.2, Q-1 PIP Submission. GAL training has been ongoing since 2004 and continues to occur. It has been strengthened through the inclusion of content on the ISP process and concurrent planning. In calendar year 2009, 86 Parents’ Attorneys were trained.

7.6 PIP – COURT COLLABORATION, ACTION STEP – 1.1 – 1.3

Retrieve data on the timeliness of permanency hearings in Lauderdale, Tuscaloosa, Marshall and Mobile Counties, identify contributing factors and challenges to the timely completion of permanency hearings and implement follow-up plans in these four counties to address the challenges identified. Completed – See EOC / PIP Report, Court Collaboration, AS 1.1 – 1.3, Q-4 & Q-5 Submissions.

7.7 PIP – COURT COLLABORATION, ACTION STEP 5

Implement distance learning plan for Juvenile and Family Court Judges, DHR Staff, DHR Attorneys and GALs that addresses a number of court-related issues, e.g., youth participation in court, concurrent planning, APPLA, quality permanency hearings, etc. Completed on 08/11/09 - See EOC, Court Collaboration, AS 5.2, Q-1 PIP Submission.

7.8 PIP – COURT COLLABORATION, ACTION STEP 6

Implement DHR policy and local (court/DHR) protocols that address notification of foster parents, preadoptive parents, and relative caregivers of court hearings and proceedings and right to be heard in those hearings and proceedings.

2010 Update: During the first and second quarters of 2010, county departments developed and submitted to SDHR protocols for notification of foster parents, pre-adoptive parents and relative caregivers regarding any court proceedings involving a child in their care and their right to be heard in such proceedings. These have been reviewed; however, because current policy requires these notifications no policy revisions are planned at this time.

2011 Update: Some components of Court Collaboration, AS 6, were renegotiated in February 2011. See Appendix 15, “Renegotiated PIP Steps” for more information / details.

7.9 Strengthen approaches to the accurate and timely assessment / addressing of parental capacities, as one of the components of concurrent permanency planning with families.

Alabama has implemented a pilot in Mobile and Baldwin Counties known as the Comprehensive Assessment Process (CAP) project in which significant assessment and analysis of parental capacities around assessing safety is the focus. The State Office Management Team has participated in work sessions to review and understand the value of a similar process being integrated in the work of out of home care when assessing the likelihood of children returning home and to assess current placement toward permanency. Efforts are now underway for shadowing of the process for further integration of the process into policy and practice for concurrent planning.

7.10 Assess ways in which the collaboration and communication between Fatherhood Programs (that are being funded through DCAP), DHR Child Support staff and DHR Child Welfare staff, can be strengthened as it relates to opportunities afforded by the Fatherhood Programs to help support fathers through education and job preparation/placement services.

The Fatherhood Programs are funded with TANF dollars thru an interagency agreement (contract) between DHR and ADCANP (Children’s Trust Fund). Approximately 20 – 25 programs are funded each year through a competitive grant process (RFP). Average award amount is 40k – 45k. Each program focuses on (1) job development/placement and (2) parent education/support.

Referrals to the program are made primarily via court order (child support court) as an alternative to incarceration. The non-custodial parent (NCP) is assessed immediately upon referral (by a case manager). The NCP must attend weekly parenting classes and job development components as directed by the case manager. These components may include, but are not limited to: Job placement, GED classes, short-term skills training, job readiness classes, job search, drug rehab, career center registration, and other adult education/training components.

The goal is help the NCP develop the skills needed to financially and emotionally support their children. Participation is mandatory. Participants are referred back to the court if they fail to comply. Failure to participate often results in incarceration for failure to pay child support.

- 7.11 **Explore how DHR can collaborate with community partners in the enhancement of a mentoring program for children who are in the foster care system and whose parent(s) are incarcerated. New Goal – 2010**
- 7.12 **Explore ways to expand the Home Visitation and CASA programs, in ways that will support DHR child welfare staff in maintaining ongoing assessments of the needs and progress being made by children and families with whom the Department is involved. New Goal – 2010**

- 7.13 **Strengthen explicit attention given to concurrent planning, e.g. a more careful examination of adoption (including adoption of older youth), active engagement and assessment of absent parents and identified relative resources, and an intentional focus on pursuing the identified concurrent plan.**
In an effort to reduce the length of time youth remain in foster care consultants have placed additional focus with counties around children with the goal of Kinship Guardianship, Adoption and APPLA which tend to be concurrent goals though the Department always strives for reunification. As a result earlier planning and identification of steps toward these goals are being implemented. For children with these goals, consultants monitor and follow up with counties in determining timelines, need for recruitment or a permanency review to implement next steps that will assist in more timely permanency and reduce delays due to lack of planning.

As Kinship Guardianship Program has just become law as of October 2010. Though there are a limited number of children that will qualify for this goal, however, it is expected that as the law become familiar the Department could see a rise in children exiting foster care to this goal.

Children with the goal of APPLA are reviewed through the Permanency Roundtable process which has proven to be effective in identifying permanent connections that can be fostered to serve as a resource for these youth, thus the youth achieving legal permanency.

Adoption with a specific focus around adoption of older youth has received significant focus in FY 2010 resulting in an increased number of older youth being adopted.

Item 8. Reunification, guardianship and placement with relatives

CFSR Rating:	ANI
CFSR Percent:	54%
QA Benchmark:	5%
5 Year Goal:	30%
QA Measurement:	16%

FY 2010	4%
FY 2011	5%
FY 2012	5%
FY 2013	5%
FY 2014	6%
Total	25%

- 8.1 **PIP – TRAINING, ACTION STEP – 2.1**
Develop and disburse for implementation agency time frame expectations, along with monitoring and reporting mechanisms for completion of Concurrent Permanency Planning (CPP) Training for future (new) workers. Completed - See EOC, Training, AS 2.1b, Q-3 PIP Submission.
- 8.2 **PIP – TRAINING, ACTION STEP – 2.2**
Implement, monitor and report on a prioritization/incremental plan for the completion of CPP Training for current staff who have not attended this module.
2011 Update: Some components of Training, AS 2, were renegotiated in February 2011. See Appendix 15, "Renegotiated PIP Steps" for more information / details.

8.3 PIP – PRACTICE MODEL, ACTION STEP – 2.6:

Provide tools and establish statewide expectations as to the use of permanency roundtables in each county. Completed – See EOC, Practice Model, AS 2.6, Q-3 PIP Submission.

8.4 Strengthen attention to the early search for / assessment of relatives and relative placement options, to include paternal relatives.

The Fostering Connections Act requires States to assure diligent search of relatives which is something that the Department has made efforts to do early on. In work with the Court Improvement Program staff, forms have been developed and used by the courts to document early in the legal process potential relatives to explore. In the new Alabama Juvenile Justice Act of 2008, state law now provides that a court may order parents to provide a list of relatives as early as the shelter care hearing. The Act provides for an increased focus on absent paternal relatives and therefore, current policy addresses diligent search for and engagement of fathers and paternal family members in addition to those already known. Trainings also address engaging and pursuing paternal relatives.

In the 2010 Legislative session Alabama’s Kinship Guardianship Bill passed and became effective October 1, 2010. This bill requires the assessment and consideration of relative kinship guardianship as a possible goal for children who meet the criteria of the law. Policy has been developed and released to counties with training provided to county supervisory staff and State level staff in September in accordance with the State Program Improvement Plan. Data was collected and no current kinship cases met the criteria for the programs. The State staff will continue to monitor and identify possible participants.

8.5 Explore the development of training resources for relative caregivers in regard to skill building, understanding of legal ramifications of court decisions, etc.

Training on Kinship Guardianship has been developed for state and county staff. A training session was also provided for legal staff who may represent or support relatives receiving Kinship Guardianship. The Department also will be conducting training through a Kinship Guardianship workshop presented at the Annual Foster and Adoptive Parents Conference in an effort to provide information regarding the intent and implementation of the new law.

8.6 Explore the state option of kinship care program (of the Fostering Connections Act) through collaboration with the Casey Foundation. See 8.4 and 8.5.

Item 9. Adoption

CFSR Rating: ANI
CFSR Percent: 27%
QA Benchmark: 11%
5 Year Goal: 20%
QA Measurement: 19%

FY 2010	1%	FY 2013	2%
FY 2011	2%	FY 2014	2%
FY 2012	2%	Total	9%

Adoption Services

Currently, adoption services are provided by the Department of Human Resources through the Office of Permanency on behalf of children in permanent custody, who cannot return to their biological family and are in need of a permanent adoptive family. These services include: recruitment and preparation of prospective adoptive families, placement of children, supervision of children in placement and other post-placement services, legal services, administering the state and federal adoption subsidy programs, reporting to the court as mandated by the Adoption Code, providing public information on adoption, administering the Interstate Compact on Adoption and Medical Assistance (ICAMA), and maintaining the Putative Father Registry. Adoption services are provided to adult adoptees requesting background information. Adoption services also consist of providing supervision of the post adoption services program and providing training forums for building staff capacity and understanding.

Adoption services are provided to all children in the permanent custody of DHR with a permanent plan of adoption. County DHR Offices statewide currently have responsibility for facilitating the adoptions of children in permanent custody

who are to be adopted by their foster parents, with consultants in the Office of Permanency having the responsibility for monitoring the movement and finalization of these adoptions. Permanency Consultants have the responsibility to support children in foster care and support counties in planning and placement of children who have the goal of adoption with no identified resource. The Office of Permanency has dedicated consultants that support the placement of children for adoption while also addressing permanency toward all other goals.

The Office of Permanency has increased focus on recruitment and retention efforts, and a Recruitment and Retention unit was established with focus on recruitment and retention of both adoptive and foster care resources. The Program Supervisor for this unit also has responsibility for managing and monitoring of the Wendy's wonderful Kids Grant through the Dave Thomas Foundation, Alabama Post Adoption Connections (APAC) contract for post adoptive services and AdoptUSKids website. She also coordinates the partnerships and effort with Heart Gallery of Alabama and the Alabama Foster and Adoptive Parent Association as well as statewide recruitment efforts.

Currently, the Department is under an Adoption Assistance Program Improvement Plan due to policy and Alabama law being in conflict with Federal law and policies. A step in the Adoption Assistance PIP is to introduce new legislation to bring the statute into compliance or risk the loss of federal funding.

In the 2011 Legislative Session the Department introduced an Adoption Subsidy Bill as a result of Alabama statute being in conflict with Federal Law. There were two major issues to be changed which included the Department requiring children be in the "permanent custody" which was more restrictive than the federal law of in the "care and custody" as well as Alabama requiring "recertification" annually which again is more restrictive than Federal Law allows. The Bill has passed the House and is now before the Senate for consideration. It is anticipated that there will be no opposition to the new Bill.

The Office of Permanency and Office of Policy have initiated a workgroup to begin revising policy to be in line with the proposed legislation in anticipation of passage. Once the policy is revised training will be needed and schedule to make users aware of the changes.

An observation noted by a focus group of staff from AACCA agencies was a need for more services and support after the finalization of the adoption, and more thorough assessment of foster parents as long term options and placements for some of the therapeutic children.

Adoption Pilot Project

The Office of Permanency implemented a pilot project that has helped to expedite adoption placements for children with no identified adoptive resource. The focus of the pilot was to enable county departments to assume all adoptive planning responsibility for children with a plan of adoption whether the plan is foster parent adoption or adoption with no identified resources. Participation in the pilot was voluntary and based on the county's self assessment as to ability and preparedness to undertake the additional responsibility. Since implementation of the pilot the four counties, Marshall, Talladega, St Clair, and Tuscaloosa have taken on the responsibility to recruit, identify and match children to adoptive placements for all children in the county. Consultants have identified and worked with additional counties in building capacity to do the same for children in the county with the goal of adoption and no identified resource.

AdoptUsKids

AdoptUsKids is operated through the national adoption exchange and one of their most popular services is a web-oriented nation-wide child photo listing that can be viewed by potential adoptive families all over the world. In addition to their main photo listing, AdoptUsKids maintains the state-partner pages for public and private agencies. Through this service, AdoptUsKids provides a page on the Alabama DHR page that features only children legally available and waiting for adoption in Alabama.

A Recruitment and Retention Team Leader is funded through Children's Aid Society through a partnership held with AdoptUsKids. This individual is housed in the Office of Permanency and supports the monitoring and responding to inquiries for children featured on the website. This is a key position as it serves to engage families as they seek to adopt through the public child welfare program and thus serves as a recruitment tool.

Casey Family Programs

In FY 2011 the Department entered into a working agreement with Casey Family Programs who supports funding for several significant initiatives. Funding and support is provided toward implementation of the Permanency Roundtable Process in that external experts and trainers are made available to provide important support in developing permanent connections for youth in out of home care. Casey Family Programs currently provides funding for a staff position to serve

as the Permanency Roundtable Coordinator. This position is key to engaging, organizing and monitoring counties around implementation of Permanency Roundtables.

Funding is also made available to Children's Aid Society for several key pieces of work with the Department through a Memorandum of Understanding. Currently Casey Family Programs provides funding and support in initiatives to complete Multi Systemic Assessment for children to aid in preventing more restrictive placement with a specific focus in the Jefferson County area.

Additionally, Casey Family Programs funds support through Children's Aid Society to work with county offices in gathering child profile information that can be used for recruitment and posting of children on the AdoptUsKids and Heart Gallery websites.

Funds are also provided to Heart Gallery of Alabama to aid in recruitment efforts for waiting children which has been effective in raising awareness and identifying potential adoptive resources for Alabama's waiting children.

Casey Family Programs has provided ongoing support in Alabama's efforts to implement a Kinship Guardianship Program and has been key in providing ongoing support to reduce the number of children in the foster care system and move them to permanency through adoption or another permanency goal.

Casey Family Programs has also coordinated and initiated support at the local level to include:

- Autauga County Juvenile Court Assessment Officer which supports a position in Autauga County to complete thorough family assessments of youth served by both the Child Welfare and Juvenile Justice systems.
- Jefferson County Family Finding and Reunification Services managed by a private agency to conduct interviews, record reviews and searches for resources for legal permanency and to provide in-home supportive services.
- Jefferson County Juvenile Court's Dependency Drug Court to address parental substance abuse toward reunifying children with birth parents.
- Jefferson County "Birth through 3 Project" in collaboration with the local county and the Department of Child Abuse and Neglect Prevention to support a volunteer mentoring program for new mothers.

Heart Gallery of Alabama

Heart Gallery of Alabama which is a private non-profit organization that works in arranging professional photographs for waiting children has been a key partner in working with the Office of Permanency in identifying waiting children, photographing and videoing them for recruitment activities and has served in some cases more prompt matching.

As of March 2011 Heart Gallery has provided more than 480 portraits of Alabama's waiting children with 20 portraits in 2011. They have received more than 250 inquiries in 2011 regarding these children which are shared with the Office of Permanency Recruitment Supervisor who in turn provides follow-up.

Through a partnership with Casey Family Programs and an agreement from the Office of Permanency \$20,000 in funding has been made available to increase opportunities for portrait exhibits with a specific focus to statewide exposure. Additionally, Heart Gallery of Alabama partners in recruitment events and recognition of National Adoption and Foster Care months.

APAC

APAC is a collaborative effort between the Office of Permanency and Children's Aid Society to promote adoption. APAC post-adoption services continue to grow in visibility and use by adoptive families. The State's contract for services was renewed for FY 2010-2011, to provide additional support for both adoptive families and staff.

Quantitative QA Reports from APAC noted the following in trends regarding consumers served through the contract over the last four years.

06-07	3,058 consumers	7,704 service units
07-08	3,265 consumers	8,936 service units
08-09	3,296 consumers	8,943 service units
09-10	3,476 consumers	10,118 service units

The counseling services initiated under the contract dating back to 2005 has grown each year, helping adoptive families with adjustment issues and crisis times throughout their adoption journey. In 09-10, a total of 232 adoptive family members received APAC's counseling services. It is recognized as a valuable and critical service to stabilize adoptive families and improve their general well-being. One limitation that has been identified by adoptive families and APAC staff is the gap of services when a family faces potential disruption and they need more intensive, perhaps in-home services. The APAC services are a brief, short term therapy, providing up to 20 counseling services per adjustment/crisis per family. Sometimes the clinical issues are so intense that either in-home intensive therapy or residential services are needed. The APAC services are not designed to assist on this intensive level. Counseling support was expanded in an effort to provide ongoing post adoptive support in the 2010 contract. The contract was also expanded to include an increase in some of the support services to include a training component for developing a Therapist Network to increase capacity of therapist who provide post adoption support.

APAC's adoptive family support groups continue to also grow around the state in number of adoptive families served, as well as number of support groups accessible around the state. These groups provide educational and emotional support for adoptive family groups to reduce the risk of disruption and maintain permanency.

FY 08-09	671 adoptive family members attended APAC support groups
FY 09-10	902 adoptive family members attended APAC support groups.

Another significant service provided under this contract is the recruitment and training of potential families interested in adopting children with special needs. Through this effort APAC has scheduled 15 sessions of Group Preparation and Selection training with completion of 5 to date. These are 10 week 3 hour training to prepare families interesting in adoption. Once training is completed the families who do not select out are then assessed as potential resources. The home studies are then submitted to the Office of Permanency for review and approval.

The Recruitment efforts between DHR and APAC have resulted in hundreds of new adoptive family resources and many matches of children with these families.

FY 08-09	128 consumers (71 families) completed APAC GPS classes 44 APAC homes studies were approved as adoptive resources 13 children were matched with "APAC" families
FY 09-10	109 consumers (103 families) completed APAC GPS classes 50 APAC home studies were approved as adoptive resources 19 children were matched with APAC families
FY 10-11	(October 2010- June 15 2011) More adoptive families, and FORTY children have been matched with APAC families so far during this fiscal year.

In addition APAC provides a summer camp specifically for children who experience the adoption journey. In the past the camp provided 100 slots; however, due to the increased demand the contract was expanded to provide for and increase to 144 slots.

In 2010, Alabama was named by the Evan B. Donaldson Adoption Institute as having one of the top 5 post adoption service models in the country which can be attributed to the support under the current contract. Also in 2010 Alabama was recognized by Harvard's Kennedy School as the recipient of a "Bright Idea" award, noting that the partnership between the state (DHR) and a non-profit (Children's Aid Society), and a volunteer agency (Heart Gallery Alabama) had resulted in an effective partnership that positively impacted state recruitment, training and preparation of adoptive resources and matching of children into adoptive homes

APAC consumers receiving services between July 1 2009 and June30 2010 were surveyed regarding the quality of services provided under this contract. This information, as well as other consumer feedback is always reviewed by APAC staff regionally and statewide during staff meetings and shared with the Office of Permanency. The Post Placement Survey was sent in the fall of 2010 to families that had gone through the APAC GPS, home study, and matching processes and ultimately had children placed. Many changes are made based on consumer feedback in one or more of these forums. Some changes which resulted from the feedback include:

1. Library Service – more CDs and DVDs are being purchased based on consumer request. Efforts for an online view of library resources are being explored.
2. Trainings – The topics selected for trainings are a direct result of consumer feedback. Webinars are being implemented to increase capacity of audience who can receive.

3. Adoptive Family Support Groups – (1) The group topics are determined by the participants and each group therapist follows up according to their individual group requests. (2) On occasion consumers that are both adoptive and foster resources will express concern about DHR decisions that impact their family and delays or barriers in child permanency planning. The group therapists allow some time for listening and then refer the family back to the county supervisor or director if action is indicated. On a few occasions APAC alerted the Office of Permanency about global concerns regarding trends voiced at the support groups. (3) New groups are initiated in new areas based on consumer requests. (4) Children support groups are initiated or split into 2 groups based on consumer participation and requests.
4. Camp APAC – (1) Some consumers expressed concern regarding lengthy and time-consuming camper application process. This year the application process was put online and simplified. (2) The camper selection process has altered due to feedback that some had applied and never gotten in because they did not get their application in soon enough. A process was initiated this year to give priority consideration to all campers who had applied the year but had been placed on a waiting list. Camper slots were also increased from 100 to 144 based on consumer request and feedback on value of camp for the children and families.
5. Adoption Home Resources – (1) Repeated complaints have continued about the criminal background check process. Fingerprinting confusion, frequent changes in how to process, and lengthy delays have been a barrier to some timely home study development. APAC staff time has worked in their efforts to maneuver this system and its on-going obstacles. This information on delays is shared periodically with Office of Permanency to intervene, although obstacles continue to arise with timely ABI/FBI suitability letters. (2) Lack of support by APAC after GPS – based on consumer feedback a Post GPS class was created after the GPS class ended. This provided further information on the special needs of the waiting children, as well as provided support while the family was undergoing the home study process. After the home study was approved, there was also feedback that the families did not feel supported as they waited for their match. Prior to this feedback, APAC had made contact with the families once a month for up to 6 months. After feedback, APAC changed this protocol to provide for at least monthly contact ONGOING, unless the family opted out from contact. Furthermore, phone contact was encouraged as opposed to only using email communication. Sometimes there was concern about lack of contact or support, but it appeared that some of this was referring to lack of DHR support. (3) Lack of support by DHR – this feedback was directed at lack of support in two ways. One concern was lack of support provided to the family after the home study was approved and the family was waiting on a match. The DHR protocol is for the county DHR staff to make a home visit within 30 days of the home being approved. This has not routinely happened even though Office of Permanency has periodically communicated this expectation to the county DHR staff. (The county DHR staff are invited to the APAC GPS classes to meet the families, which might help if they already knew the families, but county staff do not routinely come to those meetings which have all been held at night). The other lack of DHR support was referring to lack of comprehensive information about a child that was placed into the adoptive resource home and/or lack of timely or appropriate support services from DHR after placement but before finalization.

Alabama Foster/Adoptive Parent Association

The Department continues with the partnership and contract with Alabama's Foster/Adoptive Parent Association to support improved outcomes for children through joint training sessions, regional meetings and various recruitment and fundraising activities. Quarterly Permanency Advisory meetings are held which include the AFAPA board, county staff and staff from the Office of Permanency to discuss trends and strategies as partners in improving practice in the State. The association has 9 Regional Representatives who serve as trained advocates and liaisons with the Department. The association sponsors an annual AFAPA conference and 2 mini conferences to provide opportunities for foster parents to obtain required continuing education credits. In FY 2011 Alabama will host the National Foster and Adoptive Parent Conference in which AFAPA is involved in some coordination. The Department is supporting attendance at the conferences for both providers and caseworker staff. Surveys were conducted of a sample of providers specifically who serve older youth needs in the 2nd quarter of FY 2010 as part of the Program Improvement Plan in determining needs in caring for the older youth population. As a result, training around permanent connections and the needs of older youth in care has been developed and is to be provided at the Annual AFAPA Conference. Additionally, the Office of Permanency has accessed the Youth Speaker's Bureau to speak to the foster care community and partner in future engagements so that the youth's voice is heard. This has been successful in raising awareness as to the needs of older youth in out of home care.

Plans are underway to conduct another survey specific to the case planning process and how foster and adoptive families experience the Individualize Service Planning process as there have been some issues noted in the quality of this process. This information will be used to focus future training and consultation to increase the effectiveness and partnership in this process.

Adoption Subsidies

Currently, the Department is under an Adoption Assistance Program Improvement Plan due to Alabama policy and law being in conflict with Federal law and policies. A step in the Adoption Assistance PIP was to introduce new legislation to bring the statute into compliance or risk the loss of federal funding.

In the 2011 Legislative Session the Department introduced an Adoption Subsidy Bill as a result of Alabama statute being in conflict with Federal Law. There were two major issues to be changed which included the Department requiring children be in the "permanent custody" which was more restrictive than the federal law of in the "care and custody" as well as Alabama requiring "recertification" annually which again is more restrictive than Federal Law allows. The Bill has passed the House and is now before the Senate for consideration. It is anticipated that there will be no opposition to the new Bill. Once the new law has passed policy revisions will be forthcoming as a workgroup has been developed to begin review and revision based on the proposed legislation.

The federal and state adoption subsidy programs continue to be a function within the Office of Permanency. The adoption subsidy program is instrumental in preventing the disruption of adoptions as well as increasing the number of special needs children placed for adoption.

Non-Recurring subsidies are available for eligible families who have finalized adoptions. The subsidy is to cover non-recurring costs associated with the finalization of adoptions. Changes to policy have been made for the Department to pay directly to providers for legal services for finalized adoptions through the Non-Recurring subsidy. This was to help to remove some of the financial barriers that may delay finalization of adoptions.

Medicaid services are offered to eligible children placed for adoption under the subsidy program. The Department is meeting the requirement in ASFA to provide health coverage for children who move to another state with state subsidy Medicaid through reciprocating with states who are members of the Association of Administrators of the Interstate Compact for Adoption and Medical Assistance.

The Office of Permanency continues to seek opportunities to educate agency staff, providers and families on the availability and criteria for receiving adoption assistance. Workshops have and continue to be provided at the Annual Foster and Adoptive Parent Conference, Supervisory Conferences and at the annual Permanency Conference. With the passage of the proposed legislation plans are underway in scheduling such opportunities to raise awareness as to any changes in policy and practice.

Inter-jurisdictional Placements

Placements are made across county lines within the state as well as inter-jurisdictional placements through Interstate Compact on the Placement of Children (ICPC). Adoption studies on out-of-state families continue to be received for families who see our children on AdoptUSKids resulting in many out-of-state placements. Inter-jurisdictional placements require a greater amount of consultant time away from the office due to the level of preparation, pre-placement, placement and supervision arrangements. With increased recruitment efforts and matching to Alabama families a higher percentage of placements are being made in the state. Placements are made through the public or private adoption agency working with the family. When a resource is identified the consultant determines with the child's planning team the number of pre-placement visits for the child with the out of state resource to make in an effort to have a successful placement. If the visits go well then a placement date is scheduled in which the consultant will travel with the child in making the placement. The Office of Permanency, therefore, has increased efforts to identify and develop in-state resources for placement of waiting children to assist in expediting permanency for these children.

Adoption Consultants remain responsible for non-foster parent adoptions and provide post-placement supervision to these children directly and through county social workers. They are charged with monitoring and directing these placements through the legal process in a timely manner. With the county DHR offices assuming all responsibility for foster parent adoptions, the consultants' role is that of technical assistance and follow-up to track the process and offer guidance and direction in having these completed timely. Increased emphasis has been given to consultation with county staff when the plan becomes adoption and in processing foster parent adoptions more timely resulting in Alabama exceeding previous years in finalizing adoptions with 676 adoptions finalized for FY 2009 and more than 550 finalized adoptions in FY 2010. In addition, the Office of Permanency has an assigned staff position with the responsibility for developing and training adoption policy in an effort to support adoption placements. Policy review is ongoing to identify revisions needed to assist in the safe and timely placement of children. As changes are made, these will be disseminated to county staff through quarterly regional meetings and onsite consultation.

Termination of Parental Rights

In response to the CFSR through the Program Improvement Plan, steps have been developed to focus efforts on timely filing of TPR petitions and minimizing continuances through improved preparation of the case. The State is currently implementing a new SACWIS system which is interfaced with the Administrative Office of Courts which will aid in accessing court information that is significant as TPR is pursued in cases. As a result of the Department's collaboration with the Court system the Chief Justice has heightened the importance of TPR cases by identifying them as a priority case within the system. In addition the Office of Permanency continues to explore improved and expanded consultation to address permanency earlier in the case. Office of Permanency consultation is being restructured to provide increased and earlier review of children for whom TPR is the plan. This should result in increased guidance and capacity of county staff and help reduce the continuances that have resulted from a need for improved assessment and case preparation prior to TPR.

Court Improvement Program

The Department works closely with the Administrative Office of Courts (AOC) to address policies and practices of both the court system and the child welfare system. AOC has been a key partner in implementation of Alabama's Program Improvement Plan through assisting in identifying and implementing steps to improve dependency caseload management, and educating Judges and Guardians ad Litem and staff. AOC staff provided input and assistance in drafting Alabama's Kinship Guardianship Subsidy Act which passed in the FY 2010 Legislative Session and assisted in organizing video conference training on several legal topics for legal, court and child welfare staff. In addition, we continue to partner with AOC to monitor the timeliness of permanency hearings through sharing of data which will be used to develop future trainings.

In FY 2011 a representative from the Office of Permanency accompanied AOC staff to a summit out-of-state to discuss court improvement and issues facing permanency within both systems.

MEPA

In compliance with the Multi-Ethnic Placement Act and the Inter-Ethnic Provisions, placement of a child is not to be delayed or denied due to race nor are applicants/resources denied placement based upon race. Consultants are expected to maintain a log in the child's record identifying families that are considered for a particular child, noting the reason for not selecting a family. The In-Office Team Review process that has been in place for several years allows the placing consultant to receive input from at least two other peers on the suitability of the potential family to meet the child's needs and to identify the family's strengths and needs, prior to an Adoption Staffing. This staffing which includes (at a minimum) the Review Team members, the child's worker and the potential resource family's worker, is used to provide full discussion of the issues that may impact the success of the placement, so that services can be put in place and specific recommendations made to address needs. Training around MEPA compliance was provided to consultant staff via webcast sponsored through the National Resource Center for Adoption.

Adult Adoptees

Adult adoptees are served each year by providing non-identifying background information on their birth families and the reasons for their placement. In many instances, a search for the birth parent is done and reunions facilitated. It is not uncommon for the Department to be appointed as the intermediary by the court. There was a significant increase in the number of requests for these services due to a law allowing adult adoptees to obtain a copy of their original birth certificate and information on file with the Bureau of Health Statistics, Department of Public Health. When adult adoptees find that these files contain only the final decree of adoption, they look to the Office of Permanency to provide information about their birth families. In addition, some limited post adoptive services are now offered to adult adoptees through a referral to APAC the post adoptive service provider. A permanency consultant is assigned to serve and respond to inquiries from adult adoptees.

Putative Father Registry

The Office of Permanency continues to maintain the Putative Father Registry. When an adoption petition is received, names are checked against the Putative Father Registry and the court notified if a putative or adjudicated father not included on the petition is listed. By law, the Department should receive a copy of all petitions filed in the state and respond within 30 days as to whether there is information that needs to be shared with the court. As engaging fathers as well as relatives was identified in the Statewide Assessment and the CFSR as areas needing ongoing focus, the Office of Permanency has developed and disseminated a power point presentation for county staff that provides information of the purpose and utilization of the Putative Father Registry. This presentation will be used during conferences and consideration is being given to providing a link for the public on the DHR website to be able to access the information as a way of increasing education. A review of the current brochure on the Putative Father Registry has been completed in an effort to make it more family friendly and readable for the community and has been distributed local offices and agencies.

In March 2011 a training on the Putative Father Registry Law was integrated into a training provided for State legal, the court and child welfare staff as a step in the Program Improvement Plan of including this topic in future trainings.

Safe and Stable Families/Adoption Promotion and Support

Adoption Promotion and Support Funds are used primarily to support 3 staff positions assigned to provide consultation to counties. Training costs have also been funded through Safe and Stable/Adoption Promotion funds for statewide training to improve staff capacity around assessing families and children and providing supports needed to achieve timely permanency. Additionally, pre and post adoption services are funded through these resources. Alabama's contract with the Alabama Foster and Adoptive Parents Association (AFAPA) is contracted through these funds and includes an annual conference addressing adoption issues. Alabama has expenditures of 21.3% for the Adoption Portion of the Safe and Stable Family Grant.

Alabama Post Adoption Connections (APAC) currently provides pre and post adoptive services. In FY 10 the post adoptive services contract was expanded with adoption incentive funds to include additional support for responding to inquiries and the capacity to recruit, train, and approve adoptive resources for children with special needs.

The Department's goal for stability and permanence for children with the goal of adoption requires thorough assessment and matching of potential adoptive resources, while making available post adoption support services for the families as needed. The principle or standard for casework practice to meet this goal and reduce delays, requires that permanency in children's living situation shall be promoted in a timely manner through concurrent planning from the point of entry into care to the preparation and placement of children waiting to be adopted. Timely filing of petitions and conducting of hearings for termination of parental rights are also keys to preventing delays for these children when they are unable to return to their family.

DHR will seek permanent living situations for children and work to prevent placement disruptions through the use of strong assessments and provision of supportive services. Though placing children with special needs presents many challenges, Alabama's adoption disruption rate has historically been 2% or below. Alabama's new SACWIS system currently has some capacity to identify and track adoption disruptions; however, accurate data is not yet available.

GOAL: To enable children to achieve stability and permanence in their living situation within reasonable timeframes.

- 9.1 Reduce the number children legally free and awaiting adoption finalization 3% each year, FY 2010-2014.** Awaiting 351 report for an approximate. Due to Alabama implementing a new SACWIS system in FY 2009 reliable data is unavailable. However, Alabama has achieved a significant increase in the number of adoptions for the past three years with FY 2009 having the highest ever number of finalized adoptions. Alabama had another record year in FY 2010 with 549 finalized adoptions reported. This continues to be a significant increase from the FY2007 baseline utilized for awarding Adoption Incentive Funds. In FY2009 Alabama received approximately \$1.5million dollars and it is anticipated that additional funds will be receiving funds for 2010 adoptions. This success is attributed to an increased focus in adoptions along with supporting placements and the legal process so that pending foster parent adoptions were finalized.

Finalized Adoptions:

FY02	321
FY03	329
FY04	396
FY05	326
FY06	386
FY07	328
FY08	412
FY09	676
FY10	549

A significant number of the finalized adoptions involved the waiting older youth over the age of 8 to include many youth adopted at age 18. Most of the children with the goal of adoption, currently waiting without an identified resource have special needs, are male and over the age of 9. Alabama has turned attention to the older youth in care. More specifically the focus has been on youth with the goal of Another Permanent Planned Living Arrangement (APPLA) to assure that adoption is not an option for these youth. Preliminary findings are that many of these youth were not referred for recruitment and may have or still might be able to secure an adoptive resource. Permanent plans for these children are being revisited as consultants follow up with counties to assure

the best plan for the child is being explored and no other permanent resources are available. The counties through consultation are being encouraged to revisit the child's background through a review of the record to determine if there are any previous connections that can be safely explored as possible resources for these children.

The Department's general recruitment effort, Families 4AL Kids, targeting child specific recruitment activities and AdoptUSKids Answering the Call continue to be utilized and have a large number of potential families for children awaiting placement. With no jurisdictional or racial boundaries, the ability to find the most suitable home for a child is tremendously increased. GPS will continue to be the mechanism for preparing Alabama families to become adoptive families; each county has, or can access capacity to deliver this preparatory training. Because dual approval to foster and adopt is possible, there should be increasing numbers of foster parent adoptions consistent with the practice of first placement, being the best and only placement.

In FY2010 Alabama implemented a significant statewide recruitment effort utilizing statewide and local media outlets as well as developing partnerships with the University for recruitment advertising in and effort to identify additional potential adoptive resources.

9.2 Decrease the length of waiting time between termination of parental rights and finalization of adoption by 3% each year.

Due to Alabama implementing a new SACWIS system in FY 2009 reliable data is unavailable. For FY07 the average wait for placement in adoptive home from the time of termination was 15.64 months. In the first two quarters of FY 08 the average was 15.06% which indicated a downward trend, though continued focus in the area is needed. More current data is not available as a result of implementation of a new SACWIS system. It should be noted that as the Department improves outcomes for youth who have been in the system for long periods of time it is likely that the percentage could increase as these children have been waiting longer and may not provide an accurate picture of what the agency is currently able to accomplish for newer cases. Some of the specific efforts that have helped support more timeliness include:

- Leadership with a sense of "urgency for permanency"
- Increased focus on monitoring and assisting counties in finalizing foster parent adoptions through conducting statewide regional training on completing foster parent adoptions.
- Ongoing review and revision of adoption policies to remove barriers impacting timeliness.
- Increased post adoption support services.
- Collaboration and input quarterly with the State Q.A. policy review sub-committee, AFAPA and other stakeholders.
- Collaboration with the Administrative Office of Courts for training of Juvenile Court Judges and GALs as well as DHR attorneys.
- DHR collaboration with the Administrative Office of Courts regarding delays in TPR and ways to streamline the appeals process (expedited appeals).
- Renewal and expansion of the Wendy's Wonderful Kids Grant through the Dave Thomas Foundation that provided the ability to hire an additional child specific recruiter.
- Collaboration with Casey Family Program and Children's Aid Society in addressing pending foster parent adoptions.
- Increase in statewide recruitment activities

Recruitment efforts were expanded through the Program Improvement Plan in an effort to identify potential resources for Alabama's waiting children. The Office of Permanency now has two positions dedicated to child specific recruitment under the Wendy's Wonderful Kids Grant through the Dave Thomas Foundation due to the success experienced in the initial grant period. This service is now available to the Jefferson, Shelby and Tuscaloosa County areas where a majority of Alabama's waiting children reside. Each of the two positions has a caseload of up to 20 children who have lingered in the system and have no identified adoptive resource. This method of recruitment has been successful in achieving the annual goal of identifying potential families for a minimum of 12 children. New goals have been established in working toward achieving finalization of 6 adoptions annually for children matched through this effort. This effort continues to be successful in identifying and locating resources for children in two of the largest counties served by the project. The Office of Permanency is also exploring how consultation through all consultants might replicate this success in other areas.

A recruitment information packet has been developed that identifies the information that must be submitted to the State to ensure timely inclusion of a child into recruitment activities. As a result of the Statewide Assessment and the CFSSR, the need for additional focus in this area was identified. There continues to be a need to address the

capacity to respond to the Hispanic culture. Currently there is limited capacity to translated materials into Spanish and the State is exploring effective translation resources. There continues to be effort to explore recruitment of resources to support the training and support of this population. Additional funding has been dedicated from Adoption Incentives for increase and support of statewide recruitment efforts.

9.3 The long range goal is to identify and develop adoptive resources to serve a diverse population of children who enter the system so that children who cannot return to family can achieve timely permanency in an adoptive resource.

Alabama continues to review and revise policies that aid in expediting permanency for children waiting for an adoptive resource. This includes recruitment, home approval and matching policies. In some cases specific timeframes are waived to aide in expediting adoption for children with special needs.

The legal process of adoption in Alabama includes the Adoptive Home Placement Agreement being entered between the adoptive resource and the Department. The Consent to Adopt is usually issued in Foster Parent Adoptions immediately while in non-foster parent adoptions there is a 3 month post placement supervision period before the Consent to Adopt is given. The Petition to Adopt can then be filed in the Probate Court, along with a report from the county department. The Court issues an Interlocutory Order pending the post placement report and a dispositional hearing is held and the final decree issued.

In FY 2007 the median length of stay from entry into care to final adoption was 40.3 months. Current data has not been available until the April 27, 2011 Alabama Child and Family Services Review Data Profile which noted that median length of stay has decreased to 37.9 months. It should be noted that Alabama had an increase in older youth adoptions which may impact the data reported as these youth tend to have been in the system longer.

It has been noted in the past that the greatest delays are between the time of entry into care and TPR and from TPR to actual placement. The Office of Permanency is monitoring these trends while strengthening concurrent planning, timely TPR and the number of available placement resources.

9.4 To offer an array of quality services through Alabama Pre-Post Adoption Connections which will meet the needs of adoptive families.

Alabama Pre/Post Adoption Connections (APAC) has provided the state's adoption support services since 2001, via a collaborative effort between the Alabama Department of Human Resources and Children's Aid Society. The contract budget was most recently re-approved in October 2010, with a budget of \$1,645,928. As a result of the Department receiving significant Adoption Incentive Funds additional adoption support services were written into the FY2011 contract. The requested services amount to a budgetary increase of \$148,873 resulting in a proposed revised APAC budget of \$1,794,801.

APAC statewide services currently include: Adoptive Family Support Groups; Adoptive Family Adjustment/Crisis Counseling; Educational Training on adoption-related topics for foster and adoptive families and professionals; regional Adoption Resource Libraries, Information and Referral Support Services, a 4 day Camp for 100 adopted children and siblings; Special Events for adoptive family members for networking purposes; recruitment of adoptive families for children waiting in foster care with no identified forever family; 30 hour training series and home study preparation for prospective adoptive families; and matching support for connecting adoptive family resources with Alabama's "waiting children".

The increase of state adoptions this past year was, in part, due to the successful recruitment outcomes provided through APAC's Pre-Adoption Services recruitment, training, home study and matching services. However, with these new adoptive families comes the increased need for strong post-adoption support services to assist in stabilizing the families and reducing the risk of adoption disruption. In FY2011 the contract with APAC was expanded to include current pre and post adoption services, an increased capacity related to Camp APAC, recruitment of adoptive families, adoption counseling, and professional development of the therapeutic community working with adopted children and their families. All of these additional supports will be provided through the federal adoption incentive monies received by Alabama for 2009.

APAC services provided October 2009-September 2010 served a total of 3476 individuals which were from 1364 families through the resource library, training, counseling and parent/child groups and activities. AdoptUsKids support provided through this contract also responded to 2051 inquiries. Recruitment support served 103 families through the Group Preparation and Selection process with completion of 50 home studies. Through Camp APAC 100 children were served and participated in the camp in FY 2010.

- 9.5 To sponsor an annual Camp for children who are adopted or waiting to be adopted through APAC for approximately 100 children as a means of respite for families and education for campers.**
 Camp APAC previously served 100 adopted children and their siblings through a 4 day camp. The camp has been highly successful, to the point of having over 300 camper applications vying for the 100 camper slots this past year. The camp provides lifetime connections among adopted children and helps them better understand adoption and their own identities. It also provides a well deserved respite for adoptive parents who have adopted children through the state's foster care system. The changes in the FY 2011 contract included increasing the capacity to 144 children, which will allow more children to receive the service and provide more specialized services for some of the older youth in attendance. The camp would still be held at the Camp ASCCA facility, with the revised budget covering all the expenses related to the increased camp costs.
- 9.6 To maintain an ongoing campaign of public awareness of the nature of and availability of Pre-Post-Adoption Services.**
 The long range goal is to identify and develop adoptive resources to serve a diverse population of children who enter the system so that children who cannot return to family can achieve timely permanency in an adoptive resource. Through a contract with Alabama Pre and Post Adoptive Services (APAC) the Office of Permanency has been able to recruit additional adoptive resources for children with special needs. As the resources are approved they are able to receive ongoing support through post adoptive services provided under this contract. The goal for delivery of these services is directed toward education, support, advocacy and preservation of the family unit with emphasis on the prevention of abuse/neglect, out-of-home care or dissolution of the adoption. . The State's contract for services was renewed for FY 2010-2011, to provide additional support for both adoptive families and staff. APAC not only partners with the Office of Permanency but also with other DHR partners who serve to recruit families to serve children in out of home care.
- There are ongoing efforts to make APAC known throughout the state and to make it an integral part of the work with the Office of Permanency and available in the adoption community. APAC will continue to visit each of the 67 county departments and all Probate Courts in an effort to maintain ongoing contact. APAC social workers participate on the Panel in the ninth GPS meeting upon request. They frequently attend regional board meetings of the Alabama Foster and Adoptive Parent Association and conduct workshops at the AFAPA Annual Conference. In addition, APAC staff have and are schedule in the future to participate in providing local and statewide training workshops at the Permanency Conference and regional trainings. Brochures and posters have been developed and publicity efforts are broad, comprehensive and continuous. A quarterly newsletter is distributed through APAC to current and potential consumers of post adoptive services which includes contributions from the Office of Permanency.
- 9.7 To provide ongoing support to the Alabama Foster and Adoptive Parent Association (AFAPA).**
 In FY2010 the Department renewed the contract with the Alabama Foster and Adoptive Parent Association. This association and their support are now fully recognizable across the state and consist of nine regions which are consistent with those of the County Directors Association and Family Services. Each AFAPA district hosts a minimum of three networking meetings each fiscal year. As part of the Department's contract with AFAPA, the President meets quarterly with the Office of Permanency to discuss trends and practice. APAC's Post Adoption Services Coordinator also meets with AFAPA and attends quarterly AFAPA Executive Board meetings to receive progress reports and to inform members of new developments within the Office of Permanency. The leadership within the organization has remained consistent.
- AFAPA sponsors an annual training conference for foster and adoptive parents and DHR staff.–AFAPA works closely with Alabama Post Adoption Connections (APAC) and Heart Gallery of Alabama in raising public awareness regarding the need for adoptive resources. This ongoing collaboration provides maximum benefit for the Department as well as the other organizations. AFAPA along with APAC and Heart Gallery routinely partner at recruitment events so that potential resources know that a continuum of care is available for persons who adopt children from Alabama's child welfare system.
- 9.8 PIP – COURT COLLABORATION, ACTION STEP – 7**
Distribute a law article to clarify the issues around TPR and relative caregivers. Completed. See EOC, Court Collaboration, AS 7.2, Q-4 PIP Submission.
- 9.9 PIP – TRAINING, ACTION STEP – 2.1**
Develop and disburse for implementation agency time frame expectations, along with monitoring and reporting mechanisms for completion of Concurrent Permanency Planning (CPP) Training for future (new)

workers and Supervisor Training for future (new) supervisors. Completed - See EOC, Training, AS 2.1b, Q-3 PIP Submission.

9.10 PIP – TRAINING, ACTION STEP – 2.2

Implement, monitor and report on a prioritization/incremental plan for the completion of CPP Training and Supervisor training for current staff who have not attended these modules.

2011 Update: Some components of Training, AS 2, were renegotiated in February 2011. See Appendix 15, “Renegotiated PIP Steps” for more information / details.

9.11 PIP – PRACTICE MODEL, ACTION STEP – 2.6

Provide tools and establish statewide expectations as to the use of permanency roundtables in each county. Completed - See EOC, Practice Model, AS 2.6, Q-3 PIP Submission.

9.12 PIP – COURT COLLABORATION, ACTION STEP – 1

Collaborate with AOC in analyzing data from a pilot project, initiated by AOC, regarding the timely completion of permanency hearings in Lauderdale, Marshall, Tuscaloosa and Mobile Counties. Completed – See EOC / PIP Report, Court Collaboration, ASs 1.1 – 1.3, Q-4 & Q-5 Submissions.

9.13 PIP – COURT COLLABORATION, ACTION STEP – 2

Expand the dependency caseflow management training to 5 additional counties in September 2009. Completed - See EOC, Court Collaboration, AS 2.4, Q-1 PIP Submission.

9.14 PIP – COURT COLLABORATION, ACTION STEP – 5

Implement distance learning plan for Juvenile and Family Court Judges, DHR staff, DHR attorneys and GALs that addresses a number of court-related issues, e.g., youth participation in court, concurrent planning, APPLA, quality permanency hearings, etc. Completed on 08/11/09 - See EOC, Court Collaboration, AS 5.2, Q-1 PIP Submission.

9.15 Inter Country Adoptions

Track and report children adopted from other countries that enter state custody. Alabama has two private licensed child placing agencies that have received Hague accreditation status. These agencies provide adoption services in Inter-country adoption cases involving the United States and Hague convention countries. See 5.3/5.6. The Inter-country Adoption Act (ICAA) of 2000 (P.L. 106-279) was signed into law October 6, 2000.

Refer to Title IV-B, subpart 1 paragraphs 13 and 14 to Section 4226: “Each plan for child welfare services under this subpart shall- (13) contain a description of the activities that the State has undertaken for children adopted from other countries, including the provision of adoption and post-adoption services;

(14) provide that the State shall collect and report information on children who are adopted from other countries and who enter into State custody as a result of the disruption of a placement for adoption or the dissolution of an adoption, including the number of children, the agencies who handled the placement or the adoption, the plans for the child, and the reasons for the disruption or dissolution.” The FACTS system will have the capacity to include data in this regard. No child entered state custody under these conditions.

Private child placing agencies, which place children adopted from other countries, are licensed by the State Department of Human Resources. Currently county DHR staff are to notify Program Manager in ICPC of any Inter-Country Adoptions disruptions. This method of tracking is proving to be adequate.

9.16 Explore the provision of more training for judges in order to expedite adoption cases. The Administrative Office of Courts is exploring with the Alabama Judicial College possible topics for future trainings for Judges. The Department collaborates with AOC in participating or providing training.

9.17 Explore ways in which follow-up can be conducted with those counties that have completed the dependency caseflow management training (see 9.13). Currently the Quality Service Reviews serve as a means for assessing and monitoring partnerships and collaboration between the courts and the Department for assuring positive outcomes in caseflow management.

9.18 Collaborate with APAC in strengthening the provision of adequate, accurate background and behavioral information on a child to prospective adoptive parents prior to the pre-placement visit. As part of the FY 2011 contract services were expanded to support ongoing training around topics supporting strong assessment

and preparation of children waiting for adoption. In addition, Children's Aid Society and APAC are supported by Casey Family Programs in collaboration with the Department in the development of 40 youth biographies for youth waiting for adoption for use on the AdoptUsKids website.

- 9.19 Collaborate with APAC in strengthening the supports and services provided to adoptive families throughout the adoption adjustment process.** Alabama's increased number of adoptions has resulted in increased consumer demand for this critical core service that helps stabilize adoptive families and reduce the risk of adoption disruption/dissolution. Last Fiscal Year, 1,116 counseling services were provided to 232 consumers. Additional consumers have indicated counseling needs in areas that are not in reasonable driving distances from the APAC Regional offices. Counseling Outreach Sites are needed to extend the availability of our counselors to the more rural areas. Churches in several rural areas have agreed to provide rooms for the APAC counseling, which would increase the adoptive family counseling capacity to those who otherwise would not receive this stabilizing service. The APAC counseling services in Central and South Alabama are at capacity. Additional families are in need of services, but APAC is not in a position to offer these services beyond what is currently provided unless adjustments are made. This new contract allows for existing APAC Counselors in Montgomery and Mobile to expand their counseling capacity as two part-time Family Support staff are hired to take on some of their educational trainings and other family support work. The current APAC counselors are already trained and considered adoption adjustment experts, so this increased support could occur quickly. Counseling support is also needed to provide therapeutic materials and activities for adopted children and families which is a part of this contract.
- 9.20 Ensure that the decision to adopt is being reached in a mutual manner and that the department is helping prospective families make informed decisions that are best for children/prospective families. New goal for FY 2012.**
- 9.21 Continue to work with community partners in creating/providing individualized supports for adoptive families after finalization of adoption. New goal for FY 2012.**

Safe and Stable Families/Adoption Promotion and Support – see page 81.

Adoption Incentive Funds – 5 Year Goals:

As a result of the Foster Connections Bill, Alabama's baseline was changed to FY 2007 for which Alabama reported finalizing 328 adoptions. This resulted in Alabama being eligible to receive adoption incentive funds as this was one of the lowest years. Subsequent years were higher in that FY 2008 resulted in 412 finalized adoptions and FY 2009 resulted in 676 finalized adoptions which was the highest ever achieved which resulted in an Adoption Incentive award of approximately \$1.5 million dollars. Alabama once again exceeded the 2007 baseline with 549 finalized adoptions for FY2010. It is anticipated that Alabama will be receiving additional Adoption Incentive Funds for this outcome.

Adoption Incentive Funds have been utilized to support training, to support and strengthen staff and stakeholder capacity and to achieve permanency through adoption. In addition, funds have been used for expanding the pre and post adoptive services to families and enhance statewide recruitment efforts. The flexibility of the funds provides increased opportunities to obtain and provide needed services to staff, children and families. Use of the funds includes:

1.) Increase post adoptive service in FY 2011 by expanding current contract with Children's Aid Society who currently provides post adoptive services in/to the larger and surrounding counties. 2.) Increase awareness and recruitment through funding initiatives with Alabama Heart Gallery who has partnered with Alabama in photographing waiting children and maintaining a website to see and hear from waiting children; 3.) Increase capacity for the delivery of/accessibility to the Group Preparation and Selection Process (GPS); 4.) Continue partnership agreement with AdoptUsKids through annual fees; 5.) Purchase equipment that would enhance staff ability to manage the work needed to conduct day to day tasks more efficiently; and, 6.) Provide opportunities for adoption staff to attend adoption specific workshops, trainings and conferences to increase knowledge and capacity to prepare, match and place waiting children. Funds have also been utilized to implement a statewide recruitment plan in an effort to identify, train and approve adoptive resources.

Item 10. Other planned living arrangement

CFSR Rating:	ANI
CFSR Percent:	50%
QA Benchmark:	44%
5 Year Goal:	75%
QA Measurement:	12%

FY 2010	4%
FY 2011	6%
FY 2012	6%
FY 2013	7%
FY 2014	8%
Total	31%

10.1 Establish appropriate permanency goals and reduce the use of APPLA as a permanency goal.

A survey of a random sample of Alabama foster children with the permanent plan of APPLA was conducted in the month of February, 2010 to determine how adoption has been presented to and considered for these children. The survey was expanded to address how well the children know their worker, and know and understand their permanency plan and how it may affect their lives in the future. The worker's survey also addressed the length of time the worker has worked with the child, the worker's assessment of how well the child understands the permanency goal and the long term implication of that goal as well as the periodic reassessment of relatives as a potential resource for the child and worker attitude toward the adoptability of the child.

The development and implementation of a permanency planning case review process is a step in the program improvement plan. A permanency roundtable model originated in Jefferson was reviewed along with review processes in Marshall, Cullman and Tuscaloosa Counties in considering proposed guidelines to be considered for statewide implementation. In FY 2009 Alabama collaborated with Casey Family Programs to design and implement a pilot for Permanency Roundtables that provided an intense review and brainstorming process to impact permanency outcomes for children who appeared to be stuck in the system with a goal of movement within 6 months from the review. This was piloted in Jefferson County where a review of approximately 179 children was completed on children who had the goal of APPLA (Another Permanent Planned Living Arrangement). This was later expanded to an additional 5 of the largest counties. Well over 400 youth have been staff through this process, many of which have been able to achieve permanency as a result. The pilot was considered a success in that it provided learning and renewed enthusiasm in the considering strategies for older youth in care. The Permanency Roundtable process was viewed as such a successful approach involving youth with the goal of APPLA that it is to be expanded to an additional 5 counties in FY 2011 with consideration for statewide implementation and with other populations of youth in foster care.

10.2 PIP – OLDER YOUTH, ACTION STEP – 1.3

Implement plan of action (regarding identifying and meeting needs of older youth). Completed. See EOC, Older Youth, AS 1.3, Q-3, 4 PIP Submissions.

10.3 PIP – OLDER YOUTH, ACTION STEP – 2

Train staff, caregivers and youth on permanent connections and loss issues of/for older youth.

See PIP (EOC) submissions for Older Youth AS: 2.1 & 2.2 (Q-5); 2.3 (Q-3); 2.5 (Q-4); 2.6 (Q-5); 2.7 (Q-3); and 2.8 (Q-5).

10.4 PIP – OLDER YOUTH, AS – 3

Complete further development of the local/state Youth Advisory Committee(s). Completed. See EOC, Older Youth, AS, 3.1 (Q-2 PIP report), 3.2 (Q-1 PIP report), 3.3(b) (Q-2/3 PIP report), and 3.3 updated (Q-5 PIP report).

10.5 PIP – OLDER YOUTH, ACTION STEP – 4.3:

Strengthen, clarify and distribute revised policy regarding the use of Another Planned Permanent Living Arrangement.

The APPLA permanency goal has been revised to restrict its use to only children ages 14 and older, to involve older children in planning discussions around permanency goals, when APPLA is not appropriate for older children. The revision is to strengthen the policy in order that this goal is appropriate to meet the needs of children. **Completed.** See EOC, Older Youth, AS 4.3, Q-3 & Q-4 PIP Submissions.

10.6 Focus on proactive planning with older youth that includes listening to / incorporating youth input, reviewing with them past connections, developing a long term plan on transitional issues and partnering with foster parents and other caregivers on preparing youth for independent living.

In an effort to strengthen focus on transition planning for older youth and the value of developing permanent connections the Office of Permanency through the Independent Living Program has been conducting quarterly site visits to counties to assess current ILP programs and identify ways to support meeting older youth needs to assure that transition planning is occurring. Training on Permanent Connections for older youth has been

developed and shared in forums for youth in care, providers and staff to raise awareness and provide strategies for engaging older youth in planning. Permanency Roundtables have been occurring with a focus on older youth with the specific goal of APPLA and has resulted in strategies to support achievement of permanency. Monthly Youth Advisory Committee Meeting occur in which participants are youth and topics regarding transitioning, developing permanent connections and raising awareness to the needs of youth are discussed. Policy and practices are discussed and strategies developed that aid in strengthening opportunities for youth input in developing and revising policies are presented. Plans are underway to develop an assessment tool to be used in assessing and monitoring Independent Living Services provided to youth who are age 17 and older to assure that transition plans are being addressed.

In FY2010 the Department initiated a new contract with Children’s Aid Society to coordinate 3 Independent Living Conference specific to youth in foster care. The conferences contained speakers and workshops that are specific to needs identified by the youth as areas needing focus. In FY2011 this contract was expanded to include a Youth Camp in October 2011. The camp is geared toward 100 IL youth aged 14-15 years old. Activities of the camp build self-confidence and independent living skills among youth. Campers will participate in closely supervised activities within their small group such as a ropes course, team building activities, talent show, boating, mini golf, field games, and others as a group. All camp activities will provide opportunities for campers to develop relationships with their group leaders and other group members in order to trust and understand each other. In addition, there will also be an ILP Worker Conference in November 2011 with the purpose of increasing the independent living knowledge of DHR staff and other professionals, as well as to provide scheduled, coordinated activities for networking and learning from peers. The speakers will be a combination of nationally known speakers, regionally known speakers, youth, SDHR staff, CAS staff, county DHR staff, and others in the field. Also as part of the contract a Youth Consultant has been hired to serve as a voice of the youth in the development of policy and practice around serving older youth in foster care.

The youth that has been hired was in care since he was 3 years old. He was hired as the youth intern only weeks before his 21st birthday, when he was “emancipated”. He has already spoken to many forums and will be a key speaker in the 3 IL Youth Conferences in June/July; he will be featured with a video of his perspective of navigating the DHR foster care system when he presents at the annual Permanency Conference facilitated by APAC; he will be a camp staffer during the week of Camp APAC, which will provide a camp experience for adopted youth and their siblings; he will be a featured speaker at the ILP Staff Network Conference in November 2011. This young man will also serve on a youth panel at the 2011 Permanency Conference, as will another foster youth, an adopted youth, a DHR social worker, an ILP Program Supervisor, and a DHR foster care caseworker.

- 10.7 Continue to explore with community partners more apartment and transitioning living options for older youth. New goal for FY 2012.

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

CFSR Determination: Not in Substantial Conformity

Item 11. Proximity of placement
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CFSR Rating:	Strength
CFSR Percent:	97%
QA Benchmark:	94%
5 Year Goal:	98%
QA Measurement:	93%

FY 2010	.5%
FY 2011	.5%
FY 2012	1%
FY 2013	1%
FY 2014	1%
Total	4%

- 11.1 Monitor children in out of home care to assure that children are being placed in close proximity to family and connections. This is a QSR outcome measure which is being monitored. Recruitment is ongoing to identify

resources at the local level to provide an adequate pool of resources that are in close proximity and prevent placement within a youth's own community.

11.2 PIP – TRAINING, ACTION STEP – 1.1

Implement, agency timeframe/expectations, along with monitoring and reporting mechanisms for completion of ACT I, by staff as they are hired by the agency. Completed - See EOC, Training, AS 1.1b, Q-3 PIP Submission.

11.3 PIP – TRAINING, ACTION STEP – 1.4

Implement, monitor and report on a prioritization plan for the completion of ACT I by current staff who have not yet completed this training. A prioritization plan has been developed. See EOC, Training, AS 1.4, Q-3 Submission.

11.4 PIP – TRAINING, ACTION STEP – 2.1

Develop and disburse for implementation agency time frame expectations, along with monitoring and reporting mechanisms for completion of Supervisor Training for future (new) supervisors. Completed. See EOC, Training, AS 2.1b, Q-3 PIP Submission.

11.5 PIP – TRAINING, ACTION STEP – 2.2

Implement, monitor and report on a prioritization/incremental plan for the completion of Supervisor training for current supervisors who have not attended this module. To be completed during Q-4 or Q-5 of the PIP. **2011 Update:** Some components of Training, AS 2, were renegotiated in February 2011. See Appendix 15, "Renegotiated PIP Steps" for more information / details.

11.6 PIP – SUPERVISION, ACTION STEP – 1.4

Implement (supervision) work group recommendations (strategic plan) in a systemic way and in accordance with the identified timeline. **2011 Update:** Some components of Supervision, AS 1, were renegotiated in February 2011. See Appendix 15, "Renegotiated PIP Steps" for more information / details.

Item 12. Placement with siblings

CFSR Rating:	ANI
CFSR Percent:	80%
QA Benchmark:	94%
5 Year Goal:	98%
QA Measurement:	87%

FY 2010	.5%
FY 2011	.5%
FY 2012	1%
FY 2013	1%
FY 2014	1%
Total	4%

12.1 Monitor practice to assure siblings are placed together in out of home care and for adoption whenever possible and in their best interest.

Maintaining sibling relationships continues to be monitored through the individualized assessment and planning process. When it is not possible for siblings to remain together efforts are made to establish methods for the sibling connection to be fostered. When placing children for adoption resources every effort is made to reconnect or maintain sibling relationships. Sibling groups of three or more are considered having special needs and therefore are eligible for Adoption Assistance which support adoption placement of siblings.

12.2 PIP – PRACTICE MODEL, ACTION STEP – 1.5

Implement a stand-alone training module as it relates to application of the Practice Model to meaningful caseworker visits that emphasizes the value of the caseworker relationship to families (with a focus on fathers), preparing for visits, using the ISP in conducting visits and timely/thorough documentation of visits. Completed. Six training sessions were completed. See EOC, Practice Model, AS 1.5 (Q-3 PIP report), as well as the Q-4 submission.

Item 13. Visiting with parents and siblings in foster care

CFSR Rating:	ANI
CFSR Percent:	56%
QA Benchmark:	36%
5 Year Goal:	45%
QA Measurement	35%

FY 2010	1%
FY 2011	2%
FY 2012	2%
FY 2013	2%
FY 2014	2%
Total	9%

13.1 Increase visitation between children in care and family members toward achieving the identified permanency goal.

In the process of conducting permanency reviews there are incidences in which connections have been broken, and whenever possible, strategies are identified to re-establish relationships through the use of visitation. This has resulted in permanent connections being developed, resulting in some children being able to achieve permanency as well. The Office of Permanency now has a curriculum for both staff and youth to address the need of youth in out of home care to have or develop permanent connections with a significant adult who can support them into adulthood. This includes both family and non-family relationships. This training will be part of the AFAPA Conferences, Supervisory Conferences and Permanency Conferences. In addition, the curriculum will be available at the Independent Living Conferences for youth as well as available to ILP coordinators to use in training youth in their respective counties.

13.2 PIP – PRACTICE MODEL, ACTION STEP – 1.5

Implement a stand-alone training module as it relates to application of the Practice Model to meaningful caseworker visits that emphasizes the value of the caseworker relationship to families (with a focus on fathers), preparing for visits, using the ISP in conducting visits and timely/thorough documentation of visits. Completed. Six training sessions were completed. See EOC, Practice Model, AS 1.5 (Q-3 PIP report), as well as the Q-4 submission.

Item 14. Preserving connections

CFSR Rating:	ANI
CFSR Percent:	79%
QA Benchmark:	80%
5 Year Goal:	85%
QA Measurement:	63%

FY 2010	1%
FY 2011	1%
FY 2012	1%
FY 2013	1%
FY 2014	1%
Total	5%

14.1 Develop staff understanding and identification of the value of permanent connections in supporting permanency outcomes.

Policy currently exists regarding maintaining connections through regular and significant visitation. This remains a topic area available in agency training and as workshops at annual conference. The Office of Permanency now has a curriculum for both staff and youth to address the need of youth in out of home care to have or develop permanent connections with a significant adult who can support them into adulthood. This includes both family and non-family relationships. This training will be part of the AFAPA Conferences, Supervisory Conferences and Permanency Conferences. In addition, the curriculum will be available at the Independent Living Conferences for youth as well as available to ILP coordinators to use in training youth in their respective counties. In addition, as part of the implementation of the Permanency Roundtable Review process, training on permanent connections is

provided before roundtables occur to support a mindset and understanding of the value of permanent connections into adulthood.

14.2 PIP – PRACTICE MODEL, ACTION STEP – 2.6

Provide tools and establish statewide expectations as to the use of permanency roundtables in each county. Completed - See EOC, Practice Model, AS 2.6, Q-3 PIP Submission. See also 11.2 – 11.6

Item 15. Relative placement

CFSR Rating:	ANI
CFSR Percent:	66%
QA Benchmark:	85%
5 Year Goal:	90%
QA Measurement:	69%

FY 2010	1%
FY 2011	1%
FY 2012	1%
FY 2013	1%
FY 2014	1%
Total	5%

15.1 Place with relatives whenever safely possible to minimize disruptions in children’s lives.

Practice and policy encourage diligent search of relatives for relative placement. Alabama has recently passed the Kinship Guardianship Law in an effort to foster relative placements and support so that children may achieve permanency through relative placement rather than remain in the foster care system. This is effective October 1, 2010 and policies have been developed and trained to supervisory and State consultants for implementation.

15.2 PIP – COURT COLLABORATION, ACTION STEP 6

Implement DHR policy and local (court/DHR) protocols that address notification of foster parents, preadoptive parents, and relative caregivers of court hearings, proceedings and right to be heard in those hearings and proceedings.

2010 Update: During the first and second quarters of 2010, county departments developed and submitted to SDHR protocols for notification of foster parents, pre-adoptive parents and relative caregivers regarding any court proceedings involving a child in their care and their right to be heard in such proceedings. These have been reviewed; however, because current policy requires these notifications no policy revisions are planned at this time. **2011 Update:** Some components of Court Collaboration, AS 6, were renegotiated in February 2011. See Appendix 15, “Renegotiated PIP Steps” for more information / details.

15.3 PIP – PRACTICE MODEL, ACTION STEP – 1.5

Implement a stand-alone training module as it relates to application of the Practice Model to meaningful caseworker visits that emphasizes the value of the caseworker relationship to families (with a focus on fathers), preparing for visits, using the ISP in conducting visits and timely/thorough documentation of visits. Completed. Six training sessions were completed. See EOC, Practice Model, AS 1.5 (Q-3 PIP report), as well as the Q-4 submission.

Item 16. Relationship of child in care with parents

CFSR Rating:	ANI
CFSR Percent:	55%
QA Benchmark:	40%
5 Year Goal:	45%
QA Measurement:	48%

FY 2010	1%
FY 2011	1%
FY 2012	1%
FY 2013	1%
FY 2014	1%
Total	5%

16.1 Develop staff understanding and facilitation of improved relationships between children in care and parents/relatives. This remains a topic area available in agency training and as workshops at annual conference. As there is increased awareness in the value of visitation that is regular and aimed towards monitoring parental capacity it is expected that connections between children and their families will be valued and a significant part of case planning.

16.2 PIP – PRACTICE MODEL, ACTION STEP – 1.5
Implement a stand-alone training module as it relates to application of the Practice Model to meaningful caseworker visits that emphasizes the value of the caseworker relationship to families (with a focus on fathers), preparing for visits, using the ISP in conducting visits and timely/thorough documentation of visits. Completed. Six training sessions were completed. See EOC, Practice Model, AS 1.5 (Q-3 PIP report), as well as the Q-4 submission.

Well-Being Outcome 1 Families have enhanced capacity to provide for children’s needs

CFSR Determination: Not in Substantial Conformity

In the PIP two action steps have been devoted to the implementation of a Practice Model. It is believed that an integrated Practice Model will provide direction and guide decisions on all that is done in child welfare across all program emphases, (e.g. child abuse/neglect assessments, foster care, ongoing services and resource families), all system entities (e.g. training, policy, supervision, community collaboration, etc.) and primarily, the direct work with children and families, etc. This will include promoting the achievement of desired well being outcomes. Although the Practice Model will be comprehensive, the core principles and desired outcomes will be concise, clear statements of belief, that reflect how the Department has chosen to shape its approach to serving families in Alabama.

Another PIP theme that is designed to contribute to practice advancement across all areas of child welfare is that of strengthening supervision. Supervisors have a significant function when it comes to providing coaching and feedback around practice, policy and documentation. They maintain an important, perhaps infectious, responsibility in promoting an organizational climate and culture that is consistent with the practice model principles and values. In strengthening supervision, it is expected that improved outcomes in safety, permanency and well being will be realized.

In the CFSR Round 2 Final Report, well-being issues that were cited included the following: needs to improve consistency in assessing and meeting the needs of birth parents, consistently involving fathers in the case planning process and improving the frequency and quality of caseworker visits with children and birth parents.

Item 17. Needs/services of child, parents and foster parents

CFSR Rating:	ANI
CFSR Percent:	53%
QA Benchmark:	14%
5 Year Goal:	24%
QA Measurement:	12%

FY 2010	2%
FY 2011	2%
FY 2012	2%
FY 2013	2%
FY 2014	2%
Total	10%

17.1 Develop the skills and tools to assess families’ abilities to meet their own children’s needs. Video conferences have been offered and/or are being planned for supervisors on the Practice Model, Safety, Meaningful Caseworker Visits and ISP’s. A supervisory initiative is also planned per PIP, Practice Model (AS 1.3). See EOC submitted for the PIP theme of Practice Model.

Skill building for line staff has included (and/or will include) MOTIVATE classes (taught by Behavior Analysts), the Best Practice Conference and the Permanency Conference. The two sessions of the Annual Supervisory Conference is set for July 2011. The agenda includes some nationally recognized speakers.

Workshops were presented at the AFAPA Conference (May 2010) on youth needs. A youth participated in the workshop to speak directly to foster parents about their needs. Other avenues have included completion of surveys by youth and providers, teen classes and Tools of Choice classes.

- 17.2 Develop tools to monitor and track the process of assessment and planning with families to meet their own needs.** The department will continue the use of the Tools of Choice Parenting Curriculum. The data supports the positive results of this program in the work with families.
- 17.3 Develop a system to keep social workers and providers apprised of service availability in designated areas.** This objective will be continued.
- 17.4 PIP – TRAINING, ACTION STEP – 1.1**
Implement, agency timeframe/expectations, along with monitoring and reporting mechanisms for completion of ACT I, by staff as they are hired by the agency. Completed - See EOC, Training, AS 1.1b, Q-3 PIP Submission.
- 17.5 PIP – TRAINING, ACTION STEP – 1.4**
Implement, monitor and report on a prioritization plan for the completion of ACT I by current staff who have not yet completed this training. A prioritization plan has been developed. See EOC, Training, Action Step 1.4, Q-3 PIP Submission.
- 17.6 PIP – TRAINING, ACTION STEP – 2.1**
Develop and disburse for implementation agency time frame expectations, along with monitoring and reporting mechanisms for completion of Supervisor Training for future (new) supervisors. Completed - See EOC, Training, AS 2.1b, Q-3 PIP Submission.
- 17.7 PIP – TRAINING, ACTION STEP – 2.2**
Implement, monitor and report on a prioritization/incremental plan for the completion of Supervision Training for current supervisors who have not attended this module.
2011 Update: Some components of Training, AS 2, were renegotiated in February 2011. See Appendix 15, "Renegotiated PIP Steps" for more information / details.
- 17.8 PIP – SUPERVISION, ACTION STEP – 1.4**
Implement (supervision) work group recommendations (strategic plan) in a systemic way and in accordance with the identified timeline. **2011 Update:** Some components of Supervision, AS 1, were renegotiated in February 2011. See Appendix 15, "Renegotiated PIP Steps" for more information / details.
- 17.9 Strengthen individualization of the ISP in the assessment of needs, provision of services / interventions advance preparation/communication and timeliness of conducting ISP updates. Revised goal for FY 2012.** Through the OCWC record review process and subsequent feedback, attention has been focused on the strengthening of the ISP process. Work in the 3 Supervisory Initiative counties directly addressed the ISP process. Specific supervisory work has been completed in 7 counties during this past year. This work focused on the ISP process and ways to strengthen the process. QA reviews assess this area of work this in the QSR's conducted.

An observation noted by a focus group of staff from AACCA agencies was that the family team process is outstanding. If done, everyone understands who is to do what. As Providers they can call for a meeting as needed. At the same time it was expressed that workers don't understand the Medicaid requirements and why that is important and that workers are not preparing and informing prior to the meeting. AACCA staff did not like it when individuals call in attorneys to participate in the meeting. They indicated that DHR staff need to specify about visitation as this effects their payment, and workers don't understand that. It was indicated that there needed to be better training on ISP's, more accountability for staff around this area and better sharing of information between team members. See also 17.10.

In 108 survey ratings completed by county QA committee members, on a scale of 1-6 (6 being optimal), the average rating for ISPs, was 4.90. In 108 survey ratings completed by county QA committee members, on a scale of 1-6 (6 being optimal), the average rating for Engagement, was 4.79.

17.10 Continue to focus on the identifying the relevant stakeholders will be for given a child / family and engaging those individuals toward active participation in the ISP process and promote better sharing of information among all team members. Revised goal for FY 2012.

In August 2011, the Office of Child Welfare Consultation plans to begin a round of district meetings with service supervisors. As a part of these training sessions, an emphasis will be given to strengthening the ISP process. Also, has part of the PIP (Practice Model 1.3) a supervisory initiative was completed in the counties of Jefferson, Cullman and Calhoun. See EOC, Practice Model 1.3, Q-7 PIP Submission.

Additionally, a survey regarding how the ISP process is being experienced by providers was distributed at the Annual Foster and Adoptive Parents Annual Conference held in May 2011. Requesting input included who participates in the ISP process in assessing consistency in team membership in the planning process. This information is currently being reviewed to be used in targeting work with county staff.

17.11 Re-assess how (ISP) information is captured, documented and distributed in order to best support Individualization and in collaboration with FACTS staff review the ISP template in FACTS, as to the feasibility of enhancements being needed. Revised goal for FY 2012.

The OCWC continues to support the county in growing in their skills in FACTS. Refresher training has been provided to county staff to aid in the improved use of the new system where this was identified as a need during the random record review process.

In surveys completed by county QA committee members, some references were made to the challenge of the ISP template in FACTS.

17.12 Continue to focus on the development of functional ISPs that include an emphasis on ensuring all family members (including absent parents) are being engaged and encouraged to maintain involvement, and greater specificity on key ISP components such as the reason DHR is involved with the family, desired outcomes, and clear expectations on mutual roles and tasks. See 17.10

Item 18. Child/family involvement in case planning

CFSR Rating:	ANI
CFSR Percent:	66%
QA Benchmark:	51%
5 Year Goal:	70%
QA Measurement:	46%

FY 2010	3%
FY 2011	4%
FY 2012	4%
FY 2013	4%
FY 2014	4%
Total	19%

18.1 Explore ways in which the diligent search, identification, engagement and assessment of relative resources can occur in a timely manner that reflects permanency planning, along with ways to support the birth family.

Emphasis on this occurs through the state QA review process (Office of Quality Assurance) and the random record review process (Office of Child Welfare Consultation). A plan was developed to begin district training/work with supervisors in May and ongoing until all 9 districts receive training which includes one on one follow up with the supervisors around basic supervision of casework, decisions, documentation of the work and feedback to the staff on decisions and progress. This has been delayed due to the disaster relief work. The plan will be implemented later in the summer.

Item 19. Worker visits with child

CFSR Rating:	ANI
CFSR Percent:	75%
QA Benchmark:	75%

5 Year Goal: 85%
QA Measurement: 75%

FY 2010	2%
FY 2011	2%
FY 2012	2%
FY 2013	2%
FY 2014	2%
Total	10%

It should be noted that Alabama calculates caseworker visit data on month by month basis vs. federal calculating all 12 months of a fiscal year. The Department captures caseworker visits using FACTS. Workers are required to register their contacts with children in out-of-home care every month. The types of worker contacts that are captured include Worker In-Person with Child; Worker In-Person with Parent; and Child In-Person with Parent/Relative. Caseworker Action reports were developed and the system modified to add alerts when the system field was blank in any of these types of worker contacts.

A monthly summary report is available. The Office of Permanency reviews these reports quarterly to identify counties for which contacts fall below the State average. Targeted support and consultation is then arranged in reviewing with the county barriers to accomplishing contacts, along with strategies designed to address the identified barriers. In addition to children in out-of-home care, FACTS captures worker visits with children receiving on-going protective services. The type of on-going protective service cases for which worker contact is required and registered monthly are those children that are identified as being at "High Risk". Worker contacts are registered every other month for children who are not identified as being at High Risk. The information captured on FACTS relative to children in out-of-home care is used to report information to HHS/ACF in the AFCARS report. The data are as follows:*

	<u>Measure 1</u>	<u>Measure 2</u>
2007 Baseline	59%	68%
2008 Actual	46%	89%
2009 Actual	58%	88%
2010 Actual	65%	94%
2011 Target	90%	

* Alabama is one of (16) states that choose to report caseworker visits data based on sample data. Activities that the State believes will facilitate the achieving of the respective benchmarks would include the following:

- Implementation of the Practice Model initiative, as outlined in the state's PIP;
- Enhancing the ACT curriculum to further emphasize a purposeful, planned approach to caseworker visits, that includes a focus on the significance of engagement, what constitutes a meaningful visit and the importance of visits in strengthening ongoing assessment of safety, permanency and well-being;
- Sharpening the focus given to caseworker visits as a part of the ACT II, Supervisory training curriculum;
- Exploring the value of developing a tool (or refining one used in another state) that caseworkers/supervisors can use in planning and evaluating the qualitative nature of caseworker visits;
- Development of a stand-alone curriculum on caseworker visits that can be piloted, refined and incorporated into the Department's training modules.
- Exploration of improved use of technology, that has as a goal the improvement of worker capacities to work with children and families in ways that lead to improved outcomes in safety, permanency and/or well being.

As previously stated, Alabama calculates caseworker visit data on month by month basis vs. federal calculating all 12 months of a fiscal year. Family Services has established substantive policy on In-Person Worker Contact in all family services program areas. In addition to establishing the frequency of worker visits with children and families addressed below, "meaningful worker visits are expected to provide opportunities for private discussion with the developmentally verbal child. Worker visits are to be of such substance and duration as to promote strong assessment, help children see that their well-being is a priority to the social worker, and ensure the worker's professional awareness of children's safety and circumstances." Departmental policy requires frequent family contact so that individualized service planning can occur. The intent of strengthening contact requirements is that visits will be frequent and meaningful to guide assessment and practice with children and their families. It is believed that children and families will experience better outcomes from our child welfare system based on clearer requirements for caseworker visits.

- Children in on-going protective service cases must be seen by their social worker at least once a month in the child's residence. In order to ensure child safety, monitor the family's ability to protect children, assess improvements and on-going needs in the home, and make appropriate decisions about case closure, these children must be seen in person. The exception to this requirement is children in on-going protective service cases who have been assessed as not being at risk of harm or maltreatment. This exception group must be seen every other month or as directed by the individualized service plan (ISP).
- Parents/Primary Caregivers and families receiving on-going protective services shall be seen in their homes at least once a month or more often if directed by the ISP. First hand knowledge of the circumstances in the home is critical to an analysis of the safety of the home as well as decision-making related to reasonable efforts, justification for removal reunification with family and safe case closure.
- Children in the care and custody of the Department must be seen by their social worker in the child's residence/placement once a month. Worker in-person visits with Children with Serious Emotional and/or Behavioral Disturbance (SEBD) are required monthly in the facility in which the child is placed. There are two exceptions to children being seen monthly: (1) Children in the custody and/or planning responsibility of another agency who are placed in residential settings and payment is made by DHR; and (2) Multi-Needs children in placements where DHR participates in shared funding for the placement but DHR does not have custody and/or planning responsibility.
- Parents/Primary Caregivers of children who have reunification/return to parents as their permanency plan shall be seen by their child's worker where the parents live on a monthly basis. Monthly in-person worker visits in the parent's/primary caregiver's home allows the worker to identify the on-going strengths and needs of the family and to justify either a return home or a continued stay in foster care. If the permanency plan is other than reunification the frequency of worker visits with parents/primary caregivers is established in the ISP process.
- Foster homes or out of home care settings with children placed in the foster home shall be visited in the care setting at least once a month. These visits serve to support the children and their care providers and enable the Department to speak with confidence to the conditions and circumstances in which our children live.
- Visiting policy for Adoptive children and adoptive parents was changed to reflect the requirements of Public Law 109-288. Counties where the adoptive family lives are responsible for providing post-placement monthly visits to the family and child placed in the adoptive home until the issuance of the final decree of adoption and the child's case is closed.
- Children placed by other states in Alabama through the ICPC must be seen in their home a least once a month by the Alabama caseworker assigned to supervise the ICPC child/home. The ICPC Office provides the other state with the planning responsibility reports on the visits and status of the child.
- Children placed by Alabama in other states through the ICPC are requested to be visited by other states' child welfare staff. Alabama's ICPC Office submits a request to other states asking that monthly visits be made to the child in the home/residence of the child placed in the respective state and that reports be sent back to the ICPC Office on the visits and status of the child.
- Children placed in out-of-state placements are required to be visited by the worker on a monthly basis and there are no differences made between in-state or out-of-state placements. Since these are not ICPC cases, DHR county workers must visit monthly or arrange with the other state for monthly visits.

The Office of Permanency continues to consider ways to utilize of Safe and Stable Family Funds designated to improve caseworker visits. Additional training is being considered that will enhance understanding of how to utilize and conduct caseworker visits more effectively to support assessment and monitoring toward the permanency goal. Funds are also utilized to improve capacity to support permanency through caseworker visits by enhancing technology.

Caseworker grant monies have been utilized to provide forums with state and local staff and providers to address meaningful caseworker contacts, as well as technology to support aspects of work that are impacting timely and meaningful caseworker visits. This includes a County Director's Forum and two supervisor forums to enhance leadership and supervisor capacity to support and provide practices and policies to support meaningful visits. At a "New County Directors" meeting held in 2nd quarter FY 2011 Caseworker Visit data was shared and discussed to stress the importance of caseworker visits being monitored at the local level and timely data input. Efforts are underway to secure technology

such as video conferencing equipment, electronic scanners, and other technology to enhance staff capacity to conduct timely caseworker assessment and meaningful visits. Additionally we have a behavior analyst contract to support meaningful caseworker visits and new technologies are being explored to increase training capacity and data collection.

Consultation is provided to local staff by Office of Permanency consultants who routinely give feedback regarding the ISP for visitation plans and their outcomes. As the data on the new SACWIS becomes more accurate, we have seen a renewed commitment to in-home, quality case worker visits. We believe this is because workers are more understanding of the purpose of the visits and how to use them to achieve timely permanency for the children.

19.1 PIP – PRACTICE MODEL, ACTION STEP – 1.5

Implement a stand-alone training module as it relates to application of the Practice Model to meaningful caseworker visits that emphasizes the value of the caseworker relationship to families (with a focus on fathers), preparing for visits, using the ISP in conducting visits and timely/thorough documentation of visits. Completed. Six training sessions were completed. See EOC, Practice Model, AS 1.5 (Q-3 PIP report), as well as the Q-4 submission.

19.2 Explore the design of regional meetings that can be used as a means of providing coaching, mentoring and training DHR staff on a number of best practice areas. This objective will be continued.

In August 2011, the Office of Child Welfare Consultation plans to begin a round of district meetings with service supervisors. As a part of these training sessions, an emphasis will be given to strengthening the ISP process.

19.3 Continue to give attention to ways to promote meaningful caseworker visits, particularly in terms of conducting substantive visits and clearly documenting the relevant content of/about the visit.

Case worker visitation has continued to be a topic of forums in the Supervisor and Permanency Conferences. In recent forums before State and County staff a panel of youth was presented and questions asked as to how caseworker visits could enhance case planning. The consensus was the more consistent and significant the caseworker visits are the more positive the outcomes in permanency. Similar presentations are expected at the upcoming Permanency Conference for discussion on the value of caseworker visits toward planning.

An observation noted by a focus group of staff from AACCA agencies was that some workers are making visits, including on Saturday to be sure they can visit one on one with the child. At the same time they believed that more workers need to visit, understand why they are visiting the child and bring their ISP to the visit and review.

While already a point of awareness for the department, county QA committee surveys referenced the importance of giving attention to a continued emphasis on meaningful caseworker visits, including unscheduled visits.

In 108 survey ratings completed by county QA committee members, on a scale of 1-6 (6 being optimal), the average rating for Caseworker Visits, was 4.95. In 108 survey ratings completed by county QA committee members, on a scale of 1-6 (6 being optimal), the average rating for Quality of Visits, was 4.74.

19.4 Maintain an emphasis on qualitative and timely (within policy time frames) visits with birth parents and children, including the use of unscheduled visits as one way of promoting ongoing assessments. New goal for FY 2012.

Item 20. Worker visits with parents
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CFSR Rating:	ANI
CFSR Percent:	41%
QA Benchmark:	50%
5 Year Goal:	60%
QA Measurement:	47%
FY 2010	2%
FY 2011	2%
FY 2012	2%
FY 2013	2%
FY 2014	2%
Total	10%

20.1 PIP – PRACTICE MODEL, ACTION STEP – 1.5:

Implement a stand-alone training module as it relates to application of the Practice Model to meaningful caseworker visits that emphasizes the value of the caseworker relationship to families (with a focus on fathers), preparing for visits, using the ISP in conducting visits and timely/thorough documentation of visits. Completed. Six training sessions were completed. See EOC, Practice Model, AS 1.5 (Q-3 PIP report), as well as the Q-4 submission.

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

CFSR Determination: Not in Substantial Conformity

In the CFSR Round 2 Final Report, well-being issues that were cited included the following: improved assessment of educational needs of children.

Item 21. Educational needs of child

CFSR Rating:	ANI
CFSR Percent:	84%
QA Benchmark:	78%
5 Year Goal:	85%
QA Measurement:	70%

FY 2010	1%
FY 2011	1%
FY 2012	1%
FY 2013	2%
FY 2014	2%
Total	7%

21.1 Explore ways in which collaboration with schools can be continued in terms of participation in ISP meetings by school personnel, as well as DHR involvement/input in IEP meetings. Revised goal for FY 2012. State QA QSR's and the OCWC random record reviews focus this item. There has been evidence of staff holding the ISP's at the school to promote participation by education staff. There has been evidence of joint ISP's and IEP's in some cases. This is encouraged through every opportunity for more consistency across the state. Staff appear to do better in providing for educational costs and fees and need to focus more on skills and future planning.

While already a point of awareness for the department, county QA committee surveys referenced the importance of a continued emphasis on personal involvement of education staff in the ISP process.

21.2 Assess, maintain and/or strengthen local DHR/education protocols in terms of helping address the educational needs of children with whom the Department is involved.

Emphasis on ISP/IEP coordination, school collaboration, and education protocols continue to be given through state QA reviews and record reviews conducted by the Office of Child Welfare Consultation. Children in foster care are eligible for educational support after graduation through the Chafee funding of "Educational and Training Vouchers. This support is also available for children adopted from the system after age 16 or older (see also the appendix on the Chafee Foster Care Independence Program.

Well-Being Outcome 3: Children receive services to meet their physical/mental health needs

CFSR Determination: Not in Substantial Conformity

In the CFSR Round 2 Final Report, well-being issues that were cited included the following: improved assessment of mental health needs of children.

Item 22. Physical health of child

CFSR Rating: Strength

CFSR Percent:	96%
QA Benchmark:	97%
5 Year Goal:	98%
QA Measurement:	94%
FY 2010	.2%
FY 2011	.2%
FY 2012	.2%
FY 2013	.2%
FY 2014	.2%
Total	1%

22.1 Maintain collaboration with external stakeholders regarding ongoing oversight and coordination of the state's Health Care Services Plan for children in foster care.

2011 Update: The Health Care Services Plan has been reviewed and while no substantive changes are needed, a Table of Contents has been added for quick reference to the Plan. [See Appendix 9.](#)

Item 23. Mental health of child
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CFSR Rating:	ANI
CFSR Percent:	83%
QA Benchmark:	70%
5 Year Goal:	85%
QA Measurement:	64%

FY 2010	2%
FY 2011	3%
FY 2012	3%
FY 2013	3%
FY 2014	4%
Total	15%

23.1 Continue to support improved assessment of mental health needs, treatment and monitoring outcomes.

At the AFAPA Conference in May 2011 workshops were offered in the following topic areas: Trauma/attachment, Psychotropic Medications, Managing Behaviors, Fetal Alcohol Syndrome, and Cognitive Behavior.

The department continues the work with the Behavior Analysts Program at Auburn University and the University of South Alabama. The collaboration with these two schools supports our work with emotional and behaviorally challenged children.

23.2 Continue to track SEBD children through FACTS and use data reports as a management tool in identifying and improving outcomes for SEBD children.

The job duties of the Service Utilization Review Unit, within the Resource Management Division, includes reviewing length of stay of children from therapeutic foster care, moderate residential and intensive residential facilities using the information from our FACTS system and BOE reports.

23.3 Maintain a formalized working relationship between the Department and the Department of Mental Health/Mental Retardation and the Department of Youth Services to share information regarding the care of children received in licensed/certified facilities, ensuring safe and adequate care in the meeting of children's needs.

Family Service continues to provide representation on Mental Health Department Committees and Workgroups. DHR continues as a Multi Needs State Agency with the other lead agencies and participates in all those meetings and collaborative work.

Also the Service Utilization Review Unit, within the Resource Management Division, serves as liaison with the Department of Mental Health-Intellectual Disability Division to determine eligibility for our children that may qualify for an ID waiver.

23.4 Provide consistent consultation to all sixty-seven counties with the design for maintaining a child welfare system that supports best practice.

This objective will be continued.

- 23.5 Provide consultation to strengthen practice and improve resources to achieve better outcomes for children who have serious emotional and behavior disturbances that impair their ability to function in home, school, and community.**
The 2011 Supervisor Conference has scheduled workshops that address children with serious emotional and behaviors disturbances and the impact of psychotropic medications on this population.
- 23.6 Assure training on mental health issues of children with SEBD to increase capacity in consultant staff who will provide training, coaching, and modeling to county staff to increase their capacity to serve these children and improve outcomes.** Family Services no longer conducts SEBD training sessions, though consultant support in addressing issues of children with SEBD is available upon county request.
- 23.7 Work with the Office of Resource Management, to ensure SEBD children are included in the service array mix development.** This objective will be continued.
- 23.8 Increase the ability of counties to provide effective behavior management plans with the families they serve, by increased access to expertise, training, and consultation.**
The Behavior Analysts review behavior management plans upon special assignment on a case by case basis.
- 23.9 Explore ways to strengthen line supervisor and worker skills in being able to accurately assess typical and atypical developmental milestones / red flags in children age birth to 3 years of age and make determinations about needed referrals, interventions, etc.**
Casey Family Program is currently working in collaboration with Jefferson County DHR and the Department of Child Abuse and Neglect Prevention to support a volunteer mentoring program that will offer support and teach parenting skills to new mothers in or at risk of entering the child welfare system who have children birth to 3.
- 23.10 Examine ways in which coordination with community partners and stakeholders on meeting the mental health needs of children can be enhanced in terms of the provision of training, workshops, materials, etc.**
The department maintains the collaborative effort with Auburn University's Behavior Analysts Program and the University of South Alabama. The department is attempting to expand the relationship with the University Of South Alabama. There are plans to expand to the use of a doctoral student 20 hours a week in Mobile County where the University of South Alabama is located. If approved, this plan would begin August 2011.
- 23.11 Maintain collaboration with external stakeholders regarding ongoing oversight and coordination of the states Health Care Services Plan for children in foster care. 2011 Update:** The Health Care Services Plan has been reviewed and while no substantive changes are needed, a Table of Contents has been added for quick reference to the Plan. See Appendix 9.
- 23.12 Explore with community partners the use of mentors (formal and informal) in the work being done with children and families. New goal for FY 2012.**

County QA committee surveys referenced the use of mentors as a possibility in the work being done with children and families.

Systemic Factor: Statewide Information System

Item 24. State is operating a statewide information system

CFSR Determination: Substantial Conformity

Alabama's SACWIS system, known as Family, Adult and Child Tracking System (FACTS), was implemented statewide on January 5, 2009. FACTS is designed to meet the information needs of all service components of child welfare and adult protective services case management as well as federal reporting requirements for NCANDS, AFCARS, and the John H. Chafee Foster Care Independence Program. FACTS also has an interface with the Alabama Medicaid Agency, the Alabama Administrative Office of Courts, DHR's IV-A and IV-D programs, and the State Comptroller's Office.

Following statewide implementation, FACTS staff continue to collaborate with DHR program staff to enhance FACTS in order to maintain compliance with federal, state, and DHR policy requirements as well as continually improve the system's functionality to be consistent with DHR's business processes. Alabama's FACTS underwent its formal SACWIS Assessment Review by the Administration for Children and Families in August, 2010.

- 24.1 Support the Office of Quality Assurance in their efforts of quality review of family and children’s services to ensure consistency with federal review process.**
The office continues to provide County Data Profiles and Quarterly and Annual Statewide QA reports as well as maintain the database of measurement mechanisms for State QA case reviews.
- 24.2 Support all other Family Services offices, as well as county staff, in their self-assessment process by gathering, compiling, analyzing and reporting on county specific and/or Statewide permanency, safety, and well being data.** The office continues to support Family Services Division, as well as county staff on all data needs.
- 24.3 Maintain a database on child deaths due to maltreatment and if services have been provided to the family within the past 12 months.**
In conjunction with the Office of Child Protective Services, data on child deaths is collected through County Child Death Reviews. An ACCESS database has been developed and is being maintained which provides a history back to 1997 of child deaths.
- 24.4 Utilize data once system is in place to assist in overall program management.**
Family Services continues to utilize statistical reports to assist county and statewide management of data. Additional reports have been developed since the implementation of FACTS to further support program management. A focus on identifying data quality issues and efforts to support counties will continue.
- 24.5 Provide for non-redundant data entry.**
Redundant data entry has been reduced substantially since the implementation of FACTS; however, there remain a few areas across modules which have been identified as duplicate data entry and these areas are being reviewed for change.
- 24.6 Substantially reduce reliance on paper-based files.**
Since the implementation of FACTS the reliance of paper-based files has been reduced. Due to such a large amount of paper files to be scanned into FACTS this process will continue to be a work in process.
- 24.7 Generate case-specific forms, reports, letters, standardized management reports, and provide ad hoc reporting capability.**
The majority of case-specific forms, reports, letters and standardized management reports are located in FACTS. Ad hoc report capability remains a work in progress
- 24.8 Provide full case management capability to track service plans, actions, outcomes, and associated costs.**
The ability to track service plans, actions, outcomes and associated costs was achieved with the implementation of FACTS; however, there continues to be room for improvement.
- 24.9 Provide the information needed to analyze caseload/expenditure trends & to project needed resources, both staff & financial, at the county/state levels.**
Via development of management statistical reports, the ability to analyze trends and resources will be an ongoing tool utilized at both the county and state levels.
- 24.10 Support the Office of Permanency in tracking and analyzing data on youth and independent living services to meet the federal requirements of NYTD.**
Planning has begun regarding FACTS enhancements to comply with NYTD. Assistance is being obtained from the National Resource Centers.

Systemic Factor: Case Review System

CFSR Determination: Not In Substantial Conformity

In the CFSR Round 2 Final Report, case review issues that were cited included the following: improved consistency related to involving birth parents in case plan development, holding permanency hearings in a timely manner, filing for TPR in accordance with ASFA and improvements related to notification of foster parents, preadoptive parents and relative caregivers of hearings/legal proceedings and the right to be heard in those hearings/proceedings.

Item 25. Process ensuring written case plan is developed jointly with child's parents

CFSR Rating: ANI

- 25.1 PIP – PRACTICE MODEL, ACTION STEP – 1.5**
Implement a stand-alone training module as it relates to application of the Practice Model to meaningful caseworker visits that emphasizes the value of the caseworker relationship to families (with a focus on fathers), preparing for visits, using the ISP in conducting visits and timely/thorough documentation of visits. Completed. Six training sessions were completed. See EOC, Practice Model, AS 1.5 (Q-3 PIP report), as well as the Q-4 submission.
- 25.2 PIP – COURT COLLABORATION, ACTION STEP – 1**
Collaborate with AOC in analyzing data from a pilot project, initiated by AOC, regarding the timely completion of permanency hearings in Lauderdale, Marshall, Tuscaloosa and Mobile Counties. Completed. See EOC / PIP Report, Court Collaboration, AS 1.1 – 1.3, Q-4 & Q-5 PIP Submissions.
- 25.3 PIP – COURT COLLABORATION, ACTION STEP – 2**
Expand the dependency caseflow management training to 5 additional counties. Completed – See EOC, Court Collaboration, AS 2.4, Q-1 PIP Submission.
- 25.4 PIP – COURT COLLABORATION, ACTION STEP – 4**
Conduct a survey of Juvenile and Family Court Judges and County DHR Directors, that seeks input on a number of court-related issues, e.g. youth participation in court (including waiver of youth participation), notification of foster parents and their right to be heard, the roles of GALs, quality permanency hearings. Survey completed – See EOC, Court Collaboration, AS 4.2, Q-2 PIP Submission. Survey findings were distributed. See EOC, Court Collaboration, AS 4.3, Q-4 PIP Submission.
- 25.5 PIP – COURT COLLABORATION, ACTION STEP – 4.4**
Incorporate findings (see 25.4) into future training opportunities for juvenile courts / other Agency / DHR staff, along with foster parents, preadoptive parents and relative caregivers. To be completed in Q's 4-5 or following, of the PIP.
- 25.6 PIP – PRACTICE MODEL, ACTION STEP – 2.6**
Provide tools and establish statewide expectations as to the use of permanency roundtables in each county. Completed – See EOC, Practice Model, AS 2.6, Q-3 PIP Submission.
- 25.7 PIP – PRACTICE MODEL, ACTION STEP – 1.3**
Develop and implement a supervisory practice model initiative in Jefferson, Cullman and Calhoun Counties that addresses practice model principles and improvements in the ISP process and family involvement in the ISP. Completed, See EOC, Practice Model, AS 1.3, Q-7 PIP Submission.

Item 26. Periodic administrative / judicial review

CFSR Rating: Strength

- 26.1 PIP – COURT COLLABORATION, ACTION STEP – 2**
Expand the dependency caseflow management training to 5 additional counties. Completed – See EOC, Court Collaboration, AS 2.4, Q-1 PIP Submission.
- 26.2 PIP – COURT COLLABORATION, ACTION STEP – 5.2**
Implement distance learning plan for Juvenile and Family Court Judges, DHR staff, DHR attorneys and GALs that addresses a number of court-related issues, e.g., youth participation in court, concurrent planning, APPLA, quality permanency hearings, etc. Completed on 08/11/09 – See EOC, Court Collaboration, AS 5.2, Q-1 PIP Submission.

Item 27. Process ensuring permanency hearings

CFSR Rating: ANI

- 27.1 Make Permanency Hearings more productive and outcome focused.** Alabama's work with the Administrative Office of Courts has involved addressing the significance of the permanency hearing to include notification and right to be heard policy.
- 27.2 PIP – COURT COLLABORATION, ACTION STEP – 1**
Collaborate with AOC in analyzing data from a pilot project, initiated by AOC, regarding the timely completion of permanency hearings in Lauderdale, Marshall, Tuscaloosa and Mobile Counties.
 Completed - See EOC / PIP Report, Court Collaboration, AS 1.1 – 1.3, Q-4 & Q-5 PIP Submissions.
- 27.3 PIP – COURT COLLABORATION, ACTION STEP – 2**
Expand the dependency caseload management training to 5 additional counties. Completed - See EOC, Court Collaboration, AS 2.4, Q-1 PIP Submission.
- 27.4 PIP – COURT COLLABORATION, ACTION STEP – 4**
Conduct a survey of Juvenile and Family Court Judges and County DHR Directors, that seeks input on a number of court-related issues, e.g. youth participation in court (including waiver of youth participation), notification of foster parents and their right to be heard, the roles of GALs, quality permanency hearings.
 Survey completed - See EOC, Court Collaboration, AS 4.2, Q-2 PIP Submission. Survey findings were distributed. See EOC, Court Collaboration, AS 4.3, Q-4 PIP Submission.
- 27.5 PIP – COURT COLLABORATION, ACTION STEP – 4.4**
Incorporate findings (see 27.4) into future training opportunities for juvenile courts / other Agency / DHR staff, along with foster parents, preadoptive parents and relative caregivers. To be completed in Q's 4-5 or following of the PIP.
- 27.6 PIP – COURT COLLABORATION, ACTION STEP – 5.2**
Implement distance learning plan for Juvenile and Family Court Judges, DHR staff, DHR attorneys and GALs that addresses a number of court-related issues, e.g., youth participation in court, concurrent planning, APPLA, quality permanency hearings, etc. Completed on 08/11/09 - See EOC, Court Collaboration, AS 5.2, Q-1 PIP Submission. The Office of Child Welfare Consultation has participated in GAL certification training over the last two years, by doing a section on ISP's and directing it toward GAL participation, etc.
- 27.7 Explore ways in which DHR staff, court staff, GALs and resource families can be jointly involved in training sessions, workshops and conferences at the local and state level.** Over the last two years, staff from the Office of Child Welfare Consultation, have participated in the GAL Certification training conducted by the Administrative Office of Courts. They present the section of the training having to do with the ISP process, with a focus on the GAL's role in, and importance to, the process. The training sessions included DHR staff, attorneys, judges and GALs. State Level staff were also invited to jointly attend the National Court Improvement Summit held out of state.

Item 28. Process ensuring TPR proceedings
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CFSR Rating: ANI

- 28.1 PIP – COURT COLLABORATION, ACTION STEP – 1**
Collaborate with AOC in analyzing data from a pilot project, initiated by AOC, regarding the timely completion of permanency hearings in Lauderdale, Marshall, Tuscaloosa and Mobile Counties.
Completed – See EOC / PIP Report, Court Collaboration, AS 1.1 – 1.3, Q-4 & Q-5 PIP Submissions.
- 28.2 PIP – COURT COLLABORATION, ACTION STEP – 2**
Expand the dependency caseload management training to 5 additional counties. Completed - See EOC, Court Collaboration, AS 2.4, Q-1 PIP Submission.
- 28.3 PIP – COURT COLLABORATION, ACTION STEP – 4**
Conduct a survey of Juvenile and Family Court Judges and County DHR Directors, that seeks input on a number of court-related issues, e.g. youth participation in court (including waiver of youth participation), notification of foster parents and their right to be heard, the roles of GALs, quality permanency hearings.
 Survey completed - See EOC, Court Collaboration, AS 4.2, Q-2 PIP Submission. Survey findings were distributed. See EOC, Court Collaboration, AS 4.3, Q-4 PIP Submission.

- 28.4 PIP – COURT COLLABORATION, ACTION STEP – 4.4**
 Incorporate findings (see 28.3) into future training opportunities for juvenile courts/other Agency/DHR staff, along with foster parents, preadoptive parents & relative caregivers. Scheduled for Q's 4-5 of the PIP.
- 28.5 PIP – PRACTICE MODEL, ACTION STEP – 2.6**
 Provide tools and establish statewide expectations as to the use of permanency roundtables in each county. Completed - See EOC, Practice Model, AS 2.6, Q-3 PIP Submission.

Item 29. Process ensuring notification of / right to be heard in legal proceedings

CFSR Rating: ANI

- 29.1 PIP – COURT COLLABORATION, ACTION STEP – 6**
 Implement DHR policy that addresses notification of foster parents/preadoptive parents/relative caregivers of court hearings/proceedings and right to be heard in those hearings and proceedings.
2010 Update: Policy to address notification of foster parents, pre-adoptive parents and relative caregivers has been in place since April 2007. During the first and second quarters of 2010, county departments developed and submitted to SDHR protocols for notification of foster parents, pre-adoptive parents and relative caregivers regarding any court proceedings involving a child in their care and their right to be heard in such proceedings. These have been reviewed; however, because current policy requires these notifications no policy revisions are planned at this time. **2011 Update:** Some components of Court Collaboration, AS 6, were renegotiated in February 2011. See Appendix 15, “Renegotiated PIP Steps” for more information / details.
- 29.2 PIP – COURT COLLABORATION, ACTION STEP – 2**
 Expand the dependency caseflow management training to 5 additional counties. Completed - See EOC, Court Collaboration, AS 2.4, Q-1 PIP Submission.
- 29.3 PIP – COURT COLLABORATION, ACTION STEP – 6.3**
 Institute and release general guidelines and expectations for the development of local Court/DHR notification and right to be heard protocols in all counties.
2010 Update: In March 2010, Guidelines for Developing Local Protocols on Notifications was released to all sixty-seven counties. All counties have developed and submitted county protocols. **2011 Update:** Some components of Court Collaboration, AS 6, were renegotiated in February 2011. See Appendix 15, “Renegotiated PIP Steps” for more information / details.

Systemic Factor: Quality Assurance System

CFSR Determination: Substantial Conformity

The QA system monitors, evaluates and provides feedback to the Department on the performance of the overall system of care and whether services provided are of sufficient intensity, scope and quality to meet the individual needs of children and their families. The QA system is intended to support social workers, supervisors and management at every level within the Department, as well as support the development, implementation and refinement of the service delivery system. It also confirms strengths, identifies successful strategies, and recommends ways in which effective practice and/or system performance can be replicated and/or improved. It helps identify and provide necessary training, consultation and technical assistance to county departments for the implementation and effects of corrective actions when needed.

Quality assurance provides more than an audit function. In addition to examining and assessing the Department's Best Practice Indicators, QA identifies areas of need and recommends corrective actions necessary to improve services, capacity, outcomes and conformity with Federal, State and Department program requirements. It also confirms strengths, identifies successful strategies, and recommends ways in which effective practice and/or system performance can be replicated and/or improved.

The QA system also functions as the state's Citizen Review Panels. The State QA Committee oversees the entire function for the state making recommendations on a statewide basis. The local QA Committees work with the individual counties doing quality service reviews, stakeholder interviews, and making recommendations for improvement of the county child welfare system.

Twice a year, county departments complete a Bi-Annual report which looks at information from case reviews, data and a self-assessment of the county's strengths and needs. Biannual reporting allows each county the opportunity to look at a greater amount of data and more time to identify trends and wider system issues. A self-assessment process is built into the biannual QA report, which can assist counties in conducting an internal examination of practice and system performance. The county QA reports provide data and narrative that aids in making determinations of the status of a number of indicators relative to the state onsite reviews and can also provide guidance in terms of cases selected for the quality service reviews. A State onsite review (which consists of data review, quality service reviews, record reviews, stakeholder interviews a Permanency Assessment, a Safety Assessment, a Resource Record Review and any other means of examining outcomes/system performance), in conjunction with the review of county information (from the county QA report and/or other internal information) and the quality service reviews (and any other activities) conducted by the county QA committee, provide the basis for the determinations that are made concerning the functioning of the county's service delivery system, its strengths, as well as the areas needing improvement and recommendations for the necessary corrective actions.

State QA staff work with individual counties, providing technical assistance and consultation in a variety of areas, including: training department staff and QA committee members; consulting on committee membership, functions and activities; assisting in enhancing QA functions in counties; consultation with other staff in Family Services in regard to county/state progress in practice/systemic areas identified during onsite reviews as needing improvement, participation in special studies, and in monitoring the County Improvement Plan which results from onsite reviews as well as self assessment and other areas as needed. Quality Assurance Consultants time is invested in preparing counties for, assisting in the conducting of; state onsite reviews, completing reports on findings and recommendations, and in supporting counties in developing and monitoring their County Improvement Plans.

Critical to the Department's QA functions are county QA committees that work in partnership with County Departments and serve as local Citizen Review Panels. These committees consist of community and agency representatives who meet regularly and review cases to evaluate the quality of services delivered, the outcomes for children and families, and stakeholder and family satisfaction. These committees provide feedback to the counties as well as complete a predetermined number of quality service reviews depending on the size of the county.

The Office of Quality Assurance also provides regular support to the State Quality Assurance Committee, which is composed of representatives of various statewide agencies, organizations and ordinary citizens interested in improving outcomes for families and children. This committee serves as the chief Citizen Review Panel as well as supports and reviews the data and information collected by the local committees.

The Office of Quality Assurance provides each local office and QA Committee with a copy of the *Quality Assurance Guide*. This guide serves as a procedures manual for initiating and maintaining all components of county and state quality assurance functions and systems. The *Quality Assurance Guide* provides practical guidance to State and county QA staff and is often requested by other states that are assessing their own QA system.

The Office of Data Analysis has developed a database and reporting process that tracks child deaths in the State due to maltreatment. Currently, the Office of Data Analysis is providing the Department's administration with a report of child deaths due to maltreatment in each month in which a child death review occurs. A county child death review team (which includes in its membership individuals internal and external to the Department) is asked to review child deaths with prior/current Department involvement, and submit their findings/recommendations to the Department. The local QA committee and the QA consultant serve as member of this team and their findings are referred to the state QA committee's Child Death Review Committee for final review and reporting of trends, needed changes and the Citizen's Review Panel Annual Report.

A three year review schedule is in place to ensure counties are reviewed at least once every three years. The large county offices, Jefferson, Mobile, and Madison are reviewed using a model which includes quality service reviews of approximately 40 cases to give them a better view of practice in the counties comprising one third of the out of home population. Three counties – Jefferson, Calhoun and Cullman – are being reviewed with a sampling of cases once each quarter in order to provide data for PIP reporting purposes. These three counties are the target counties identified for improvement in the PIP.

Item 30. Implementation of standards ensuring provision of quality services

CFSR Rating:

Strength

Item 31. Statewide operation of a quality assurance system

CFSR Rating: Strength

- 31.1 Examine/assess/monitor/evaluate the components of the Department's system of care.**
The QA system monitors, evaluates and provides feedback to the Department on the performance of the system of care, the system of care being the structure used to provide comprehensive services to families and children served by the Department of Human Resources, and whether services provided are of sufficient intensity, scope and quality to meet the individual needs of children and their families. Each county department is scheduled to participate in a QA review at least once every three years.
- 31.2 Provide feedback and recommendations to the Department on the status of practice and outcomes experienced by children and families, as well as the Department's system performance, and whether services provided are of sufficient intensity, scope and quality to meet the individual needs of the children and families being served by the Department.**
After an on-site review, QSR write-ups are sent to the county department which includes demographic information, ratings and recommendations as to ways in which the reviewer believes practice could be improved for that specific case. A written report is also provided to the county that includes a rating of each Best Practice Indicator with information provided that supports the rating as well as recommendations to improve or maintain the indicator.
- 31.3 Support social workers, supervisors and management at every level within the Department, as well as support the development, implementation and refinement of the service delivery system.**
Feedback is given to each county after the completion of an onsite review through the QSR write-up and the final report. Counties are also given feedback after the completion of QSRs completed by the county QA Committee. Counties are also given feedback after the submission of their Bi-Annual reports that are reviewed by State QA Consultants.
- 31.4 Confirm strengths, identify successful strategies, and recommend ways in which effective practice and/or system performance can be replicated or strengthened.** See 31.2 above.
- 31.5 Identify needs and recommend corrective actions necessary to improve services, capacity, outcomes and conformity with Federal, State and Department program requirements.**
Quality assurance provides more than an audit function. In addition to examining and assessing the components of the Department's system of care, QA identifies needs and recommends corrective actions necessary to improve services, capacity, outcomes and conformity with Federal, State and Departmental program requirements. It also confirms strengths, identifies successful strategies, and recommends ways in which effective practice and/or system performance can be replicated and/or improved. It helps identify and provide necessary training, consultation, and technical assistance to DHR staff and technical providers, as well as reviewing for the implementation and effects of corrective actions where needed.
- 31.6 Help identify (and at times, provide) necessary training, consultation and technical assistance needed by DHR staff.** State QA Consultants are available to provide training and support for County QA Coordinators, Committees and staff.
- 31.7 Review for the implementation and effects of County Improvement Plans.**
Following on-site QA Reviews, each county develops a county improvement plan based on the priority areas identified in the review. The county facilitates the plan with assistance from the Office of Child Welfare Consultation and the Office of Quality Assurance. The Office of Child Welfare Consultation is responsible for supporting the county in development of the plan. The Office of Quality Assurance is responsible for supporting assessment and monitoring of the outcomes from the county improvement plan.
- 31.8 Provide a permanent structure for objective evaluations of the quality of services and outcomes for children and families, to sustain effective child welfare practice in all 67 counties.**
The State QA Office, State QA Committee and County QA committees in all counties continue to be in operation and provide the permanent QA structure for the state.
- 31.9 Support the Citizen Review Panel function in all 67 counties and with the State QA Committee.**
Each county has a County Quality Assurance Committee that is an independent group of representatives whose functions include reviewing the functioning and outcomes of child and family services within the county, providing

the county with recommendations regarding service delivery, and serving as the local CAPTA Citizens Review Panel. The QA committees in all counties continue to conduct QSR's and report findings/recommendations from those to the county DHR offices.

- 31.10 In collaboration with The Office of Data Analysis continue to support improved data analysis capacity in SDHR and County Departments.** This objective will be continued.
- 31.11 In collaboration with the Office of Data Analysis, issue quarterly and annual reports of QA indicators, including aggregate child safety and permanency data.** While partial statewide data (QA) reports are maintained in the Office of Data Analysis, due to data enhancements that yet need to occur, publication of these reports remains on hold.
- 31.12 Provide ongoing consultation/technical assistance to county departments/QA committees relative to maintaining and enhancing QA functions and capacities, as well as support counties in development and monitoring of their County Improvement Plans.**
The Office of Quality Assurance has QA consultants assigned to each county to provide consultation and support to ensure QA functions are maintained. In conjunction with the Office of Data Analysis, a QA data base is maintained which provides a measurement mechanism for both state QA reviews and county QA committee case reviews.
- 31.14 The Office of Quality Assurance, in collaboration with county/state QA committees, continues to enhance capacities to conduct county/Statewide special studies, reporting on findings/recommendations and improving feedback mechanisms whereby the Department is reporting back on the level of progress relative to implementation, achievement of desired outcomes and system performance/change.**
This objective will be continued.
- 31.15 Continue to focus on ways of promoting networking and skill building of county QA committees.**
QA Consultants attend and provide recommendations and feedback to county QA committee meetings, review and provide feedback to local QA committee reviews, bi-annual reports, county improvement plans, etc.
- 31.16 Through ongoing adjunct reviewer training, enhanced capacity and experience, the Office of Quality Assurance has developed a statewide capacity among state/county staff to serve on state onsite review teams as adjunct reviewers.**
Adjunct Reviewer training is periodically provided to ensure the pool of Adjunct Reviewers is maintained. Adjunct Reviewer training was scheduled to occur in February of 2011 but it had to be cancelled due to snow and ice which prevented participants from traveling to the training site.
- 31.17 Maintain the QA Guide, in terms of providing necessary updates, additions and revisions.**
The QA Guide was updated in January 2011 and distributed to all county QA Coordinators.
- 31.18 Serve as a liaison with the state QA Committee through supporting their functions, provision of information, etc.**
The Office of Quality Assurance supports the local State QA Committee by providing information and assistance to the State QA Committee as needed. Each one of the QA Consultants is assigned to the different sub-committees and offers their support and assistance as needed. The Program Supervisor of the Office of Quality Assurance and the chairperson of the State QA Committee communicate and collaborate with one another to ensure the functions of the State QA Committee are occurring.
- 31.19 Improve capacity of state QA Consultants to provide support to counties and to local committees by increasing consulting skills and abilities.** The Supervisor in the Office of Quality Assurance continuously provides feedback and information to the QA Consultants in order to increase their consulting skills and abilities.
- 31.20 Continue to improve the dissemination of the qualitative information gathered from on-site reviews.**
Information from QSRs is entered into a QA data base and this data is used to provide feedback to the PIP as well as other inquiries.
- 31.21 Improve the quality of information received from local committees.**
QA Consultants continue to assist counties in improving the ratings of protocol items from local QA Committee reviews. Improving these ratings will improve the validity of information received which will give the state a better picture of its system of care.

31.22 Maintain ongoing communication with the county QA committee in regard to the strengths and needs of collaboration with stakeholders at the local level. Counties are required to conduct stakeholder interviews each year unless they have been reviewed by State QA. Information from the County QA Committee stakeholder interviews is included in their Bi-Annual report.

31.23 Ensure that county QA committees are consistently receiving updated information on county/state resource family recruitment plans / activities. Information is shared with the Committee by the local QA Coordinator.

Systemic Factor: Training

CFSR Determination: Not in Substantial Conformity

In the CFSR Round 2 Final Report, case review issues that were cited included the following: the need to address significant delays in the provision of initial staff training, workers being assigned caseloads prior to receiving training and not having mandated requirements for the ongoing training of staff.

Item 32. Initial staff development and training program for staff
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CFSR Rating: ANI

32.1 In the next five years (2010-2014) the principal goal will be to maintain up-to-date training that reflects current trends in best practice. This objective will be continued.

32.2 Plans are underway to enhance the current ACT I curriculum by including:

- o ICWA policy and other tribal information
- o Meaningful Caseworker Visits With Families and Children

Completed - See EOC, Practice Model, AS 1.6, Updated, Q-6 PIP Submission. The Office of Child Welfare Training will continue to explore ways to include those topics in the ACT I curriculum.

32.3 Continue to look at alternative methods of training.

The Office of Child Welfare Training provided three simultaneous ACT I sessions to participants state-wide. This endeavor proved to be difficult given the various group activities that are included in the curriculum, some of which had to be omitted. There was a noticeable lack of cohesiveness among the group due to their being in three separate locations. At times it was difficult for the trainers to constructively interact with trainees not located at their particular site. A great majority of those participating expressed their disappointment with this method. There may be some value in exploring the possibility of utilizing the distance learning approach with other training sessions that are no more than 2-3 days long.

32.4 Continue to work with other offices regarding the consistency of the delivery of messages to the county staff. This objective will be continued.

32.5 Refine the automation of statistics for training.

The Office of Child Welfare Training has begun utilizing the Learning Management System referred to as LETS. This has proved to be helpful when registering participants as well as maintaining a record of their training history.

32.6 Refine the delivery of training to minimize the cost while maximizing the learning experience for the participants.

In mid 2009, DHR issued a request for proposals in an effort to implement a “curriculum style” approach to training in 2010. This blended learning approach will attempt to use technology to assist staff in developing/enhancing their skills in their office at their own computer. Classroom and OJT will still be included. If a system is purchased, it should be operational in early 2010 as a pilot program. It is anticipated that a full and consistent curriculum will be developed and refined from 2011-2014. This objective will be continued.

- 32.7** PIP – TRAINING, ACTION STEP – 1
Implement agency timeframe/expectations, along with monitoring and reporting mechanisms for completion of ACT I, by staff as they are hired by the agency. Completed - See EOC, Training, AS 1.1b, Q-3 PIP Submission.
- 32.8** PIP – TRAINING, ACTION STEP – 1.4
Implement, monitor and report on a prioritization plan for the completion of ACT I by current staff who have not yet completed this training. A prioritization plan has been developed. See EOC, Training, AS 1.4, Q-3 Submission.
- 32.9** Explore the feasibility of establishing a IV-E training collaborative with one of the state universities, for the implementation of training functions relative to DHR staff. This objective will be continued.

Item 33. Ongoing staff development and training program for staff

CFSR Rating: ANI

- 33.1** **Continue to offer ACT II sessions that relate to the needs within the counties.**
 Per the Round Two PIP for Alabama, the two ACT II modules that will be emphasized are Concurrent Permanency Planning and Supervisor Training. See Alabama’s PIP, renegotiated action steps, Training 2.2 and 2.3. This objective will be continued.
- 33.2** PIP – TRAINING, ACTION STEP – 2.1
Develop and disburse for implementation agency time frame expectations, along with monitoring and reporting mechanisms for completion of Supervisor Training for future (new) supervisors and CPP for future (new) workers. Completed - See EOC, Training, AS 2.1b, Q-3 PIP Submission.
- 33.3** PIP – TRAINING, ACTION STEP – 2.2
Implement, monitor and report on a prioritization/incremental plan for the completion of Supervision Training and CPP for current staff who have not attended these modules. To be completed during Q-4 or Q-5 of the PIP. **2011 Update:** Some components of Training, AS 2, were renegotiated in February 2011. See Appendix 15, “Renegotiated PIP Steps” for more information / details.
- 33.4** **OCWT remains aware of the constant need for county staff to hone their skills and techniques to ensure best practice. Consequently, OCWT is exploring the likelihood of adding at least two more ACT II sessions.**

Cultural Diversity/Sensitivity Competency

There is an overwhelming need for child welfare staff to have a knowledge base of their families’ culture and be able to demonstrate competence in the provision of services that are sensitive to the differences among people and cultural groups. In essence, social workers have an ethical responsibility to be culturally competent practitioners.

The Effects of Domestic Violence

Domestic violence, like substance abuse, is an issue every child welfare worker will encounter in his or her work. The prevalence of domestic violence mandates that child welfare staff must develop adequate knowledge and skills to respond appropriately to situations related to domestic violence—with an emphasis on the effects and treatment methods for children involved. This objective will be continued and the Office of Child Welfare Training will continue to explore ways to provide these sessions.

Item 34. Foster / adoptive parent / facility staff training program

CFSR Rating: Strength

- 34.1** PIP – Recruitment and Retention, ACTION STEP – 2:
Develop and implement policy and procedures for preparing, assessing, approving and re-approving resource families.

2010 Update: In March 2010, the Foster Family Home Approval Policies and Procedures was released. There has been one revision to this policy. Another revision is planned that will set the stage for foster

family homes to be approved as adoptive resource homes at the same time the home is approved as a foster family home. Training of the policies and procedures is being planned. First release completed – See EOC, Recruitment and Retention of Resource Families, AS 2.2, Q- 2 PIP Submission.

2011 Update: In January 2011, the Foster Family Home/Adoptive Resources Approval Policies and Procedures was released. Arrangements were underway for training this policy using the Department's distance training equipment. Training was scheduled for May 4, 2011 but was cancelled due to the tornado outbreak of April 2011. All training has been cancelled due to nearly two-thirds of the counties being severely impacted by the destructive tornado outbreak. Department training should resume in mid to late summer of 2011, at which time this training can be rescheduled.

Systemic Factor: Service Array

CFSR Determination: Substantial Conformity

Therapeutic Foster Care

Therapeutic Foster Care has continued to grow during the past several years. All 67 counties have access to a variety of providers and are able to match children to TFC families according to the needs of the child. There are currently 13 Licensed Child Placing Agencies and 1 county DHR departments in Alabama operating therapeutic foster care programs. These programs have approximately 887 foster homes, which are able to provide a therapeutic setting for children requiring a more structured environment than traditional foster care. The department, along with the therapeutic providers, has identified within the contractual agreement the core services that are to be provided on an individual need basis. As of fiscal year 2006, numbers of slots were awarded to programs regionally based upon the needs identified in each region following the Request for Proposals (RFP) process identified in the Alabama Bid Law. Beginning in October 2008, TFC slots are to be awarded on a statewide basis rather than on a regional basis. Children are not denied services, if needed, whether a slot is available or not. Counties with the approval of their Office of Child Welfare Consultant can reimburse providers who do not have the availability of a contract slot through the use of local county flexible funds. Beginning this contract period, all children must have a behavioral assessment by the use of the Multi-dimensional Assessment Tool (MAT) before they can enter a TFC placement. All children in TFC placements will be evaluated every 9 months to determine if step-down to a lower level of care is appropriate.

The Office of Resource Management maintains the oversight of the Therapeutic Foster Care programs by making annual site visits at each program location throughout the State. If programs are not meeting the requirements established by the Department, corrective action plans must be developed. The *Therapeutic Foster Care Manual*, was updated in July 2010. All TFC programs must provide in-home work with biological family to encourage quicker step-down and/or return to family as a part of the core services in their FY 2006 contract. A step-down protocol was implemented statewide in December 2004. The protocol allows for a child to step-down within a TFC program with reduced services and rates. The protocol was available for all TFC agencies in the first quarter FY 05. A tool to evaluate for step-down (the Multi-dimensional Assessment Tool based on the Child Assessment for Needs and Strengths) is being used statewide. The MAT will be used in the future for some residential placements, as well.

The Online Residential Placement Directory will also be maintained by that office. The Online Resource Directory provides information about the types of placement services offered at each facility. The types of residential placement services offered by residential providers currently include Basic Residential Care, Moderate Residential Care, Intensive Residential Care, Mothers and Infants Programs, Transitional and Independent Living Programs, and Crisis Stabilization facilities. A specialized service for males who are sexual predators or who are sexually reactive was developed during the past couple of years. The sexual rehabilitative program offers the same treatment and education for both groups. The sexual predator group lives on campus in single occupancy rooms, while the children with sexually reactive behaviors live in specialized treatment foster homes. In FY 07, the Department began contracting with providers in six (6) counties - Jefferson, Montgomery, Madison, Mobile, Cullman and Lee – to provide continuum services. Continuum providers provide an array of services from intensive in-home services to services for children who have been assessed to need moderate residential care. Similar services, called permanency programs, provide intensive in-home services to families where children are currently in out-of-home care. The intent of these programs is to either achieve re-unification more expeditiously or to move children to other permanent living arrangements. These services are offered in Etowah, Calhoun, Jefferson, Morgan, Madison, DeKalb, Cherokee, Marshall and Jackson Counties, with Mobile to be added in FY 08. Beginning FY 12, the permanency programs will be folded into the continuum programs but offered in the same counties.

Residential Licensing

The Residential Licensing Unit within the Division of Resource Management has the responsibility to license childcare institutions, group homes, child placing agencies, and shelters. Consultation is provided to facilities to support their efforts to provide quality services. Site visits are made to verify compliance with Minimum Standard for Child Care Facilities, Minimum Standards for Child Placing Agencies, Minimum Standards for Foster Family Homes, Therapeutic Foster Care Manual, and Transitional and Independent Living Program and Placement Requirements. The Licensing Unit also coordinates the Rapid Response Team (RRT) to conduct investigation of concerns, allegations, or complaints of providers. Training, evaluation and consultation are provided by the Office of Residential Licensing to clarify and support providers in meeting minimum standards requirements.

Seriously Emotionally and/or Behaviorally (SEBD) Children

The guidelines, developed in 2003 are available for counties to assist in identifying and addressing mental health needs of children from the point of entry into the system. Many children with severe impairment in functioning are being maintained in the community with extensive services. Data regarding this population of children is now captured on FACTS. Family Services has three behavior analysts on staff and one on contract as well as Auburn University practicum students who provide classes to assist caregivers in behavior management. A protocol has been initiated in four counties to have new foster parents attend the classes, which include an in-home component. Behavioral services are also available on an individual basis for a limited number of children.

Multiple Needs Children

The department continues to participate in serving Multiple Needs Children. This category of child was defined legislatively by 12-15-1(19) and 12-15-71(h), Alabama Code 1975. The legislation provides a system for planning for children who may require the services of two or more agencies in order to better coordinate services. The Department of Youth Services, the Department of Education, the Department of Mental Health/Mental Retardation and the Department of Human Resources share in funding for these children. Additionally, money is received from the Tobacco Settlement, which is split between the state and county multiple needs teams. Local teams have very limited funding but may pay for in-home services or short term treatment. Usually requests for more extensive treatment or placements have been sent to the state team. With additional staffing capacity in the Multiple Needs Child Office, there is a greater level of oversight and monitoring for children's length of stay and closer review of the attainment of progress. This has enhanced the work that the Department has pursued regarding the assessment of the appropriateness of placement and the stepping down of children into less restrictive settings when indicated. In FY 2009-2010 DHR supported funding for 31 children through the Multiple Needs process. Funding has been approved for 21 children from October-April in FY 2010-2011.

Continuum of Care

The department's Office of Resource Management with input from county departments continues to assess the need for and coordinate initiatives to expand the continuum in out-of-home care. Guidelines are now available for all sixty-seven counties to access Enhanced Foster Care (EFC) for Large Sibling Groups, however there has been in the past a lack of clarity in the guidelines, which has impeded the development of this service. Kinshare, in partnership with TANF, is currently underway Statewide. Assessment programs, which have been in place for the past three years, will be phased out in FY 08. Crisis stabilization programs (crisis intervention) will take the place of assessment programs. Children may remain in these programs while a MAT assessment and psychological evaluation are being completed. An Online Resource Directory for Placement Services has also been located on the Department's website, and it will continue to be updated for the most current information, including the type of the service offered at the residential facility. Resource Management staff will continue to meet quarterly with county Resource Development staff in the nine regions of the State to discuss resource needs and to brainstorm on crafting of services on a county or region basis and will have a more prominent presence in each county to help develop resources to meet individual county needs. As needs are determined, Resource Management will coordinate with the Office of Child Welfare Consultation on supporting counties meet their individual resource needs. Resource Management will also monitor Quality Assurance reports to identify counties with significant needs in the area of resource development for targeted work. A pilot of continuum of care services to assist in returning children home or moving to other permanent living arrangements began with Youth Villages in Etowah, Calhoun, Madison and Morgan counties. Approximately 50% of the children in the pilot have returned home or have been placed with relatives. Continuum and permanency programs are now available Statewide, with the implementation of FOCUS in FY08. FOCUS programs offering re-unification and preservation services are available in all 67 counties. Permanency programs offering a longer term preservation or re-unification service is also available in Lauderdale, Limestone, Morgan, Madison, St. Clair, Jackson, Marshall, DeKalb, Cherokee, Etowah, Calhoun, Jefferson and Talladega counties. Continuum of care programs offering preservation, re-unification and out-of-care, when needed, is available in Mobile, Montgomery, Lee, Cullman, Madison and Jefferson counties.

Multi-Systemic In-Home Treatment

The Multi-Systemic In-Home Treatment program has been provided in several counties (Madison, Morgan, Etowah, Cherokee, Limestone, Lauderdale, St. Clair, DeKalb, Jackson and Calhoun) for the past years. The program has been successful in maintaining children in their own homes by providing intensive therapy to the whole family in the home setting. The current numbers indicate that the family is intact 80% of the time one year post-discharge from the MST program. The service is currently provided in those areas by Youth Villages, Alabama Mentor, The Alliance and Seraaj Family Homes of Alabama. The Request for Proposals for re-unification and preservation services for FY '09 did not specify the type of model to be used in service provision, as long as the positive outcomes remain at 80%.

Enhanced Foster Care

Enhanced Foster Care for Large Sibling Groups is now available to all 67 counties. This initiative provides for specialized training for foster parents in the parenting of large siblings groups and a difficulty of care payment. CPAs choosing to provide the service are able to do so on a statewide basis at this time. The service is paid by vendor agreement in the individual counties participating in EFC.

Treatment Group Homes

Three treatment group homes are available for the Jefferson County area. Hillcrest, a residential treatment center, developed a group home for boys and girls to provide a step-down to a more normalized, community based setting for youth transitioning from a very restrictive setting. There is continued discussion with the Department of Mental Health in planning for those children with an IQ of 50-70 in substitute care.

Juvenile Justice Transfers - Children Exiting Care to Department of Youth Services (DYS)

Family Services implemented a method by which children exiting the DHR system to DYS can be tracked. A new code was implemented November 2005. For FY 06 one child exited foster care to DYS. For FY07 three children exited to DYS. For FY08 five children exited to DYS. For FY09 twelve children exited to DYS. For FY 10 fourteen children exited to DYS. The population is generally defined as children who have committed a delinquent act, or who are in violation of CHINS (Child In Need of Supervision) probationary status. This transfer of custody is not simply an administrative procedure, but rather is done only after a hearing in which all due process rights are protected.

Item 35. Service array

CFSR Rating: Strength

See item 36.

Item 36. Accessibility of service array

CFSR Rating: ANI

- 36.1 Explore ways in which transportation needs can be addressed so that families can better access services & supports.** This objective will be continued.
- 36.2 Strengthen the distribution of agency literature / documents in Spanish.**
A number of forms and letters have been printed in Spanish.
- 36.3 Review previous studies related to services to the Hispanic population and determine if prior recommendations and/or findings can be helpful in addressing the needs of Hispanic families.**
Counties have developed services that assist with immigration issues and services. Not limited to but including an attorney with Catholic Charities Immigration in Atlanta and the University of Alabama Law School Immigration Law Professor. They have assisted with SIJS orders, preparing and filing immigration applications and appearing in immigration court proceedings without cost to the agency.
- 36.4 Explore how the Department can strengthen the capacities of current DHR staff that are already fluent in other languages to help address the needs of other cultural groups.**
The department continues to utilize the Foreign Language Services through a contract for services. This includes foreign languages as well as interpreter services for the deaf.

Item 37. Individualization of services

CFSR Rating: Strength

Title IV-B 2, Promoting Safe and Stable Families - Provide the following services using PSSF funds:

FAMILY PRESERVATION

Family Outcome-centered Unification Services (FOCUS) contracts; Family Service Center contracts

FAMILY SUPPORT - Family Service Center contracts

FAMILY REUNIFICATION - Family Outcome-centered Unification Services (FOCUS) contracts

Title IV-B (2) fund expenditures for 2010-2014 - The following services will be offered under each category in IV-B, subpart 2.

Family Preservation: Family therapy; family group decision-making; in-home support; parenting classes; intensive family intervention services; legal services; parenting time; in-home respite; drug testing; and stabilizing the family environment.

Family Support: Intensive family intervention services; high-risk infant; health education; legal services; transportation and visitation; mental health services; foster family respite; family group decision-making; foster parent training; foster parent support; youth companion; parent education; crisis intervention; and drug testing.

Family Reunification: Supervised visitation; transportation; mental health services; legal services; family and individual counseling; respite; anger management evaluation and treatment; parenting time and parent education; interpreter services and intensive family services.

Adoption Support and Promotion: Services and activities designed to encourage more adoptions out of the foster care system, when adoptions promote the best interests of children, including such activities as pre and post adoptive services and activities designed to expedite the adoption process and support adoptive families including: adoption supervision; adoption home studies; staff, family and child travel; adoption recruitment; promotion; awareness; counseling; advertising; post adoptive support and legal services.

Systemic Factor: Agency Responsiveness to the Community

CFSR Determination: Substantial Conformity

Item 38. Ongoing consultation with community stakeholders

CFSR Rating: Strength

38.1 The Department will strive to strengthen and/or maintain collaborative relationships, with partners and stakeholders, to include entities, committees, and agencies such as the following:

Consultation with Community Stakeholders through Quality Assurance

The Alabama Department of Human Resources has implemented an ongoing process for community consultation through its quality assurance operations. This occurs in two ways. First, each County Department of Human Resources supports a community quality assurance committee that routinely reviews cases handled by the Department, using a standard review protocol, and makes recommendations back to the Department. These committees consist of community representatives from various backgrounds, which could include citizens, public and private agency representatives, advocates, foster parents, educators and university staff, and others. Over the course of time, the committees are able to make recommendations to the Department reflecting concerns that go beyond case-specific issues, such as needs for services, additional resources, procedural changes and so forth. The Department takes the consultation that these volunteers provide seriously and uses them to make needed adjustments where appropriate. Currently, there are community quality assurance committees operating in all 67 counties in the State plus a 68th committee in the Bessemer region of Jefferson County.

Second, the Office of Quality Assurance at the State Department of Human Resources (SDHR) routinely conducts reviews of County Departments for the purpose of evaluating the quality of services delivered and outcomes achieved by children and families. In addition to reviewing cases onsite, evaluating aggregate data on the status of child welfare services in the counties and interviewing DHR staff, the onsite reviews include interviews with community stakeholders to evaluate systemic functioning in key areas. The community stakeholders who are interviewed in each county typically include: juvenile court judges; juvenile probation officers; representatives of other public agencies such as mental health, providers (therapists, etc.), and education; foster families; members of the county’s quality assurance committee; attorneys and Guardians Ad Litem (GAL); law enforcement and staff of Child Advocacy Centers; and others in the community who can provide a perspective on the Department’s functioning and needs.

The information obtained from the onsite reviews is used not only to guide recommendations for resource development and practice improvements in specific counties, but to identify statewide needs and establish priorities for Departmental planning. From June 1, 2010 – May 31, 2011, the Office of Quality Assurance has conducted 14 full onsite reviews. In addition, case reviews were conducted in Jefferson, Calhoun and Cullman counties for PIP reporting purposes. Based on these reviews, listed below are a few examples of how this ongoing consultation process has influenced decision-making within the Department and has led to improvements in the Department's capacity to serve children and families.

- The need for improvements/refinements in case planning skills around the Individualized Service Planning Process continues to be identified in the counties reviewed. The Family Services Division continues with its emphasis on strengthening its basic training curriculum for staff and is focusing on achieving greater consistency in its county consultation process to help counties address the case planning issues more effectively.
- The need to strengthen/refine, within the case planning process, the assessment of children and families, including their underlying needs, was cited as a priority need in a number of the counties reviewed
- Permanency issues continue to be considered as priority needs based on the collective findings from onsite reviews. The Family Services Division has several initiatives in place currently to address and support permanency issues. These include (1) offering a concurrent permanency planning curriculum to staff who provide foster care services in the Department; (2) continuing to assess permanency issues during onsite reviews and where possible, having specific staff devoted to conducting a permanency assessment as a separate function of the onsite review; (3) providing automated reports to all 67 counties with permanency data located on a central report; and (4) conducting county reviews, by the Office of Permanency and on an as requested basis, of permanency issues and making recommendations if needed.

In recognition of the vital role that stakeholders provide through participating in program planning discussions and providing input for various program decisions/directives, the State Quality Assurance Committee has maintained the work of subcommittees. Subcommittees allow a greater in-depth focus on particular areas of work where stakeholder participation is particularly critical. These steps significantly strengthen the range and depth of participation of community stakeholders.

Other Ongoing Involvement/Consultation in Planning (See also Appendix 10 that addresses TTA received by Alabama.

In addition to the regular and in-depth involvement of internal and external parties in Quality Assurance, Family Services Division relies on a range of individuals and groups to assist in providing input into the ongoing planning and service delivery system.

The Child Welfare policy development process involves both internal and external individuals and groups to provide input as new policy is formulated and existing policy is revised. New policies are initially written by policy specialists in the Office of Child Welfare Policy and then sent to the program area for review and comment. Following finalization from State Office, the policy is sent out for review and comment to county directors/child welfare supervisors, select community stakeholders and others. Conference calls with community stakeholders and department staff can be made to resolve policy issues arising from the review and comment. If necessary, meetings may be conducted to discuss policy issues.

Resource Management utilizes a number of groups and individuals in planning. These include directors of a number of child care institutions, members of the Alabama Association of Child Care Agencies (AACCA), and the network of therapeutic foster care providers (FFTA).

The Office of Permanency has included faith-based groups, the Alabama Foster and Adoptive Parent Association, adoptive parents, and representatives of the Alabama Adoption Coalition, foster care youth currently or previously in out of home care system, pre and post adoption service agencies and other consumers among its stakeholders.

Court Collaboration

The Family Services Division has a strong relationship with the Administrative Office of Courts (AOC), especially with the staff of the Court Improvement Program, designed to improve the processing of dependency cases so that abused and neglected children may be placed in safe and permanent homes as quickly as possible. DHR representation is common on committees, work groups, and court-sponsored projects. Likewise, staff at AOC frequently partner with State DHR to

train, develop policies and procedures, or devise long-range plans for implementation of state and federal child welfare legislation. The relationship between State DHR and AOC has been vital to successful training and operationalizing of best practice in Alabama. Collaboration took place on developing a strategic plan to strengthen issuance of timely orders. Cross training (involving both agencies) to familiarize court staff with the importance of permanency issues has continued. Key staff from DHR have participated in, and/or presented at, workshops organized and sponsored by the staff of the Court Improvement Program to address the revised Alabama Juvenile Justice Act of 2008, ways to improve the caseload of dependency and termination of parental rights cases and helping children achieve permanency more quickly and other topic areas impacting permanency. This collaboration continues with DHR partnering in training for juvenile court judges regarding activities in the PIP and the emphasis on achieving timely permanency for children.

Alabama Pre and Post Adoption Connections

The Department's pre and post adoption services program, Alabama Pre and Post Adoption Connections (APAC), utilizes a Statewide Consumer Council consisting of adoptive parents and children that supports all aspects of the resource center including planning, feedback on the quality, appropriateness, and accessibility of services, liaison with other adoptive families and publicity. Stakeholders in each of the three regions include professional therapists, DHR workers, school representatives, and representatives of religious and civic organizations reflective of the community's diverse citizenry. Their roles include participating in needs assessments, identifying resources, planning, determining outcome indicators and publicity. APAC provides a consumer survey that captures points regarding the provision and access to services as well as quality.

Alabama Foster and Adoptive Parent Association

Collaboration continues with the Alabama Foster and Adoptive Parent Association to ensure that they maintain current information on adoption issues on an ongoing basis. A representative from the Office of Permanency participates in the Association's quarterly meetings, shares pertinent information and addresses issues that arise. In addition, the Office of Permanency chairs the Permanency Advisory Committee which includes representatives from AFAPA as well as, State and Local DHR staff to discuss areas of concern that have been identified and work continues to improve communication and responsiveness with each other. The Office of Permanency Recruitment and Retention Specialist routinely collaborates with the Association for foster care in recruitment efforts and resolving conflicts between the Department and providers. In addition, coordination and collaboration is facilitated by the Office of Permanency for AFAPA to partner with Heart Gallery of Alabama and APAC in efforts of recruitment and support to the foster/adoptive community.

Alabama Adoption Coalition

The Office of Permanency represents the Department on the Alabama Adoption Coalition, an association of licensed child placing agencies throughout the state. The Coalitions focus is education, advocacy and promotion of adoptions.

Permanency Advisory Committee

In April 2005, the Permanency Advisory Committee began meeting to discuss issues and develop strategies impacting child welfare practice. This is a committee of approximately twenty-five members made up of foster parent representatives and a limited number of county and state staff; the purpose includes building the relationship between DHR staff and foster parents. Areas of success and concern are identified and strategies developed to improve communication and responsiveness to each other. Quarterly meetings are held to prioritize areas of concern and strategize solutions together. The committee has provided ongoing input into the development and implementation of the State Program Improvement Plan and policy revisions. County Foster Parent Advisory Councils meet with County Directors to identify issues of local concern and strategize ways to improve established relationships.

Supports to Foster Parents

The Conflict Resolution Process (formerly known as State Grievance Process) is a formalized method to resolve conflicts and improve communication both locally and at the state level. DHR developed a Respite Program for foster parents in order to provide a needed opportunity to revitalize their energy and to avoid burnout and disrupted placements. It is expected that these combined efforts will aid in retention of our much needed foster homes.

Commission on Girls and Women in the Criminal Justice System

A FSD staff member represents the DHR Commissioner on the "Commission on Girls and Women in the Criminal Justice System." The Commission was formed to examine how communities could better serve this population as they return to their homes. The Commission has established recommendations and is now meeting to determine ways in which these strategies can be implemented. During this past year the Commission has not met and is waiting for the appointment of a legislative chair for a meeting to be called.

Multiple Needs

This blending of funding among the four agencies has created an opportunity for youth to access created services in their community aimed at keeping children in the least restrictive environments. Targeted youth typically are those who do not meet specific eligibility criteria and often fall into the “gaps” of service design. The Multiple-Needs Office continues to collect annual outcome data and tracks several key indicators to measure utilization, referral source, and successful functioning in the community. This collaboration continues to address the needs of children who might remain underserved without this collaboration for planning and funding among the agencies. The State Children’s Services Facilitation Team (SCSFT) is comprised of representatives of each agency and the Association of Chief Juvenile Probation Officers. The SCSFT is responsible for planning for multiple needs children and for implementing the legislation within the policies established by the Executive Council. The SCSFT established a Case Review Committee (CRC) which is responsible for reviewing referrals submitted by the County CSFTs and for making recommendations to the SCSFT regarding the referrals.

TANF Funds

See Appendix 1, Family Assistance Division.

Federal Parent Locator Service

Alabama has had a procedure in place since 2004 for counties to submit a referral to SDHR (Policy Office) which forwards them to CSE to process through FPLS. Child Welfare Workers cannot access the FPLS nor is there an interface with FPLS in FACTS. The information is used to locate parents and relative resources and counties do use this. There is an official intra-agency agreement between the IV-D program and the IV-E program of the Department which allowed this to occur.

Children’s Justice Task Force

The Office of Child Protective Services has worked closely with the multidisciplinary team members of the Children’s Justice Task Force on the assessment of needs to improve the child protective services system as well as collaborative planning projects. The Office of CPS maintains communication with the Alabama Department of Public Health; the Alabama Department of Mental Health; Children’s Rehabilitation Services; the Administrative Office of Courts; the Office of Prosecution Services and other community partners whose focus is lessening the trauma for child abuse victims and improving prosecution of child abuse cases. The Office of Child Welfare Consultation began conducting statewide reviews of Child Welfare Practice. An emerging theme is the need for training for CPS supervisors and workers on the co-existence of child abuse and domestic violence. As part of the continued work, the Children’s Justice Task Force has proposed funding to develop a two day CPS/Family Violence training curriculum for DHR supervisors and staff. The training will be delivered by a 2 member team of a CPS trainer and a Family Violence Specialist. The focus of the training will be on the assessment of family violence in conjunction with assessing/investigating child abuse, education about the dynamics of domestic violence and development of CPS/Family Violence practice skills with families in which child abuse and family violence co-occur.

Alabama’s Comprehensive Assessment Process Project (CAP)

In October of 2007, the Federal Government awarded the State of Alabama Department of Human Resources a research-based grant on Using Comprehensive Assessments to achieve better outcomes for families. The Department continues to work in partnership with ACTION for Child Protection, the University of Maryland and the National Resource Center for child Protective Services. The three pilot counties are nearing completion of the fourth year of a five year pilot. All three counties are now completing all four of the assessments outlined in the Comprehensive Assessment Process. During the remainder of FY 2011, the Project Team will be working towards statewide implementation which will include policy revision; training; FACTS (SACWIS) enhancements and plans to work with community partners. See also information provided under Safety, 4.1.

Special Education Advisory Panel

The Special Education Advisory Panel meets twice a year in June and December to review the State Plan for Special Education Services and review progress on meeting goals established. Additionally this past year the Panel has had the opportunity to participate in two webinars to help members be more meaningful participants.

Alabama Interagency Autism Coordinating Council

The council meets quarterly to establish a long-term plan for a system of care for individuals with Autism Spectrum Disorder and their families. This year a State Autism Coordinator was hired. A number of committees and work groups have been established. DHR is represented on the Special Projects Committee: Developmental Surveillance and Early Screening Work Group and the Standards of Practice Work Group. Quarterly meetings include updates on the work and plans of the committees and different service providers reporting on available resources.

Child and Adolescent Task Force – Mental Illness Division

This is a workgroup for the Mental Illness Coordinating Subcommittee for the Mental Illness Division of the Alabama Department of Mental Health. Meetings are held quarterly to report to the stakeholders and consumers DMH projects and services for children and youth with serious emotional disturbance. This groups reviews plans, budgets and projects and provides recommendations.

The Children’s Task Force – Intellectual Disabilities Division

This is a workgroup of the Intellectual Disabilities Coordinating Subcommittee of the Intellectual Disabilities Division of the Alabama Department of Mental Health. Budgets, projects and plans for services for children are reviewed by the stakeholders and families. This group meets quarterly.

The Alabama Council on Developmental Disabilities

The Alabama Council on Developmental Disabilities is made up of advocates, consumers, family members, providers and state agency representatives. The Council is a planning body for the federal funds received for the improvement of the lives of individuals with developmental disabilities. A Program Supervisor from Family Services represents the Department on the Council.

Youth Advisory Committees

See ILP Appendix, under section entitled: “Five Year Objectives” – Objectives two (2) and three (3).

Shared Youth Vision Collaborative

See ILP Appendix, under section entitled: “Involvement of Public and Private Sectors in Helping Adolescents Achieve Self Independence.”

Health Care Collaboration

See Appendix 9 for 2011 Update.

Department of Child Abuse Prevention (DCAP)

A staff representative from DCAP serves as a member of the Alabama Child Welfare Collaborative Initiative (ACWCI). Recently, due to staff changes a DCAP, a change was made in the staff person representing the agency. The previous DCAP staff person had a role in discussing the re-instituting of meetings for this group and recently began employment with DHR. It should also be noted that the Director of DCAP is a past Chairperson, and current member, of DHR’s State QA Committee. See also 3.1, 4.5, 4.7, and 4.17.

Recruitment & Retention Task Force/PIP Development

Following the 2007 Child & Family Services Review Alabama began a planning process for addressing the Area Needing Improvement of Recruitment & Retention. In addition to state DHR staff, representatives from small, medium and large county offices participated in a process that consisted of an assessment of “what currently worked and what didn’t”. Stakeholders such as Heart Gallery Alabama, Children’s Aid Society/APAC, and staff from two licensed child-placing agencies also participate in this work. The information included in the agency’s Program Improvement Plan in the area of Recruitment and Retention was developed by this group.

The Department’s PIP (Recruitment & Retention section) included conducting market segmentation work on existing foster and adoptive parents that met pre-determined criteria (re-approved at least once and currently had children in the home). Alabama DHR entered into an inter-agency agreement with Alabama Criminal Justice Information Center – to utilize their Alabama Resource Management System (ARMS) & TAPESTRY segmentation software to conduct this market segmentation work. ARMS staff worked with the Alabama Recruitment & Retention supervisor to secure data sets, conduct market segmentation results and then worked with T/TA staff from National Resource Center for Recruitment & Retention of Foster & Adoptive Parents to analyze data and provide final report of market segment groupings. This information was and continues to be utilized to develop targeted recruitment strategies to aid in diligent recruitment of foster and adoptive parents.

The Market segmentation work referred to above was completed (with final report) in January 2010. The Recruitment Task Force was pulled back together to participate in an orientation to the data and to participate in some training exercises regarding psychographic profiles in preparation for developing targeted recruitment branding and messaging. Portions of the task force as described earlier along with additional foster/adoptive parent representatives will meet again in May 2010 to develop targeted messages to get at the highest indexed segmentations that fall within the urbanicity groupings of (1) rural; (2) suburban; and (3) urban. DHR representatives and stakeholders will work jointly on these activities as well as in developing implementation strategies. As targeted recruitment efforts move forward the program supervisor has worked with counties (individually and in groups) to share information about market segmentation and to

help counties develop targeted strategies. In May 2010 staff, foster parents and youth in care from Central and several southwestern Alabama counties served by the Montgomery-area media market came together to (1) field test the messages developed by the R&R task force. In 2011, on-site recruitment planning information and assistance has been provided to the following counties: Jefferson (1/18/2011); Tuscaloosa, Greene, Hale, Pickens and Bibb (2/16/2011); Crenshaw, Lowndes and Butler (3/21/2011); and Shelby (4/5/2011).

Alabama Child Welfare Collaborative Initiative (ACWCI)

The Alabama Child Welfare Collaborative Initiative (ACWCI) continues to meet on a quarterly basis. As of 08/15/11, three meetings have been conducted thus far in CY 2011. The core group of the ACWCI consists of identified staff from the Alabama Administrative Office of Courts (AOC), the Alabama Community-Based Child Abuse Prevention Program (CBCAP), the Family Services Department with the Poarch Band of Creek Indian Tribe (PBCI) and DHR staff from the Family Assistance, Resource Management and the Family Services Divisions. As of 06/01/11, a member of the State QA Committee (SQAC), which in Alabama serves as the Citizen Review Panel, has also been identified to represent the SQAC on the ACWCI team. An action plan for 2011 is in place and the definition of Prevention Services established in CY 2010 continues in effect (see Appendix 16). Members from ACWCI have participated in conference calls with the Atlanta Regional Office and other Region IV states. There are plans for representatives from ACWCI to attend the Regional CWCI Conference in Atlanta on August 15-17, 2011.

38.2 The Department's goals in regards to work with the Poarch Band of Creek Indian Tribe and other federally recognized tribes located out side the state (Indian Child Welfare Act):

Alabama's Indian Child Welfare Policy and Procedures has been in effect since September, 2007. This is a substantive policy that provides counties with a knowledge base for working with Native Americans. While counties continue to contact the Office of Child Welfare Policy and the Office of Child Welfare Consultation, counties have policy that directs their work with Indian children and families. At the initial involvement with a child and family, the issue of whether the child has any Native American ancestry is addressed. To facilitate this, a "notification of involvement" should be sent to the Poarch Creek Indian Tribe in Alabama during a child abuse/neglect investigation or prevention assessment. The "notification of involvement" process is used to consult with the PCI Tribe and allows relevant information to be obtained from the Tribe and provides an opportunity for the Tribe to be involved in the case planning process early in the investigation. It is considered best practice to notify the PCI Tribe of Departmental involvement with an Indian child and family and seek Tribal involvement in case planning. Specifically, Carolyn White, the Executive Director of Family Services of PCI is notified. The "notification of involvement" is not the formal notification to a child's Tribe required by the Act itself. When county departments are working with a child and family, who fall under the ICWA requirements, Indian parents, Indian custodians and Tribes must be notified. In 2008, a revision was made to the Department's Out-of-Home Policies and Procedures to require child welfare workers to address, in removal situations, relative resources and identify whether children and families are members or eligible to become members of certain Indian tribes, as well as identifying such tribes. Native American ancestry should have been established and formal notice given to the child's tribe before removal of an Indian child from their home. The only exception to this occurs when an Indian child is removed to prevent physical damage or harm to an Indian child. Child welfare staff shall provide protection and meet the immediate safety needs of Indian/Alaskan native children when emergency situations occur.

Update 2010: In April 2010, work was completed that allowed FACTS to generate the required notices to Indian parents, Indian custodians and Indian Tribes. When the system captures that a child is a member or eligible for membership in an identified federally recognized tribe, child welfare workers are prompted that notification procedures are necessary. On July 21, 2010, DHR Family Services (FS) Administration, along with selected other DHR FS staff, met with Family Services, Legal and Administration staff from the Poarch Band of Creek Indians (PBCI) at the PBCI office. An overview of the services, culture, and the Poarch Creek Indians governmental structure was provided to the DHR staff. Discussion took place on issues central to the safety, permanency and well-being of/for tribal member children and ways that DHR and PBCI can continue to collaborate toward achieving positive outcomes. Included in the collaboration for the coming year is the goal of establishing (at least) a draft Intergovernmental Agreement by June 2011.

Update 2011: In June 2011, staff from the Department, Family Services and Legal Division visited the PCI reservation in Atmore Alabama. The purpose of the meeting was to discuss the interagency agreement between the Tribe and the Department of Human Resources. A decision was made to use the Family Services Indian Child Welfare Policies and Procedures as the basis of the interagency agreement. Other topics discussed included the state's multi needs process, training to include Tribal staff, ILP and ETV funds for Tribal children and IV-E funds for Tribal Children. Included in the meeting were Carolyn White, Director of PCI Social Services; Martha Gookin, PCI Family Services Coordinator; Lori Stinson, PCI Assistant Attorney General.

Copies of policy revisions to the ICWA Policies and Procedures and the Child Protective Services Policies and Procedures are provided to the Poarch Creek Indian Tribe (PCI). The Poarch Creek Indian Tribe may be requested to provide assistance in locating and working with other tribes. In accordance with section 422(b) (9) of the Act, the following requirements are included in the APSR.

1. **Update 2010:** Copies of the Child and Family Services Plan and the Annual Progress Service Reports are provided to the Poarch Creek Indian Tribe. The Department has received a copy of PCI's CFSP. **Update 2011:** This continues in effect. The 2010 APSR from the Department was emailed to the Tribe. The Department was provided a copy of the Tribe's CFSP by hand delivery. The 2011 Plans will also be exchanged.
2. The ethnicity of children is captured on FACTS, Alabama's SACWIS system. FACTS captures thirteen ICWA requirements reported in AFCARS. Ethnicity is a required element in FACTS and if the ethnicity of American Indian/Alaskan Native is selected for a child, then other required elements must also be addressed. FACTS is operating statewide. **Update 2011:** This continues in effect.
3. The Department must formally and in writing notify the Indian child's parents or Indian custodian and the child's tribe of pending legal proceedings involving foster care or termination of parental rights. Notification is by registered mail with return receipt requested. **Update 2010:** In April 2010, FACTS was enhanced to generate the required notices. **Update 2011:** This continues in effect.
4. DHR policy provides that tribes have an absolute right to intervene in those child custody proceedings defined in ICWA. Tribes may decline jurisdictional transfer, but retain the right to request updates and participate in planning activities for development of the Tribal/Department plan for the child. **Update 2011:** This continues in effect.
5. There are two placement categories for Indian children: foster care/pre-adoptive placements and adoptive placements. Foster care/pre-adoptive placements include members of the child's extended family; foster homes which are licensed, approved or specified by the child's tribe; and Indian foster homes licensed or approved by an authorized non-Indian licensing authority; or institutions for children which are approved by an Indian tribe or operated by an Indian organization which has a suitable program. Adoptive placements include a member of the child's extended family; other members of the Indian child's tribe; or other Indian families. **Update 2011:** This continues in effect.
6. Prior to initiating court proceedings to remove Indian children from their homes, active efforts are made to maintain the Indian family unit. Active efforts are defined as "making active attempts to assist in alleviating the problem that causes the need for removal." Active efforts are more intense than reasonable efforts and require remedial services and rehabilitation programs for family members to prevent placement and are made before out-of-home placement is considered. **Update 2011:** This continues in effect.
7. The Tribal Court for the Poarch Creek Indians (PCI) has exclusive jurisdiction over child custody proceedings defined in ICWA for children who reside on the Reservation or are domiciled on the Reservation. PCI Tribal court or any other tribal court of an Indian child not living or domiciled on the tribal reservation has a right to intervene at any point in the state court proceedings for both foster care placements and termination of parental rights proceedings. State courts are responsible for transferring jurisdiction to the Tribal Court, absent good cause or absent the objection of either parent. **Update 2011:** This continues in effect.
8. PCI, the only federally recognized tribe in Alabama, maintains records on children and families to whom the Tribe provides services. Reports of child abuse/neglect that occur on the Reservation are investigated by the Tribal caseworker. The Tribe maintains a case review system for those children for whom the Tribe has custody. PCI has established a Child Protection Team to review cases. Additionally, PCI has an annual review performed by the Bureau of Indian Affairs. There are some cases in which the county Department and the Tribe work jointly with a child and family, e.g., an incident occurred off the reservation, but the child resides on the reservation. In these cases, both the Tribe and the county Department maintain records and the Department is required to do an ISP on any open case. The Department's efforts to involve the PCI in developing policies affecting the Tribe and efforts to join with the Tribe in providing services is positive for Indian children living in Alabama. **Update 2011:** This continues in effect.
9. The Department considers all children as "Alabama's Children" without regard to race or culture. The Alabama Medicaid Agency has approved PCI to contract individually with residential facilities when a youth needs residential treatment services. The Department will continue to strengthen services to Indian youth who reside on reservations and need access to benefits and services under the Chafee Foster Care Independence Program (CFCIP). Indian youth are to have access to the benefits and services under the CFCIP on the same basis as any other child. Efforts

will continue to be made to ensure that Indian youth have access to CFCIP and Education Training Vouchers. See Section of APSR on CFCFP/ETV. Indian families and the Tribe are to be included in ISPs for the child/family when the Department is working with Indian children and youth living off the reservation. **Update 2011:** This continues in effect.

10. During the spring of 2010, the Department conducted regional training on the Indian Child Welfare Act. The purpose of the training is to improve and maintain compliance with ICWA. The training included pertinent policies, the law and court cases that impact practice with Indian tribes. **Update 2011:** During the last months of 2010 and early months of 2011, Department legal staff provided training on the Indian Child Welfare Act to county social workers, supervisors and county directors. This included topics on notifications, placement preferences, active efforts and tribal right to intervene in State proceedings.

In collaborative efforts, the Department and PCI have developed the following goals for 2010-2014:

1. While there have been some efforts at assuring that Indian youth have access to services, more work is needed to assure that Indian youth, both living on the reservation and off the reservation, have access to CFCIP and ETV funds. The Department will explore how this can happen, develop a plan and implement the plan. (Refer to CFCIP/ETV section of the APSR). Other areas identified as needed, include accessing State paid residential slots when the youth is in the custody of the Tribe; accessing Multi-Needs services; determining how best to develop a mechanism for Medicaid reimbursement directly to the Tribe for eligible children.

Update 2010: With regard to accessing residential slots, the Tribe has negotiated directly with facilities for slots. In 2010, the issue of the Tribe being a player in the Multi-Needs process will be explored. At this point, Tribes are not included in the Multi-Needs process. This will involve legislation and a change in the Code of Alabama 1975. In addition, the need for a referral or linkage between the Tribe and Department of Youth Service has been identified. The multi needs process would provide linkages for the Tribe to state departments.

Update 2011: During the June 2011 meeting, a decision was made not seek to change in the statute on Multi Needs children. The Tribe will confirm whether Indian children who are Medicaid eligible are 100% Medicaid reimbursable with no state match. Also, this will be maintained as a goal if the situation that prompted this occurs again.

2. The Department and the Tribe will explore the possibility of a IV-E Agreement with the Tribe or whether the Tribe will apply directly to the Secretary for IV-E funds. Related to this goal is the determination of whether a IV-E agreement or direct IV-E funding to the Tribe is necessary to access CFCIP and ETV funds for Indian youth.

Update 2010: Because of the small number of children that the Tribe has in care, applying directly to the Secretary for a IV-E program that will involve establishing administration of the IV-E program does not seem feasible. Therefore, a IV-E state/tribal agreement that provides for the Department of Human Resources to administer the IV-E program on behalf of Indian children placed in care by the Tribe and for Tribe to access other parts of IV-E will be evaluated. ACYF-CB-PI-10-09 clarifies that Tribes with an approved title IV-E plan or a title IV-E Tribal/State agreement have the option to receive directly from the Secretary a portion of the State's CFCIP and EV allotments to provide services to Tribal youth. Refer to CFCIP/ETV section of the APSR.

Update 2011: During the June 2011 meeting, attorneys for the Tribe and the Department determined that the Indian Child Welfare Act Policies and Procedures would be the basis for developing a revised interagency agreement. The agreement is to include a section to address IV-E funds and CFCIP/ETV funds. At this time, the Tribe does not have the number of children in care to make it feasible to apply to the Secretary for direct IV-E funding. The department attorney will draft a revised interagency agreement that will be reviewed by Tribal administration and Department administrators, including county directors.

3. The Department and the Tribe will strengthen contact and collaboration on ICPC issues which involve ICWA case transfers to tribal custody. The Office of Interstate Placement for Children will coordinate this. **Update 2010:** It has been determined that the ICPC issues are between the Tribe and the state of Florida. The Tribe serves one county in the State of Florida. Therefore this goal will be considered as completed. **Update: August 2010:** Following a joint planning meeting with PCI administration, it was clarified that the ICPC issue concerns situations in which there is an interstate placement from one tribe to another tribe, but the issue of needing to go through the ICPC process is not clear. There may be some federal legislation that expands ICPC to include from Tribe to Tribe. **Update 2011:** This goal is complete.

4. There is a recognized need for Tribes and child welfare agencies to exchange information about child abuse/neglect investigations. Without a national child abuse/neglect system for states and Tribes to access, the Department will explore the possibility of the Tribe accessing the child abuse/neglect registry. The Office of Child Safety will coordinate this. **Update 2011:** This will be continued. In the June 2011 meeting, access of information by the Tribe and the confidentiality laws governing Departmental records was discussed. This will be addressed in the agreement. Whether a policy revision is needed will be evaluated after the agreement is completed.
5. The Department will explore in conjunction with the Tribe a method for the Medicaid reimbursement for services provided by the Tribe for Indian children who are eligible for Medicaid. **Update 2010:** The issue here is targeted case management services reimbursed by Medicaid. Foster care children only can receive this and at this writing the Tribe does not have sufficient foster care population to pursue this. This will be continued should changes occur. **Update 2011:** No change in the goal. It is continued.
6. The Department will explore the possibility of including staff from PCI, Family Services Division, in DHR training and further, will explore IV-E reimbursement for training expenses incurred by Tribal staff. The Office of Training will coordinate this. Refer to Training section of the APSR. **Update 2011:** This goal is continued. At the June 2011 meeting, the supervisor of Family Services Training Office provided information on Alabama Certification Training, the Department's Practice Model and other training avenues. Information will be provided to the Tribe on available trainings. In the past, the Tribe has not been able to coordinate Tribal schedules with training schedules.
7. The Department, in collaboration with the Tribe and the Regional ACF Office, will review supplemental instruments to evaluate ICWA compliance, for use in the next CFSR that occurs in Alabama. **Update 2011:** This goal is continued.
8. The Department, in collaboration with the Tribe, the Department of Child Abuse Prevention and the Regional ACF Office, will explore access to CAPTA funding from the Department of Child Abuse Prevention (Children's Trust Fund). **Update 2011:** This goal is continued.

38.3 Disaster Plans

Maintain a plan by which the Department can identify, locate, and continue availability of services for children under state care or supervision who are displaced or adversely affected by a disaster.

1. Maintain a plan by which the Department can respond to new child welfare cases in areas adversely affected by a disaster and provide services in those cases.
2. Maintain communication with caseworkers and other essential child welfare personnel displaced because of a disaster.
3. Preserve essential program records, coordinate services, and share information with States.

The following are the methods whereby DHR will respond to disasters:

1. To identify, locate, and continue availability of services for children under state care or supervision who are displaced or adversely affected by a disaster, DHR will implement these steps:
 - Identify the affected areas of the state. Designate a liaison from the local county department to be point of contact for inquiry by foster care providers who are displaced or adversely affected by disaster. The appointed liaison will conduct on site visits to determine if there are any displaced children or families.
 - The liaison will determine whether any staff members are affected by the disaster and which staff members may be available for making contact with providers (foster homes, shelters, group homes, residential facilities).
 - The liaison will maintain contact with Emergency Management Service.
 - It is the liaison's responsibility to provide shelter staff with a contact should the following circumstances come to their attention:
 - a. children in the custody of state of Alabama
 - b. foster parent from state of Alabama
 - c. children in the custody of another state
 - d. foster parent from other state
 - e. any children without parent or legal guardian

- f. any reports of child abuse and neglect related to children receiving shelter services
2. To respond to new child welfare cases in areas adversely affected by a disaster and provide services in those cases, DHR will implement these steps.
 - When appointed liaison visit shelters established by Red Cross or Emergency Management Services, they will assess whether there are any children and families needing child welfare services. They will be responsible for referring those children and families for appropriate services.
 - Because Alabama is a coastal state, the need to assess displaced children from other states in the region is recognized. Contact will be established with other states that may have been affected by the natural disaster.
 3. To remain in communication with caseworkers and other essential child welfare personnel displaced because of a disaster, DHR will implement this step.
 - The Department recognizes that the effect the disaster has had upon Department staff must be assessed very soon after the disaster occurred. The staff liaison appoints someone to maintain contact with staff members and assess what services they may need. This includes assessing any stress reactions staff may have and obtaining help for them to work through their feelings. Staff who may have been personally affected by the disaster, but are working with the victims of the disaster, may have stress reactions and may need help to work through their feelings.

NOTE: The Minimum Standards for Foster Family Homes addresses a section on emergency plans which include emergency procedures.

4. To preserve essential program records, coordinate services, and share information with States, DHR has implemented.
 - Each county has a disaster recovery plan in place that addresses how they preserve the records. Disaster recovery plans are required to be updated once a year.

NOTE: The Alabama Emergency Management Agency has the overall responsibility for coordinating preparedness activities in the state, while the Alabama Department of Public Health (ADPH) has the responsibility for emergency preparedness in the state that relates to medical and social services in the event of public health threats and emergencies. Public Health provides education to help people prevent disease and injury. They work with businesses, organizations and individuals on preparedness and prevention activities. ADPH publishes a booklet on emergency preparedness and maintains a web site.

It should also be noted that the "Shelter and Mass Care Support Strategy Plan" was signed by the Governor along with a number of representatives from State or County (governmental and non-governmental) agencies. This plan articulated the following vision, and established goals designed to achieve the stated vision:

A statewide sheltering and mass care effort that engages all levels of government and the nonprofit and private sectors, so that when a disaster threatens or strikes the State of Alabama we collectively meet the sheltering needs of Alabama disaster victims and, as directed by the Governor, victims of other states.

Additionally, the Department of Human Resources continues to maintain a "Continuity of Operations Plan", that provides an operational framework for state and county offices in terms of response preparedness in times of emergency or disaster.

The Disaster Plan was implemented during FY 2011. On April 27, 2011 the National Weather Service estimates twenty-four tornadoes devastated Alabama resulting in damage. Forty-two counties were declared disaster counties. The Department's disaster plan was activated by high level administration. The Deputy Commissioners made contact with each County Director in affected areas. After determining impact of tornadoes on Department's staff, first priority was given to checking the safety status of foster children. This was completed by the close of business the day after the tornado outbreak. All foster children were accounted for and were safe. Secondly, Deputy Commissioners obtained information on the foster family homes and the extent of damage received to their home, if any. No foster family homes were destroyed and no children required placement elsewhere. The Disaster Plan was effective and no changes are needed or required.

Item 39. Develops annual reports in consultation with community stakeholders

CFSR Rating: Strength

39.1 The Department will include local / state community partners in the review and/or development of the APSR for the years of 2010-2014.

Input for the APSR was sought from the Alabama Child Welfare Collaborative Initiative Team, which includes a staff member from the following agencies: Administrative Office of Courts, CB-CAP and the Poarch Creek Tribe. Also the State QA Committee, which has membership from a number of community partners was provided with (and utilized) opportunities for input. Additionally feedback was sought from all 67 county QA committees, with a number of them providing comments. Also, at the annual Foster and Adoptive Parent Conference, surveys were made available to attendees to complete and a number of them did so.

Item 40. Coordination of services

CFSR Rating: Strength

Systemic Factor: Foster and Adoptive Parent Licensing, Recruitment and Retention

CFSR Determination: Not in Substantial Conformity

In the CFSR Round 2 Final Report, issues that were cited included the following: the need to improve efforts to expand the racial/ethnic/cultural makeup of the foster families and adoptive approved by the agency to reflect the ethnic and racial diversity of the foster care population; and, the quality of some current homes was cited as a concern.

Item 41. Implementation of standards for family foster homes/child care institutions

CFSR Rating: Strength

2011 UPDATE; Minimum Standards for Foster Family Homes are still in place and no changes have been made to this document.

Item 42. Application of standards to all approved homes / institutions

CFSR Rating: Strength

2011 UPDATE: Standards are applied to all foster family homes approved by the department as well as to TFC and other foster family homes licensed by child-placing agencies in the State of Alabama.

Item 43. Compliance with Federal requirements for criminal background clearance

CFSR Rating: Strength

2011 UPDATE: Criminal history checks (letters of suitability) continue to be a requirement for approval of all foster family homes.

Item 44. Process for ensuring diligent recruitment of potential foster/adoptive homes

CFSR Rating: ANI

44.1 Increase the number of approved Hispanic foster homes from less than 1% of our approved homes to 5% of approved traditional foster homes by FY 2014.

The PVDR230 *Characteristics of Approved/Provisional Foster Homes* provides a reporting of various characteristics of foster families approved by our agency and a number of races are included (e.g. White, Black, American Indian, Asian, Pacific Islander, Unknown and Multi-racial). Although race is one of the categories on the report, Hispanic is an ethnicity not a race, and the number of foster parents who identify with this ethnic group

was not reported in older versions of the PVDR230. Edits to the report were made by FACTS and now there is a section of the report for ethnicity. See the chart below for information, which is included because it is specific to the State's goal of increased Hispanic foster homes. Recruitment of all racial and ethnic groups is being done through diligent recruitment and targeted recruitment activities. However, this step (44.1) only reports the numbers of Hispanic families because we have a specific goal of increasing the percent of this ethnic group. Also note, that other targeted efforts (families willing to parent teens and children with special health care needs) are reported individually in items 44.2 and 44.3.

MONTH	Nov. 2010	Dec. 2010	Jan. 2011	Feb. 2011	Mar. 2011	Apr. 2011
TOTAL HISPANIC	22	21	19	18	20	21
TOTAL # FFH	3,773	3,695	3,636	3,633	3,693	3,664
% OF TOTAL FFH POPULATION	.58	.57	.52	.50	.54	.57

As part of the PIP, market research was conducted and a resource family recruitment plan implemented. See EOC in the following PIP reports, which are all related to the PIP step of: Develop and implement a statewide marketing plan for the recruitment of prospective resource parents: Q-1 (RR 1.1); Q-2 (RR 1.2 and 1.3); Q-5 (RR 1.3, updated); Q-6 (RR 1.4 and 1.5). Items 44.7, 44.8, 44.9 and 44.10 address the State's diligent recruitment efforts by identifying activities from the PIP in the APSR.

44.2 Increase the number of approved foster homes willing to accept teenagers.

The PVDR230 *Characteristics of Approved/Provisional Foster Homes* provides a reporting of various characteristics of foster families approved by our agency. Special needs willing to accept are part of this report. However, teenagers/older youth are not one of the categories reported. An enhancement to this report is needed so that this data can be captured. Targeted messages developed in our recruitment planning will address the need for more families willing to parent teens/older youth.

44.3 Increase the number of approved foster homes willing to care for medically fragile foster children.

While "Medically Fragile" is not a provider type on our new SACWIS System (FACTS), there is a service type named "Medically Fragile". When children who are in foster care in Alabama are determined to need medically fragile care, foster parents can be specifically recruited for children on an individual basis and the applicable training is then provided to the parent. However, there is a need for a readily available pool of families with some medical experience/training and for our agency to know who these parents are. As enhancements/improvements occur with design and utilization of FACTS, we will be able to track increases more accurately and consistently.

The PVDR230 *Characteristics of Approved/Provisional Foster Homes* provides a reporting of various characteristics of foster families approved by our agency. Willingness to provide *Medically Fragile Care* is a characteristic available on this report. On this report dated April 2010, zero (0) approved or provisional foster parents are reported to be willing to provide this care. This field is not a mandatory field when registering a foster parent in the system. Education of staff on use of this field is needed. The PVDR230 report for April 2011 does indicate one family approved for Medically Fragile Care. FSD has asked FACTS functional staff to determine how this number is pulled from the system for this report (i.e., is it from the services approved section, or is it entered when a resource worker registers or updates a family as a provider). Action to be taken will be determined by what we discover.

44.4 To decrease the number of foster family homes that close by 5% from 2010 to 2014.

The PVRD275A reports *Reasons Approved Foster Family Home Closed*. The following chart provides the numbers for the fiscal year ending September 2009 and then for each fiscal year covered by this APSR:

REASON	FY 2009 (BASELINE)	FY2010	FY2011 (as of 4/30/2011)	FY2012	FY2013	FY2014
Provider Request	465	425	225			
Adoption	34	58	17			
Family Circumstances	36	45	28			
Approval/Licensure Permit Issue	100	125	62			
TOTAL ALL REASONS	645	653	332			

Although for FY 2010 there was an increase in total homes closed, the number of homes that closed for reason of “provide request” decreased by 40 (or 8.6%). We have no factual data to indicate the reason for the increase in the number of homes closed because of “approval/licensure issues” but it may be because resource record reviews by State QA and the Family Services Division began during FY 2010.

44.5 Survey foster parents who exit to assess why they leave the program.

There are a number of PIP steps that have been completed and/or are planned for completion, that are designed to bring about improved outcomes in the recruitment and retention of resource families. While no exit surveys have formally been done on a statewide basis, after the PIP steps have been completed, the conducting of such surveys will then be explored.

44.6 Develop retention strategies based on exit surveys and other identified issues in conjunction with county directors & staff as well as foster parent stakeholders.

See 44.5.

44.7 Increase the number of approved foster homes by 10% by FY 2014. As of 6/30/2009, there were 2103 approved homes. Our goal will be to reach 2313 by September 2014.

A listing of foster family homes approved by county offices (manually produced and provided on 04/28/2010) indicated there were 2,015 approved foster homes. This number does not include those home approved by the network of licensed child-placing agencies (typically TFC) throughout the state. An earlier list from 03/09/2010 indicated there were 1,953 approved homes.

In January 2010, county offices were instructed to develop plans for general recruitment/media campaigns to be implemented during the month of February 2010. FACTS/BOE has no report that provides data on any number of inquiries that may have resulted from this campaign. The report on providers by status-type is cumulative in nature and carries inquiries over from month-to-month as long as a family is in this status. While no formal template for tracking was designed, Counties were asked to manually report the results of their general recruitment efforts. We continue to assess ways to thoroughly capture our efforts toward recruitment and retention.

Alabama recently implemented our SACWIS System (FACTS). Reports from facts are generated on the BOE system. Multiple reports provide information about the approved/provisional foster family homes. At this point there are inconsistencies in the numbers of approved foster homes. Because no defects are evident in how numbers are pulled into the report, the numbers in the reports are thought to be inflated a result of how approved providers converted from the old system. Current efforts to clean up the FACTS provider module are focusing on residential providers. The Recruitment/Retention Program Supervisor will be working with the Office of Data Analysis FACTS functional staff to identify issues and provide instructions to counties for data clean up as the same become available.

It is believed that the data on the PVDR230, “*Characteristics of Approved/Provisional Foster Homes*” is felt to be the most accurate information at the present time. The data below reflect the approximate number of approved foster family homes (as of April 2011).

TYPE	FY 2009	FY 2010	FY 2011 As of April 2011	FY 2012	FY 2013	FY 2014
Boarding	2562 / 79	2,535/90	2,512/72			
Related	216 / 8	174/21	173/15			
Free	17 / 1	13/0	15/0			
Therapeutic	1015 / 11	925/0	872/5			
TOTAL	*3810 / 99	3,647/90	3,572/92			

*Approved/Provisional

44.8 PIP - RECRUITMENT AND RETENTION OF RESOURCE PARENTS, ACTION STEP 1

Develop a statewide marketing plan for recruitment of prospective resources parents. We will conduct market research of existing successful families that will provide patterns that will help the Department target future recruitment strategies. We will do this by accessing T/TA from NRCRRFAP.

Completed – See EOC, *Recruitment and Retention of Resource Families*, AS 1.3, Q- 2 PIP Submission. T/TA consultants have visited the state three times and the work on targeted recruitment, planning, strategizing and implementation is ongoing.

- 44.9 PIP - RECRUITMENT AND RETENTION OF RESOURCE PARENTS, ACTION STEP – 2**
Develop and implement policy and procedures for preparing, assessing, approving and re-approving resource families. Completed – See EOC, Recruitment and Retention of Resource Families, AS 2.2, Q- 2 PIP Submission. Foster Family Licensing Policies have been developed and released, with an effective date of 3/15/10 (NOTE: Another revision is planned that will set the stage for foster family homes to be approved as adoptive resource homes at the same time the home is approved as a foster family home).
- 44.10 PIP – RECRUITMENT AND RETENTION OF RESOURCE PARENTS, ACTION STEP – 3**
Develop and implement a written plan that establishes a monitoring process for resource families that includes attention to the approval process, ongoing maintenance of minimum standards, etc.
 Completed – See EOC, Recruitment and Retention of Resource Families, Action Step 3.1 through 3.3, Q-6 PIP Submission. A monitoring plan has been developed, revised, approved, finalized and distributed. Step 3.4 addresses training the process; this will be completed upon training of revised policies and procedures for preparing, assessing, approving and re-approving foster family homes/adoptive resources. This training was scheduled for May 4, 2011 but has been delayed because of disaster relief work.
- 44.11 PIP – RECRUITMENT AND RETENTION OF RESOURCE PARENTS, ACTION STEP – 4**
Develop and implement a foster parent mentoring program.
2011 Update: Some components of Recruitment & Retention AS 4, were renegotiated in February 2011. See Appendix 15, “Renegotiated PIP Steps” for more information / details. 2011 Update: Initiated. See EOC, Action steps 4.1 through 4.3, Quarters 4 through 6. A survey of foster parents and social workers has been conducted to determine if foster parent mentoring would be a valuable support to prospective and current foster parents. It has been determined that a majority of those surveyed feel this would be beneficial. A draft program description has been developed and T/TA from the National Resource Center on Recruitment & Retention of Foster/Adoptive Parents at AdoptUsKids has been initiated. One call has occurred and information about mentoring foster and adoptive parents has been obtained from the State of Kentucky public child-welfare agency as well as NACAC. Progress achieved toward completion of action steps 4.3 through 4.5 will be reported in the APSR.

Item 45. Process in place for effective use of cross jurisdictional resources
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CFSR Rating: ANI

- 45.1 The major goal for the ICPC office for the next five years is to process 100% of all ICPC referrals for placement within five (5) days from the date of receipt in the ICPC office. The expeditious processing of these referrals will allow permanency for children in a timely manner and reduce delays which are a barrier to permanent placement of children.**
Continue to monitor workflow of staff.
 ICPC Manager monitors workflow through assignment of cases on a daily basis and monitors the alert system of previously assigned cases to ensure timely processing of cases. The manager also provides consultation on cases with individual staff as needed along with regular unit meetings to discuss barriers, strengths, and needs.
- 45.2 The Department of Human Resources has implemented FACTS, the Statewide Automated Child Welfare Implementation System.** Staff continue to work closely with mentors on the FACTS project as issues arise with the new system.

Work with FACTS mentors regarding implementation of new system and utilize data once system is in place to assist in overall program management. As the new FACTS system evolves, ICPC staff will confer on an as needed basis with the mentors to resolve issues related to the new system.
- 45.3 Continue to provide ICPC training and case consultation to county staff. Due to travel restraints, increased use of consultation by phone and e-mail will be provided.**

As fiscal restraints are reduced, a reassessment of regionalized training will be considered. Collaborate with child welfare consultants to identify support/training opportunities to counties.

 ICPC staff continues to collaborate with child welfare consultants regarding training issues. ICPC Program Manager continues to provide training to county ICPC staff via phone on an as needed basis.

45.4 Maintain interagency collaboration with American Public Human Services Association (APHSA) and other states. Continue to request permission for attendance at the Annual ICPC Conference.

Yearly Report – Office of Policy

1. Maintain up to date policies

Meeting this goal will involve the planned review of existing policies. In the past five years a number of substantive policies have been developed. There is a need to make a careful review of existing policies to locate needed changes. While policies are updated as laws and regulations change, other revisions are also needed as the Department changes program and procedures. **Update 2011:** This continues to be a valid goal. Since the June 2010 APSR, revisions were made to several policies, including Foster Family Home/Adoptive Resource; Out-of-Home Policies and Procedures (Kinship Guardianship added and APPLA Permanency Goal revised); revision to Child Protective Services Policies and Procedures.

2. Update and maintain the Alabama Administrative Code (APA)

An offensive plan to bring the Administrative Code up to date must be undertaken. Currently, a re-write of the entire APA for out of home care is underway. The APA for Adoption services will be completed following that. Included in the goal is the plan to develop the capacity of all policy developers in any program area to be familiar with updating the APA. **Update 2010:** This goal continues. The APA for Out of Home Care is planned for completion in the coming year. APA for Adoption Subsidy and Kinship Guardianship will be completed in the coming year. **Update 2011:** Work has been interrupted on the APA for Out-of-Home-Policies. That will continue in 2011 and Kinship Guardianship will be added to the APA. Work on the APA for Foster Family Homes has been initiated in order to assure that the APA includes only the published Minimum Standards for Foster Family Homes. The APA for Adoption Assistance will be completed in 2011 as agreed to in the Adoption Assistance Program Improvement Plan. Policy developers have received instruction on the completion of the APA.

3. Complete policies that remain in the Conceptual Framework for Policies

Partnership, Financial Procedures; In Home On-Going Protective Services, and revision of the Individual Service Planning Policy are planned for the next five years. Update 2010: In March 2010, Foster Family Home Approval Policies and Procedures were released. One revision has been completed to the FFH policies. This goal will be carried forward. **Update 2011:** Drafts of In Home Ongoing Protective Services have been completed. However, a program is being considered [Comprehensive Assessment Program (CAP)] that has been in a pilot stage to replace the ongoing protective service approach to policy. No decision has been made on whether to develop the ongoing protective service policies or to develop CAP policies. In January 2011 The Foster Family Home Approval policies were revised and renamed the Foster Family Home/Adoptive Resource Policies and Procedures in order to initially approve homes to accept children for adoption who are already in the approved home.

4. Automation

Efforts will be coordinated with the Center for Information Services to have all On-Line Documents converted to pdf files. **Update 2010:** This goal will be dropped.

Policy Objectives for 2010-2014

Foster Family Home Approval Policies and Procedures: This is set to be released summer of 2009, but no later than the end of the first quarter of the approved Program Improvement Plan. **2010 Update:** This was released effective March 2010. Objective achieved. **2011 Update:** In January 2011 these policies were revised and renamed to allow homes to be initially approved as a foster/adoptive resource.

On-Going Protective Services Policies and Procedures: There has been a delay in receiving comments on this proposed policy. Efforts continue but no time is set for release. **2011 Update:** Two drafts of the Ongoing Protective Services Policies have been completed but not yet reviewed. The Comprehensive Assessment Program is under consideration and until a decision is made on whether this will be implemented statewide, policy for ongoing protective services is on hold.

Child Protective Services Policy and Procedures: Because this policy is the foundational policy for assuring the safety of Alabama's children, maintaining up to date revisions remains as an objective. Revisions to CPS Policies and Procedures are made in response to new laws and regulations, needs of children, and best practice issues.

Financial Policies and Procedures: The Conceptual Framework for Policy Development provides for a separate policy for financial procedures used to pay for services for children and families. This includes such programs as Title IV-E board payments for children in care, state board payments for children in care, Medicaid Rehabilitation Services for children receiving services, Targeted Case Management Services for children in care, Alabama Medicaid for children receiving services, Children's Health Insurance Program (ALL-Kids) Supplemental Security Income/Social Security benefits, Veteran's benefits, use of Flex Funds to purchase services, etc. Because of the complexity involved in developing this policy, the policy is very likely to be released in sections. Currently there exists guidance in the financial procedures in various documents which will be developed into one large policy. No date will be placed but work should begin in 2010. **Update 2010:** Some preliminary work has been done on this. This has been postponed due to other policies taking precedent. **Update 2011:** There has been no further movement; however, this remains an objective for 2010 – 2014.

DHR Partnerships with Children, Their Families, and Providers Policies: This is policy established during the R. C. consent decree that established the basic principles for the Department's work with children and families. Although, the Department was released from the consent decree in 2006, this policy continues in effect. There have been two revisions to this policy. A complete review of the policy is needed to assure its consistency with the practice model set forth in the 2009 Program Improvement Plan. **2011 Update:** This objective is continued for 2010 – 2014.

Individualized Service Plan Policy: Because this has not been re-visited since 2004, and because the implementation of FACTS has impacted how counties complete ISPs, this policy should be reviewed and revised accordingly. **Update 2011:** This is still a valid objective.

Incorporate FACTS into all policies: In January 2009 Alabama's SACWIS, FACTS, became operational statewide. Preliminary policy was developed during the implementation period with the expectation that all policies would be revised to incorporate needed FACTS information. For this five year CFSP this will be a planned objective. **Update 2010:** For those policies released during 2010, FACTS information has been included. **Update 2011:** During 2011, progress has been made on this objective. As new or revised policies have been developed and released, FACTS information was obtained and incorporated into the new or revised policy.

Planned review of individual policies: As the above process of incorporating FACTS into policies occurs, a review of the policy and any needed revisions can be incorporated. This is a long term objective over the next five years. **2011 Update:** This objective is continued.

Yearly Report - Child Welfare Eligibility

GOAL

OCWE will continue to strive to maximize the reimbursement from the federal government for some of the costs for the care of eligible foster care children while complying with requirements set forth by federal and state guidelines. We also want to continue to tweak the goals already set to sustain meeting the requirements of the Federal Review.

- Assist FACTS in improving the IV-E module process.
Improvements have been made in several areas in the IV-E module of FACTS. We have added IV-E denial reasons. ICPC Medicaid can now be documented in FACTS. Dates of expiration have been integrated for voluntary placement agreements, Medicaid, and IV-E. Changes have been made to correct some defects in deprivation and finance modules. An enhancement was developed to change the eligibility status when there is a change in the child's placement or a change in provider's status. Radio buttons have been created or modified to promote simplicity and uniformity. We will continue to strive to make changes to improve the IV-E process in FACTS.
- Provide basic IV-E training to counties as needed.
- Provide IV-E training regarding FACTS to selected counties especially covering court language, AFDC, and licensing and safety issues.
In conjunction with Office of Child Welfare Training, counties have received the basic FACTS training. Many counties have also received the refresher training. These training are available upon request from counties as needs arise. Training tools are also available online such as webinars and roadmaps regarding functions that can be performed in FACTS. We have also issued memorandums to assist county staff with using FACTS.
- Oversee the 100% review of all approved foster family homes and child placing agencies to ensure compliance with safety checks.
Approximately every three years a request is made by memorandum for county departments and child-placing agencies to review all foster family records to ensure that all the safety checks and foster family home approvals

are in the records. Once the county departments and child-placing agencies complete this process, a compliance statement is forwarded to the Office of Child Welfare Eligibility.

- Issue policy reminding DHR staff of ASFA appropriate permanency goals.
- Issue information reemphasizing timeframes and language needed for valid court orders. We stress the importance of timeframes and required language for a court order to be valid when opportunities emerge such as at conferences and forums with county staff including county directors and district administrative specialists.
- Assess a method for FACTS to recoup retro federal funding benefits. We are still working on an enhancement for recouping federal funds through FACTS. We will continue to manually complete retro federal funding until a practical automated plan can be implemented.

Yearly Report - Office of Financial Resource Management

GOAL: Provide Medicaid Rehabilitative (Rehab) Services training to individual county offices and county vendor providers. This goal to provide Medicaid Rehab services training to county offices and county vendor provider is ongoing. This one-day session is provided at least every two years to ensure that services eligible for Medicaid reimbursement are provided in compliance with rules and regulations of the Medicaid Agency. This training is designed not only to teach staff the Medicaid guidelines but to also prepare them for future audits by the Medicaid Agency or the Attorney General's Office. For FY 2010, 469 County Staff and Vendor Providers were trained.

GOAL: Provide Medicaid Rehabilitative Services training to state contract providers. This goal to provide Medicaid Rehab services training to contract provider is ongoing. This one-day session is provided at least every two years to ensure that services eligible for Medicaid reimbursement are provided in compliance with rules and regulations of the Medicaid Agency. This training is designed not only to teach staff the Medicaid guidelines but to also prepare them for future audits by the Medicaid Agency or the Attorney General's Office. For FY 2010, 562 state contract providers were trained.

GOAL: Provide Targeted Case Management certification training to county offices. This goal to provide certification training is ongoing. This training is designed to provide general information about case management services for eligible Medicaid recipients to social workers as soon after their hire date. They must also study Medicaid approved training material and pass a test to become certified. For calendar year 2010, 179 received TCM certification.

GOAL: Provide refresher training for Family Services and Adult Protective Services veteran staff on TCM policy and documentation requirements.

GOAL: Help ensure that eligible children are certified for Medicaid.

GOAL: Help ensure that FACTS contains the current information required to bill TCM and Medicaid Rehabilitative Services. This feedback with county staff is ongoing. Counties are informed through memorandums, training and consultation of the need to ensure that accurate information is entered in the referral and case modules in FACTS.

VIII.

ASSURANCES

See Consolidated Child and Family Services Five Year Plans: 2004-2009 and 2010-2014 for signed copies of required Assurances.

The CAPTA assurance/certification as signed by Governor Bentley is below.



2011 CAPTA
ASSURANCE.pdf

IX. FINANCIAL REPORT

CFS 101

In accordance with the Program Instructions for the 2011 APSR, these documents are among those separately attached to the transmittal e-mail.

CFS-101, Part I

See: AL BUDGET REQ LTR, Page 2

CFS-101, Part II

See: AL BUDGET REQ LTR, Page 4



AL BUDGET REQ
LTR.PDF

CFS-101, Part III

See: 2011_08_04_14_40_49



2011_08_04_14_40_
49.pdf

X. APPENDICES

APPENDIX 1

Family Assistance Division

FAMILY ASSISTANCE DIVISION

The Family Assistance Division manages and funds programs pursuant to the Temporary Assistance for Needy Families (TANF) Block Grant.

The Family Assistance (FA) Program - This is Alabama's time limited cash assistance program for needy low-income families with children. Currently, there is a monthly average of 24,175 families receiving this assistance representing about 42,286 children and 16,303 adults. Recipients of FA are also served by the JOBS Program which provides services and assistance with finding and retaining employment through Integrated work support programs. Qualified vendors provide services to individuals who are recipients of TANF/Family Assistance (FA) benefits. Programs must incorporate a "personal responsibility" and "work first" approach and must be directed toward equipping eligible individuals to overcome barriers to employment, to increase their marketable skills and employability, to gain or retain employment and to transition from welfare to work.

The KinShare Program – This kinship care program provides services to certain vulnerable families who are caring for related children other than their own in order to facilitate, maintain, or stabilize the child's living arrangement with the ultimate goal of reducing the need for the placement of children in foster care. Because of the nature of the program services are specific and short term and are not designed to provide long-term, routine assistance.

Alabama Fatherhood Initiative - The foundation of the Alabama Fatherhood Initiative (AFI) is over 20 projects statewide that are funded through a partnership with the Alabama Department of Child Abuse and Neglect Prevention/The Children's Trust Fund that provide a variety of services to noncustodial fathers. The AFI encompasses these groups and others to form a network of public, private, non-profit, and faith-based organizations that work together to help non-custodial parents (mostly fathers), develop positive relationships with their children and to enhance their ability to support their children by providing counseling, education, and employment opportunities. The program allows parents who are unemployed or unskilled and desire self-improvement to receive short-term (12 weeks) training through the adult education and skills training divisions at a few select two-year colleges. Funding for the tuition is provided with TANF dollars. The total number of participants for 2010-2/2011 is 1073, fathers currently employed-604 and total collections reported in February 2011-\$1,382,899. CTF will release the RFP for Healthy Marriage/Fatherhood Programs effective May 2011. Contact persons for the CTF Fatherhood Program are Paul Smelley and Mike Roberts. Also, the Healthy Marriage/Fatherhood summit will be announced. For more information on the summit visit www.alabamamarriage.org website

Domestic Violence Intervention - DHR contracts with the Alabama Coalition Against Domestic Violence to provide services to TANF-eligible clients who may be victims of domestic violence. Services are provided statewide under a program known as the Special Assessment, Intervention, and Liaison (SAIL) Project. Most county DHR offices are served on-site by a Domestic Violence Specialist who conducts assessments, provides counseling, and assists with safety planning. Services are available as needed to all counties that do not have an on-site Domestic Violence Specialist. For more information, contact Carol Gundlach, Executive Director, at (334) 832-4842. As of April 30, 2011, a total of 2610 individuals/families were referral to the SAIL Project and an average of 327 received services each month. The Special Assessment, Intervention and Liaison (SAIL) Program provides services to families involved with domestic violence to help them remove barriers to becoming self-sufficient in a safe manner.

APPENDIX 2

2011 Stakeholder Participants*

Stakeholders – State Department of Human Resources (SDHR)

1. Nancy T. Buckner, Commissioner – State Department of Human Resources
2. Carolyn B. Lapsley, Deputy Commissioner – Children and Family Services
3. Mandy Andrews, Field Administration
4. Linda Bibb, Family Assistance Division
5. Felicia Brooks, SDHR Legal
6. James Long, SDHR Legal
7. Richard Midkiff, Field Administration
8. Barry Spear, SDHR Communications
9. Debby Woods, Family Assistance Division

State Department of Human Resources – Family Services Division

10. Paul Butler, Director, Family Services Division (FSD)
11. Freida Baker, Deputy Director, FSD
12. John James, Deputy Director, FSD
13. Tonya Allen, Program Specialist – Office of Child Welfare Consultation (OCWC)
14. Sharon Argiro, Program Specialist – Office of Child Welfare Training (OCWT)
15. Sue Ash, Program Manager – Office of Child Protective Services
16. Sue Barlow, Program Specialist - OCWC
17. Sue Berry, Program Supervisor – OCWC
18. Connie Byrne, Program Supervisor - OCWC
19. Kanoschu Campbell, Program Supervisor – Office of Permanency
20. Deborah Carter, Program Supervisor – Office of Financial Resource Management
21. Linda Cassity, Program Supervisor - FACTS
22. Vicki Cooper-Robinson, Program Supervisor – Office of Permanency
23. Valencia Curry, Program Specialist - OCWC
24. Wanda Davidson, Program Supervisor (ILP) – Office of Permanency
25. Jeanette Davis, Program Supervisor – Office of Child Welfare Eligibility
26. Larry Dean, Program Manager – CFSR Coordinator
27. Kim Desmond, Program Supervisor - Office of Data Analysis
28. Lisa Diaz, Program Supervisor – Office of Child Protective Services
29. Angie Doby, Program Specialist – Office of Quality Assurance (QA)
30. Tracie Faison, Program Specialist – Office of Permanency
31. Jeff Fowler, Program Specialist – Office of QA
32. Renee Garrett, Program Specialist – OCWT
33. Melanie Graham, Program Manager - FACTS
34. Debbie Green, Program Specialist – Office of Policy
35. Mary Harding, Program Specialist – Office of Permanency
36. Leslie Henderson, Program Specialist - OCWC
37. Mason Hobbie, Program Specialist – Office of QA
38. Myrna Hodges, Program Specialist – Office of Permanency
39. Sandy Holmes, Program Supervisor – Office of QA
40. Andy Jackson, Program Specialist – Office of Permanency
41. Madgelyon Johnson, Program Manager – Office of Child Welfare Eligibility
42. Eva Jones, Program Specialist – Office of Permanency
43. Deborah Langham, Program Manager - FACTS
44. Cassandra Lee, Program Specialist - OCWC
45. Kem Leonard-Jamar, Program Specialist – OCWT
46. Jennifer Lindsay, Program Specialist – Office of QA
47. Margaret Livingston, Program Manager – Office of Policy
48. Andrea Lovelady, Program Specialist – Office of QA
49. Melanie Manzella, Program Specialist – Office of Permanency
50. Phyllis Matthews, Program Manager – Office of Interstate Compact on Placement of Children
51. Alice May, Program Manager – Office of Financial Resource Management
52. Gary Mitchell, Program Manager – Office of Resource Management
53. Cris Moody, Program Manager - FACTS
54. Cindy Perry, Program Supervisor – OCWC
55. Connie Rogers, Program Supervisor – Office of Permanency
56. Susan Ryals, Program Specialist - OCWC
57. Beth Schaffer, Program Supervisor - OCWC

58. Hope Skelton, Office of QA
59. Susan Sorrells, Program Manager – OCWC
60. Donna Spear, Program Supervisor – OCWT
61. Ashley Till, Program Specialist – Office of Permanency
62. Lori Wade, Program Specialist – Office of QA
63. Cathy Walker, Program Specialist - OCWC
64. Sandra Ward, Program Specialist – OCWC
65. Shanna Wester, Program Specialist – Office of Permanency
66. Mark Williams, Program Specialist - OCWC
67. Faye Wilson, Program Supervisor – Office of Permanency
68. Janet Winningham, Program Specialist – Office of Data Analysis
69. Donnie Wise, Program Specialist – Office of Data Analysis
70. Marie Youngpeter, Program Manager – Office of Permanency

Department of Human Resources – County Department Staff

71. Kimberly Camp, Jefferson County DHR
72. Belinda Harris, Program Supervisor, Baldwin County DHR
73. Rachel Heard, Supervisor, Madison County DHR
74. Rose Johnson, Director, Mobile County DHR
75. Hank Jordan, Assistant Director – Mobile County DHR
76. David Massey, Program Manager, Tuscaloosa County DHR
77. Sue Parker, Supervisor, Montgomery County DHR
78. Yvonne Sharp, Mobile County DHR
79. Darnell Sharperson, Supervisor, Madison County DHR
80. Susan Smith, Program Supervisor, Marshall County DHR
81. Alice Westery, ILP Coordinator, Jefferson County DHR
82. Sandra Williams, Supervisor, Madison County DHR
83. Julie Wilson, Supervisor, Montgomery County DHR

NOTE: See also reference (next page) to the Recruitment/Retention Training/Planning Meetings that included county staff.

State Quality Assurance Committee

84. Sue Adams, Retired, State Department of Education
85. Jennifer Demarcus, Assistant Director, Madison County DHR
86. Kelley Parris-Barnes, Director, Department of Child Abuse Prevention
87. Gloria Boyd, Alabama Department of Public Health
88. Johnna Breland, Foster/Adoptive Parent
89. Powell Brewton, Houston County QA Committee
90. Richard Burleson, Director, Alabama Child Death Review System
91. Angie Burque, School of Social Work – Auburn University
92. Debra Finley, Program Director - Alabama Post Adoption Connections
93. Gina Harris, Jefferson County QA Committee
94. Buddy Hooper, President – Alabama Foster and Adoptive Parent Association and Adoptive Parent
95. Monica Jett, Children’s Rehab Services
96. Steve LaFreniere, Department of Mental Health/Mental Retardation – Children’s Services
97. Barbara Lawrence, Alabama Disabilities Advocacy Program (ADAP)
98. Melissa McNeil, Alabama Coalition Against Domestic Violence
99. Honorable Alice Martin, Calhoun County District Judge
100. Christy Mehaffey, Children’s First Foundation – Chair of State QA Committee
101. JJ Moody, Director of Operations – Alabama Network of Child Advocacy Centers, Inc.
102. Betsy Prince, Director of Early Intervention Services – Alabama Department of Rehabilitation Services
103. Helen Rivas, Alabama/Guatemala Partners of Americas
104. Mollie Rowe, QA Coordinator – Greene County DHR
105. Misty Samya, DSW Student
106. Mary Smith – Foster Parent (AFAPA Board)
107. Sarah Ellen Thompson, Director – Alabama Family Ties
108. James Tucker, ADAP
109. Gayle Watts, Executive Director Children’s Aid Society
110. Charlotte Webb, QA Coordinator – Marengo County DHR

111. Grace Wood, Foster Parent (AFAPA Board)

Other External Stakeholders

- 112. Sue Hoag Badeau, Casey Family Services
- 113. Martha Gookin, Poarch Band of Creek Indians
- 114. Honorable William Hightower, District Judge – Pike County
- 115. Martha Hooper, AFAPA Board
- 116. Bob Maddox, Legal Advisor, Family Court Division – AOC
- 117. Lisa Milliken, Grants & Contracts Liaison – Poarch Band of Creek Indians
- 118. Linda Morgan, Casey Family Services
- 119. Lori Stinson, Attorney - Poarch Band of Creek Indians
- 120. Karen Trussell, Director, Family Court Division - AOC
- 121. Page Walley, Casey Family Services
- 122. Carolyn White, Director of Family Services - Poarch Band of Creek Indians

Older Youth Speaker’s Bureau

- S.H. A.U.
- J.O. S.K.
- M.B.

Surveys**

- County QA Committee (approximate # of counties represented / # of surveys): 41 / 108
- Alabama Post Adoption Connections (APAC) Pre Adoptive Service Survey (approximate # of surveys completed): 5
- Alabama Post Adoption Connections (APAC) Post Adoptive Service Survey (approximate # - range - of surveys completed, depending on # completing each question): 71-263
- Foster Parent and Staff Surveys related to Draft Foster Parent Mentoring Program 252 (FP)
82 (DHR)

For more information see, PIP, Recruitment & Retention of Resource Families, and EOC provided for Action Step RR 4.2 (Q-5 PIP Report).

Focus Groups**

- D.R.E.A.M Council (youth and staff) 3/26/11 (See ILP Appendix, pages 114-115). 27
- AACCA (staff) 3/09/11 8

DHR Staff – Resource Family Recruitment / Retention Training/Planning Meetings***

(Counties participating, dates and approximate number of DHR staff participating)

- Jefferson County January 18, 2011 Approximately 7 staff
- Tuscaloosa, Greene, Hale, Pickens and Bibb County February 16, 2011 Approximately 45 staff/interns
- Crenshaw, Lowndes and Butler Counties March 21, 2011 Approximately 7 staff
- Shelby County April 5, 2011 Approximately 30 staff

* Individuals listed above are included by virtue of one or more of the following actions: 1.) being provided with an opportunity for selected content review of and/or input to the APSR; 2.) the provision of input for the APSR; 3.) survey completion for the APSR, PIP or other purpose; 4.) involvement in one or more meetings and/or activities related to the PIP Action Steps and/or PIP measurements. Members of the state QA committee while possibly included in the above categories are automatically listed – this group serves as the Citizen Review Panel for Alabama.

** Information obtained from some of the surveys / focus groups was selectively incorporated in the APSR and/or PIP activities.

*** For more information, see the PIP, Recruitment and Retention of Resource Families, activities included under Action Step 1 (Develop and Implement a statewide marketing plan for the recruitment of prospective resource parents) and EOC submitted in the following quarters: Q-1, Q-2, Q-5 and Q-6.

APPENDIX 3

FOCUS REPORTS

The FOCUS data in the reports referenced below are cumulative through April 30, 2011.

In accordance with the Program Instructions for the 2011 APSR, these documents are among those separately attached to the transmittal e-mail.

2011 APSR – Intensive In-Home Services MR

See: 2011 APSR – Intensive In-Home Services MR



2011 APSR -
Intensive In-Home Se

2011 APSR – Continuum Report

See: 2011 APSR – Continuum MR



2011 APSR -
Continuum MR (2).xls

2011 APSR – Permanency – Reunification Report

See: 2011 APSR – Permanency MR



2011 APSR -
Permanency MR (2).

APPENDIX 4

**CHAFEE FOSTER CARE
INDEPENDENCE PROGRAM
Program Report and Data Collection
FY 2011**

**CFCIP Allocation Request
ETV Allocation Request**

PROGRAM PLAN NARRATIVE

ADMINISTRATION OF PROGRAM:

Alabama Department of Human Resources, Family Services Division is implementing the Foster Care Independence Act of 1999 by operating a statewide Chafee Foster Care Independence Program. In addition, the Education Training Voucher Program was implemented in 2004. Direct and indirect services are provided for youth for whom we hold custody and planning responsibility. Alabama Department of Human Resources, Family Services Division through the Office of Permanency, administers and supervises the programs and services carried out by the 67 County Departments of Human Resources under the Act. The mission of Alabama's Independence Program is to assist Alabama's eligible foster youth and former foster youth in attaining the skills, education, and character needed to become adults who will contribute to their community. Alabama currently has 1 coordinator and 1 specialist position dedicated specifically to provide county support and ILP consultation to county ILP Staff and group homes who are working with foster youth, ages 14 through 20. However, capacity is being strengthened in all consultants to have a working knowledge of the program requirements.

Alabama's State Department of Human Resources allows each county to provide its own Foster Care Independent Living Program. Services are provided through group programs and individual services and several also offer experiential activities. The programs are to provide services to assist a youth in improving education and career opportunities and to decrease high-risk activities and the potential for incarceration, non-marital childbirth, dependence, and homelessness.

The Education Training Voucher program is administered through a contract with the Orphan Foundation of America. The funds are used primarily to pay school expenses such as fees, tuition, and books. Each youth's application requires that they complete a budget providing information about rent (copy of lease agreement is required) and childcare (payment is made only to a licensed provider). Youth may also request funds to purchase a computer, school sponsored health insurance, payment of outstanding student loans (documentation required), costs related to a disability (eyeglasses, tutoring, adaptive software, etc. and living expenses such as groceries and transportation (not purchase of a car). Information from the schools' Student Financial Aid Office is required to validate the expense of attending the school. No youth may receive more than \$5,000 and the total funds received are not to exceed the cost of attendance. Youth must apply each year to receive funds.

Alabama awards each of Alabama's 67 counties funds to provide ILP services for their foster teens. When providing counties with funds for their ILP services, each are reminded that Appropriations law precludes the use of Chafee funds to supplement the \$5,000 per-year ceiling for a youth in the Chafee Educational and Training Voucher (ETV) program. However, General Chafee funds may be used for activities that are outside the scope of an institution's definition of "cost of attendance," and are not covered by the ETV program. Funds are also available for the Poarch Band of the Creek Indian Tribe if they have youth in custody.

SERVING YOUTH OF VARIOUS AGES AND STAGES

Youth receive services at various ages and at various stages of achieving independence without regard to their eligibility for Title IV-E funded foster care. Youth of all ages are entitled to receive age-appropriate services, including opportunities to learn independent living skills and receive unique services as determined by the child and family planning team. Youth may stay in care by State of Alabama law until their 21st birthday. Aftercare assistance is available to youth who leave care between their 18th and 21st birthday in the form of financial assistance or services.

Currently the program is managed through the Office of Permanency. There is a Program Supervisor serving as the ILP Coordinator for Alabama's Independent Living Program. The Coordinator has the responsibility of building the IL program at the State level in an effort to ensure youth aging out of foster care receive needed services at the local level to increase their chances of success, and to provide Technical assistance and training to County Department of Human Resources to ensure that the Independence Program is uniform throughout the state and still accommodates county modifications. Recently, a program specialist has been added to the IL Program. However additional staffing dedicated to the IL program is needed and would provide a broader scope of support and program development in supporting older youth in preparing for adulthood. Due to the staff shortages the Office of Permanency is exploring ways to strengthen capacity of all consultants to have a working knowledge of the Independent Living Services available to youth in care. There are four components of the program that needs to be supported for all youth in care. The components for each youth are: Promoting a sense of control over their future, Promoting a sense of competency, Promoting a sense of permanency, and Promoting a sense of usefulness.

CONSULTATION WITH PUBLIC AND PRIVATE ORGANIZATIONS IN DEVELOPING PLAN

Refer to Section titled: Other Ongoing Involvement/Consultation In Planning

DESCRIPTION OF THE CFCIP SERVICES PROVIDED AND ACTIVITIES CONDUCTED

Alabama's State Department of Human Resources allows each county to provide its own Foster Care Independence Program. To support each county the State Department awards each of Alabama's 67 counties funds to provide direct independent living services and supports for their foster teens. In addition to funding county programs, the State Department provides training, technical support and resource development services. County Departments apply for and receive funds based on the amount of funds available and an annual application in which the County's Program Plan is submitted. County programs provide the educational training and financial services necessary for foster teens to acquire the skills that they will need after they are emancipated from care. Some examples of services provided through group activities include: budgeting, avoiding risky behaviors, basic first aid, cultural diversity, communication, job seeking, values & responsibilities, public speaking and voting, grief and loss issues, household management, budgeting, purchasing and insuring a car, safe driving, and teen stress. Experiential activities included: tours of college campuses, shopping trips (money management and social skills), visit to a nursing home, driver's education, camps, planning menus and preparing meals, completing job applications, opening bank accounts, and various extracurricular activities.

Residential Child Facilities continue to express interest in developing or enhancing their transitional and independent living programs. See section on the Office of Licensing and Resource Development for additional information. Other group homes do not have Transitional Living placements but do provide IL services for youth ages 14 - 21. In addition, the Office of Permanency is exploring with the Office of Licensing and Resource Development a "Request for a Proposal" to develop foster homes approved and trained specifically to care for the older youth and provide IL supports beyond that in a regular foster home.

CRITERIA FOR DETERMINING BENEFITS AND SERVICES

Each youth is involved in the development of their individualized service plan (ISP). The ISP is created in partnership with the youth and family planning team. The ISP identifies the strengths and needs, goals the youth is to work toward to reach the desired case outcome, and steps to be taken by the youth and family planning team members. The ISP is used to authorize and deliver services, and to measure progress toward goals necessary to make the transition to self-sufficiency. An extensive assessment using the Daniel Memorial Program is completed on each teen in the program to determine the skills the teen has mastered and the skills that the teen needs to acquire. Informal assessments also provide information about a youth's needs. The ISP includes results of life skill assessments and independent/transitional living plans. The ISP is updated every six months at a minimum but can be updated as the need for other services and supports are identified. The youth is given a copy of the plan.

INVOLVEMENT OF PUBLIC AND PRIVATE SECTORS IN HELPING ADOLESCENTS ACHIEVE SELF-SUFFICIENT INDEPENDENCE

As in the past, the Governor has signed Senior Certificates for our graduating high school senior. Information is provided to youth and staff about community-based employment centers and job training employment opportunities such as those identified in the Work Force Investment Act of 1998 and the Department of Labor Welfare-to-Work Program.

County Departments of Human Resources provide assistance with preparation for job readiness through life skills development classes. Youth are provided opportunities for career exploration such as guided tours of major employers, attending job fairs and career seminars and by helping with job search support and placement programs. Statewide there are limited opportunities that are available for job shadowing and apprentice programs.

The Department is collaborating with the Workforce Investment Agency and other agencies that serve youth in ETA's new strategic vision to serve out-of-school and at-risk-youth under the Workforce Investment Act. As stated previously, the Department along with several state agencies, with the Alabama Department of Economic and Community Affairs/Office of Workforce Development as the lead, is part of collaboration to serve youth at risk. The Office of Permanency has been involved in a limited manner in the Shared Youth Vision Project. The "Shared Youth Vision," project is aimed at closing the gap in services for the neediest youth.

Alabama Department of Human Resources in the past has provided personal and emotional support through mentors and the promotion of interactions with dedicated adults. Currently the State does not have a mentor program. However, the Department plans to examine what makes a successful mentor program and has been in dialogue with representatives from the private and faith based sector in an effort to explore this further. This will include identifying the roles and expectation of a mentor and the steps to increase successful match between adult mentor and teen. The Department believes that the development of a successful Mentor programs will be an important aspect of Alabama's ILP.

County Departments of Human Resources are encouraged to develop relationships with community-based organizations to form partnerships for providing mentor programs. Businesses will be encouraged to participate by providing opportunities for apprenticeships and job shadowing opportunities.

Alabama Department of Human Resources is continuously working to develop new resources and connecting youth to existing resources. The needs for older youth in out of home care continue to be an area needing focus in the Office of Permanency. As a step in the Program Improvement Plan a survey was developed and completed by a sampling of older youth in care, DHR Social Workers and TLP/ILP providers. The results of the survey have been shared with youth in care, DHR Social Workers and providers/caretakers. The feedback the Department received provided a clear understanding on how youth experience the system as well as their needs and how to support these needs. As a result of the survey, plans are being developed that will focused on providing additional supports and resources aimed at youth transitioning successfully to adulthood. At the state level, the Independent Living Program works closely with the Office of Resource Management to identify and locate resources. Each county office has an identified Resource Development staff member who is available to assist in resource development for the county and for individual youth.

AVAILABILITY OF MEDICAID TO YOUTH AGES 18-21

By policy, youth in Alabama may remain in care until their 21st birthday and are eligible for ACFC Medicaid provided all points of eligibility are met. If a youth is discharged from care prior to their 21st birthday, Medicaid is not available.

SERVICES TO YOUTH AGES 18-20

Youth of all ages are entitled to receive age-appropriate services, including opportunities to learn independent living skills and receive unique services as determined by the child and family planning team. Youth may stay in care by State of Alabama law until their 21st birthday. Aftercare assistance is available to youth who leave care between their 18th and 21st birthday in the form of financial assistance or services.

Alabama provides each youth exiting the foster care system with a one time stipend of \$1,000.00 for start up cost. Aftercare financial assistance and support services continue to be available to youth who leave the system prior to their 21st birthday.

For youth that leave care on or after their 18th birthday, policy allows for the youth to re-enter foster care if the need arises. If the youth needs to re-enter foster care or remain in their own home, financial, housing, counseling, employment, education and other appropriate support and services are also to be provided as needed until the 21st birthday.

Room and board payments are available for youth who choose to remain in care after their 18th birthday or for those who leave care after their 18th birthday on a case-by-case basis. County staff must make such requests to their State ILP consultant to ensure no more than 30% of the State funds are used for room and board. Room and board funds may be used to assist with dorm room deposits or to make limited payments on rent when a plan is in place to ensure the youth will continue to have housing available after the assistance is no longer available.

The Department considers all children as “Alabama’s Children” without regard to race or culture. The Department continues to strengthen services to Indian youth who reside on reservations and need access to benefits and services under the Chafee Foster Care Independence Program. Families and tribes are included in the ISP for the child when the Department is working with Indian youth living off the reservation and independent living services are being provided. Indian youth living off the reservation have access to services and benefits under the Chafee Foster Care Independence Act as would any other child. The Department will collaborate with all tribal entities located in Alabama to provide information and obtain input in the support of Indian youth and their families. **See also under Item 38.2, “The Department’s goals in regards to work with the Poarch Creek Indian Tribe and other federally recognized tribes located out side the state”**, which is located in the report section of the APSR.

EDUCATION AND TRAINING VOUCHERS PROGRAM

The Orphan Foundation of America (OFA) will administer the Alabama Education and Training Voucher Program (AL ETV). Below is the program narrative submitted by OFA in response to a Request for Proposal. This narrative details the plans for Alabama’s program. Education Training Voucher funds are available to:

- foster youth who are attending post-secondary education in public schools or non-profit private schools;
- youth who were adopted from foster care after their 16th birthday;
- youth who aged out of foster care on or after their 18th birthday who have not yet attained the age of 21;
- youth must be a citizen or documented alien (eligible for other federal benefits);
- youth may not have more than \$10,000 in personal reserves.

The funds will continue to be available to a youth attaining a post-secondary education up to their 23rd birthday if assistance through ETV was received during the semester of the 21st birthday and the youth continues to make satisfactory progress

ETV's will provide financial support to youth who age out of foster care and those who were adopted after age 16 to attend post-secondary institutions of higher learning and vocational/technical training programs.

OFA is a national non-profit organization with the capacity and expertise to develop the Alabama Education and Training Voucher Program. In consultation with the State it will develop the ETV Program including recruiting applicants for mentors, designing and processing applications, fiscal management: disbursing scholarship funds, tracking and monitoring student participation and reporting to the State on a monthly basis.

Intended Outcomes:

The goal of the AL ETV Program is to provide the economic and personal supports for eligible youth's need to attend and complete post-secondary training and education programs. The program seeks to couple funding with the support and guidance 18-23 year olds need throughout their post-secondary schooling. The program will build on the services of the AL IL Program and provide a continuum of State services that help youth become educated, trained and ready to enter the 21st Century workforce.

Success will be measured by a number of factors, including but not limited to:

- The number of students assisted through the ETV program
- The percentage of participating students graduating or successfully completing their academic or vocational program.
- The number of students who, if they decide to discontinue their studies, complete the term rather than dropping out and have a plan that identifies next steps, career/job goals, opportunities and available resources. as determined by the exit interview and school records
- OFA has post-program information regarding the student's status and contact information regarding employment stability.
- The percentage of participant students pursuing graduate studies

First year data will be used to establish a baseline against which to measure future progress.

Services To Be Provided:

OFA will provide all administrative services to implement the Alabama Education Training Voucher Program (AL ETV). In this capacity, OFA will:

1. Verify the eligibility of participants and institutions
2. Process applications for Education Training Vouchers
3. Issue vouchers in accordance with Federal law
4. Monitor and support student progress
5. Utilize volunteers to provide adjunct services to students
6. Provide regular program reports to the state Chafee Coordinator
7. Provide quarterly fiscal reports that account for the use of funds for this contract, documentation of the in-kind match, as well as the use of the ETV funds to provide assistance to students.

OFA will develop and implement a community awareness program and outreach program directed toward soliciting qualified scholarship applications and providing ETV program information to youth and organizations with links to eligible youth. OFA will develop descriptive information about the ETV program and will also develop a website specific to the AL ETV program. Any print material will be submitted for approval of the AL coordinator prior to use.

Eligibility for the Education Training Voucher Program:

Participants:

- Young adults served will be limited to those individuals' ages 18 to 21 who are eligible for Alabama's Chafee Independent Living Services and who aged out of DHR foster care at age 18 or whose adoptions from foster care were finalized after their sixteenth birthdays. Students participating in the Education

Training Voucher program on their 21st birthday shall remain eligible until their 23rd birthdays as long as they are enrolled in a post-secondary education or training program and are making satisfactory progress toward completing their course of study.

- Students will be selected on a first-come first served basis from among the eligible pool.
- Students from Alabama who go to school out of state are eligible on the same basis as youth who attend in-state schools. Alabama ETV funds shall be provided to Alabama students who are attending eligible institutions that are out of state.

Post-secondary educational and vocational institutions will qualify only if they:

- Admit as a regular student only persons with a high school diploma or equivalent or admits as a regular student persons who are beyond the age of compulsory school attendance.
- Are eligible to accept Pell Grant awards on behalf of their students
- Are accredited or pre-accredited and authorized to operate in the state where it is located
- Award a bachelor's degree, a two-year associate's degree, or a one-year state or nationally recognized certificate.
- Vocational schools must have been operating for at least 2 years and offer a certificate or diploma that is state or nationally recognized by an organization such as the Accrediting Commission of Career Schools & Colleges of Technology (ACCSC) which will ensure that their diploma/certificate is recognized by the profession.

Student Funding:

The amount a full-time student may receive shall not exceed the lesser of \$5,000 per year or the total cost of attendance as defined in section 472 of the Higher Education Act. Part time students may receive no more than \$2,500 or the cost of attendance. The funds may be used for:

- Tuition and school fees
- Room and board, and off campus housing
- Books
- Rental or purchase of required equipment, materials, supplies (i.e. computer, adaptive software, tools, etc.)
- Tutoring
- Child care (payment is made only to a licensed provider)
- Transportation that is necessary for the student to attend school. No more than \$1250 may be used for transportation per academic year.
- Repayment of student loans incurred for the 2006-2007 academic year
- Health insurance for the student

Applications:

All applicants must submit the following information in a timely manner:

- A completed application
- An essay
- A school financial aid award letter
- An official transcript of the most recent school/program attended
- Budget Form

Students must reapply for the ETV annually. No ETV shall be awarded to a student who does not maintain at least a 2.0 Grade Point Average (GPA) or equivalent, demonstrate satisfactory progress toward achieving his or her degree or certificate, and be in good standing at the school. However if a student does not maintain a 2.0 GPA they may, at the discretion of the program manager and the state/county IL coordinator, be placed on a one-semester academic probation. Additional supportive services will be provided to students on academic probation.

Student Services:

Once a student has been qualified as eligible and selected, the AL ETV Program Manager will review the youth's budget to determine financial need and a payment plan/schedule. The assumption is that many students will access the voucher funding to pay allowable expenses such as housing, transportation and childcare. Each student will submit documentation that must be verified before a voucher package will be offered to the student. Students will be required to participate in a program entrance and exit interview, submit grades, and comply with program participation requirements.

Additional Support Services:

OFA will work to identify in-State resources that can support the student's academic goals and provide personal support and enrichment opportunities. This will include collaborating with colleges, federal programs, civic organizations, community services and IL programs located in the area. Additionally, every AL ETV recipient will be enrolled in OFA's Care Package Program and Mentor Program. Students will receive three care packages per year containing age-appropriate necessities and extras that students want. The regularly scheduled packages will be delivered as follows 1) Fall – back to school or within 14 days of been accepted in the ETV Program, 2) February - Valentines Day, 3) late April - final exams.

ETV recipients will be offered a mentor in his or her career field that will provide one-on-one coaching. All Mentees have a case manager who supports the mentoring relationship and will communicate as necessary with local program including the IL worker, foster parents, the school, members of the student's personal support system, etc. Students who choose not to be matched with a volunteer mentor will receive education-related mentoring from the AL ETV coordinator. This bi-weekly check-in will help engage the student in the mentoring process and show them the advantages of having a mentor who provides one-on-one counseling and guidance.

Alabama youth will be recruited for OFA's annual summer Public Service Intern Program for Foster Youth. Selected students are offered a 6-week internship on Capitol Hill or at a Federal Agency; all expenses are paid including a living stipend. OFA will help the student realize the full benefit of a prestigious Washington DC internship which may lead to employment opportunities, school credit, etc. AL students may also be invited to the annual OLIVER Project, a teen leadership program held in Washington DC each summer.

Program Reports regarding the ETV program will be submitted monthly and quarterly to the AL IL State Coordinator. The format will be mutually agreed upon using compatible software and will be encrypted and password protected.

- 1) Monthly report – number of referrals and self-referrals, and action taken and the amount and purpose funding provided to each student – this is a snapshot of the program
- 2) Quarterly status report on student/participant status report – grades, support services offered etc.,
- 3) Monthly reimbursement invoice: Administrative costs will be submitted for reimbursement to the contract administrator on a monthly basis.
- 4) End of the year report: A comprehensive summary of the results of the program and a youth/participation evaluation form.

Youth Involvement:

Youth involvement in the development of policies and practices is viewed as key to addressing the needs of this population. Therefore, State level participation in the State Youth Advisory Committee (D.R.E.A.M. Council) is arranged to provide updates and gain input from the youth around key issues impacting permanency planning for older youth and ILP services. As a result the youth have organized a Youth Speakers Bureau to be available to speak to various key stakeholder groups to provide insight into how youth experience the system and provide suggestions to improve practice in engaging the youth population in permanency planning. This has involved speaking to Judges, County Administrators, Foster and Adoptive provider groups along with facilitating workshops at State conferences. As a step in the PIP a survey was also sent to youth in an effort to capture additional input from youth across the state. This information has been used in developing a plan for addressing ILP needs across the state. Recent site visits to county offices to assess current ILP support through programs and services has also served as an opportunity to discuss with social workers the value of engaging youth in conversations regarding their needs. More recently the State is pursuing the possibility of a Foster Care Alumni youth to serve on staff through contract as a Youth Consultant and liaison to youth in foster care. Through a contract with Children's Aid Society, the Office of Permanency received approval and has hired a Foster Care Alumni youth. This individual has the role of a Youth Consultant and liaison to youth in foster care. This individual is also involved in the planning and participation of the annual ILP conference, the ILP Network Meeting and the newly developed ILP camp for 14 and 15 year foster youth. Finally, in supporting the youth voice, current and alumni youth have been engaged to provide presentations both locally, Statewide and Nationally on the issues identified in the PIP specifically to strengthening the engagement of youth, identifying the needs of youth and strategies to support positive outcomes for youth. The DREAM council has also served to review some IL policy through members feedback on financial and supportive needs of youth.

On 3/26/11, the Recruitment Supervisor from the Office of Permanency, met with the DREAM council as reported to the group on January 22. She conducted a verbal "focus group" trying to determine youth's thoughts and ideas about the need for more foster families. Some of the questions included:

- Where do you live now – group home or in a family-like setting – the group was about half/half.

- For those of you who have lived in both a group home and family-like setting (as a teenager) which would did you prefer? Give reasons for your preferences.
 - They thought which you “liked better” depended on the child. The pro’s to group home life: you are living with other people who understand where you’re coming from. There are other people you can bond with; in FFH there might be birth children of the foster parents and in those cases you are not treated as well.
 - On the other hand they said it was “harder to be yourself” in a group home. If one person is on punishment it might limit what everyone else gets to do.
 - Other youth said you have “more freedom” in a foster family home.
 - The worse part about group home life for some was limited access to extracurricular activities and having to go through “level systems”.
 - Youth reported that group homes “give you a chance to mess up”; they are more flexible than a foster family home.
 - On the other hand, you’re not going to have the opportunity to develop the emotional ties at a group home that you can with a family.

Other comments included:

- They thought foster family home life would be better if the parents “told you up front” the rules instead of waiting until you mess up.
- Some in the group said they felt “alone” in a foster family home and were thankful for the group home- more people their age, etc.
- A foster parent’s first experience didn’t need to be a therapeutic child...
- Foster parents need to learn to be flexible and “accept us for who we are”. They need to be consistent. Something that was OK today (when they were in laid back mood) can’t be bad tomorrow when they are being uptight.
- One young person said she had a preference for a two-parent household. She said she was in a single-parent household once and it was more like “she had her life and I had mine”... it wasn’t like a family at all.

Basically for every response, there was a counter-response from another youth. Bottom line, the supervisor draws this conclusion – the youth would do well in a family-like setting if (1) they have choices and get to choose which home they go to – and for this reason they saw a recruitment campaign as a good thing; (2) if the rules are put forth upfront and they get to choose whether to follow the rules or not.; (3) if the foster parents get more information about the youth. The youth, in large part, agreed it was up to them whether their experience (group home or foster family home) was a good experience or not.

Following the discussion, the supervisor also brought DVD’s of PSA’s from Dave Thomas Foundation for Adoption (I’m Just a Kid campaign), AdoptUsKids (You Don’t have to be Perfect... campaign); and a DVD loaned by Casey Family Programs of Georgia “Raise Me Up” Campaign. The members of the council expressed a preference for the AdoptUsKids campaign and the Dave Thomas Foundation campaign (although the children in that DVD were younger than the DREAM council members. They expressed dislike for the “Raise Me Up” campaign because they thought it perpetuated a notion that foster children end up being “bad” or that children in foster care because they are bad. The members of the DREAM Council expressed a desire to do a campaign that communicated the message that it is not their fault that they are in foster care.

PLAN: Supervisor asked the DREAM Council President, to revisit the idea of a recruitment campaign and let her know in what way they wanted to participate.

Report on the specific accomplishment achieved to-date in FY 2011 and planned activities for FY 2012 for each of the following seven purpose areas:

1. Help youth transition to self-sufficiency:

It appears that progress is being observed with the population of children with APPLA as a permanency plan, and while there are some children under the age of 14 who have APPLA as a plan, it is believed that the majority of children with that plan are 14 years of age and older. The state recognizes there remains data issues to be addressed; however, the below trends seem positive.

Permanency Goal percentage of APPLA for children in Out-of-Home Care:

FY2006 – 24.1%

FY2010 – 17.9%

FY2007 – 21.8%

FY2011 (as of 6/30/11) – 16.8%

FY2008 - 20.3%

FY2009 – No reliable data due to conversion to FACTS

Furthermore, the state has exceeded the PIP improvement goal for APPLA, using the state's QA measurement data. This was reported on in the state's Q-7 PIP report.

Alabama has opted to extend Foster Care Maintenance from 18-21 in helping to support and prepare youth in transitioning to adulthood. In addition, Alabama continues to maintain transitional living and independent living programs that provide youth the opportunity to experience independence in preparation for adulthood outside of a foster care setting. See also under #5 below.

2. Help youth receive the education, training, and services necessary to obtain employment:

In 2011-2012, the Alabama ETV program will serve approximately 200 students attending colleges or specialized training programs. The program's goal is to help students attend, succeed, and graduate from post-secondary ready to enter the workforce (Source – OFA: see APSR Attachment, 2011 ETV Plan).

Alabama had 166 high school graduates from foster care in 2011.

3. Help youth prepare for and enter post-secondary training and educational institutions:

The average ETV funding for the 199 students funded (for 2010-2011) was \$2,315.78. Of the 199 ETV recipients, 104 were new 2010-2011 students and 95 were returning 2009-2010 students. Thirty-nine counties had at least one student receiving ETV funding and students attended 52 post-secondary institutions. (Source – OFA: see APSR Attachment, 8-15 AL 2yr synop).

NSEP is an initiative to engage youth around education and career opportunities through a 6 week program in which youth stay on campus at a local university and attend workshops, do community work and experience and learn about campus life in preparation for career choices with a specific focus around social worker. Last year we had 10 youth to complete the NSEP program and have confirmed that seven of them are currently attending college while in care or after leaving care. This year we had 19 graduates and are hopeful of similar outcomes. This will be an ongoing effort with hopes of expansion of the program.

4. Provide personal and emotional support to youth aging out of foster care through mentors and the promotion of interactions with dedicated adults: Supports provided through ETV and the OFA:

One hundred ninety-eight (198) youth received Academic Success Coaching (ASP) throughout the school year. Topics were scheduled to meet the school calendar – starting the semester right, identifying and using on campus resources, early planning for the holidays to prevent homelessness, mid-term and finals study skills, summer employment and securing an internship. A major focus of ASP is planning, budgeting and being a pro-active and engaged young adult in a college community. Seven hundred eleven (711) care packages were sent to Alabama ETV students in fiscal year 2010. Each student received three packages but several received a fourth package from a Care Package partner – a civic organization such as AKA or a faith based organization or an employee group send packages to identified students such as those parenting or struggling students who are working with coaches/mentors to improve their grades.

All Alabama students are offered a coach/mentor, with special emphasis placed on matching freshmen and those who are struggling academically. Additionally, students with over 90 credits are recruited for the Senior Year Coaching Program. Nearly 100 students enrolled in the program in 2010. The AL ETV coordinator and an OFA retention specialist worked with students who did not want a volunteer coach/mentor if they did not have a mentor in the community or a strong on campus support system.

InternAmerica – 2011

The InternAmerica program brings youth from all over the country to Washington DC for seven weeks. They are placed in internships that give them valuable workplace skills and real-work experience. Each intern is either paid directly through their placement or receives a stipend from OFA. Additionally OFA covers transportation to and from DC and up to eight weeks of housing. InternAmerica participants are matched with a senior year coach and participate in and enjoy DC events such as:

- Personal and professional development seminars
- Sporting events
- Social Events

- Cultural Events
- Sight-seeing

Five Alabama students applied for InternAmerica, two were selected:

- Student from University of Alabama Huntsville
Electrical Engineering – placed at Focus Data Solutions an IT and network design company
- Student Troy State University
Business Management and Marketing - National Park Service at the Wolf Trap Center Performing Arts

Scholarships - Six students received additional scholarships totaling \$16,150

Emergency Response

At the end of April, when tornadoes devastated parts of Alabama ETV and scholarship staff called and spoke with every single funded student -198 youth. Miraculously, not a single one was hurt or had any relatives hurt, although one young woman lost her apartment when the building in which she lived collapsed. Luckily, there were community resources available and she did not need additional funding although she was sent a \$250 gift card to help her purchase personal items.

5. Provide financial, housing, counseling, employment, education, and other appropriate support and services to former foster care recipients between 18 and 21 years of age to complement their own efforts to achieve self-sufficiency and to assure that program participants recognize and accept their personal responsibility for preparing for and then making the transition into adulthood:

Youth of all ages are entitled to receive age-appropriate services, including opportunities to learn independent living skills and receive unique services as determined by the child and family planning team. Youth may stay in care by State of Alabama law until their 21st birthday. Aftercare assistance is available to youth who leave care between their 18th and 21st birthday in the form of financial assistance or services. Alabama provides each youth exiting the foster care system with a one time stipend of \$1,000.00 for start up cost. Aftercare financial assistance and support services continue to be available to youth who leave the system prior to their 21st birthday.

For youth that leave care on or after their 18th birthday, policy allows for the youth to re-enter foster care if the need arises. If the youth needs to re-enter foster care or remain in their own home, financial, housing, counseling, employment, education and other appropriate support and services are also to be provided as needed until the 21st birthday.

Room and board payments are available for youth who choose to remain in care after their 18th birthday or for those who leave care after their 18th birthday on a case-by-case basis. County staff must make such requests to their State ILP consultant to ensure no more than 30% of the State funds are used for room and board. Room and board funds may be used to assist with dorm room deposits or to make limited payments on rent when a plan is in place to ensure the youth will continue to have housing available after the assistance is no longer available.

As of 6/30/11 there were over 2225 youth 14 and older with approximately 31% (687) of them being between the ages of 18-21. Of these youth there were 102 or approximately 15% participating in contracted IL and TL programs in placements which provide apartment or independent cottage living experiences

6. Make available vouchers for education and training, including postsecondary education, to youth who have aged out of foster care:

In 2011-2012, the Alabama ETV program will serve approximately 200 students attending colleges or specialized training programs. The program's goal is to help students attend, succeed, and graduate from post-secondary ready to enter the workforce (Source – OFA: see APSR Attachment, 2011 ETV Plan). The average ETV funding for the 199 students funded (for 2010-2011) was \$2,315.78. Of the 199 ETV recipients, 104 were new 2010-2011 students and 95 were returning 2009-2010 students. Thirty-nine counties had at least one student receiving ETV funding and students attended 52 post-secondary institutions. (Source OFA – see APSR Attachment, 8-15 AL 2yr synop).

7. Provide services to youth who, after attaining 16 years of age, have left foster care for kinship guardianship or adoption. What is available to this population involves financial subsidies to the family as well as eligibility for ETV to provide educational support for youth to access post-secondary education. The adoptive parents and caretaker become responsible for the youth upon exit from care.

CFCIP ALLOCATION REQUEST

ETV ALLOCATION REQUEST



FIVE-YEAR PLAN

FIVE YEAR OBJECTIVES

GOAL: Independent living services will be provided to youth ages 14-21, whom are currently in the planning responsibility of the Public Child Welfare system that will build skills to support transition into adulthood.

1. **OBJECTIVE**

The ILP unit will conduct, coordinate, and provide consultation for all county social workers with ILP responsibilities to development of programs to promote successful outcomes for youth. Progress will be monitored through county feedback and the annual DHR Quality Assurance process. Status: Ongoing

The Office of Permanency will seek to expand support to counties in building capacity to understand and serve older youth needs through funds available through Chaffee. Currently there is one state ILP Coordinator position and one Program Specialist serving 67 counties. This has resulted in limited support onsite monitoring services and utilization of funds for older youth. Efforts are still being made to explore the use of Chaffee funding in securing 4 additional staff positions to provide increased capacity for consultation, training and monitoring of Independent Living Program responsibilities. In addition, the Office of Permanency will develop procedures and policies to support the National Youth in Transition Data collection which will be implemented October 2010. The State will also utilize Chaffee funding for enhancing the new SACWIS system to incorporate data collection required under NYTD.

The current IL Coordinator will complete at least one local site visit per quarter to assess current practices and programs provided to older youth served by the site. Written feedback will be provided to the county site to include recommendations and strategies to improve outcomes through the IL program. Site visits and meetings will also be arranged each quarter with group homes which have IL and Transitional Living programs to assess and provide feedback on current practices and changing policies so that the programs effectively serve the older youth population.

Surveys will continue to be conducted on both the youth and providers/caretakers of youth as a means of ongoing assessment of the needs of youth in care. From the survey, supports and services needed will be identified and efforts to develop and provide the needed support will be made.

The Office of Permanency will arrange statewide training/meetings for county staff serving older youth to provide education on policy changes and strategies in serving the older youth population. Some areas of focus will include current trends for youth aging out of the system of care, barriers facing foster care youth and what a system can we do to increase successful transition into adulthood for foster youth.

Ongoing efforts will be made to expand county and state resources through increasing opportunities for professionals, stakeholders and older youth to have dialogue together in an effort to develop policies and practice that support improved outcomes and independence for youth in care.

The Office of Permanency issued a statewide "Request for Proposal" for four one-day weekend computer camps. Children Aid Society was awarded the contract for February 1, 2010 through January 31, 2012 to provide a total of eight one-day weekend computer camps during the contract period.

In 2011, The Office of Permanency requested an addendum to the contract with Children Aid Society. The request included an addition of a weekend camp for IL youth ages 14 – 15, a two day networking conference for IL county and state DHR staff as well as IL contract providers, the addition of a former foster youth to serve as a Youth Consultant, and deletion of the computer camps. This request was approved.

2. **OBJECTIVE**

ILP teens will be encouraged to participate in the development of policies and practices of the Independent Living Program. Status: Ongoing

Efforts will continue to be made in order to develop Youth Advisory Councils (YAC) in every county office and where the population of youth is too small for a council, efforts will be made to connect the youth to active local councils. Members of local committees will be encouraged to also participate in the State Youth Advisory Council. Cultural Diversity will be encourage and monitored to support the needs of all youth.

The State IL Coordinator and Program Specialist will attend local Youth Advisory Councils along with members of the State YAC to build understanding and participation of youth in policy development and implementation as well as identification of services and supports for the older youth population. The Officer's of the State YAC will receive leadership training and support to encourage and improve leadership skills. In addition, a "Youth Speaker's Bureau" has been developed consisting of both youth currently served in the system as well as former foster youth to speak at different events throughout the state on issues involving youth in the foster care system. Opportunities for youth will be explored for youth to increase visibility and accessibility in the Legislative process in an effort to seek political support in addressing needs of older youth.

3. OBJECTIVE

ILP teens will have access to information about policies and program development along with activities and opportunities that will be supportive as youth transition to adulthood.

The D.R.E.A.M. Council, with the assistance of the State ILP Coordinator and County ILP Specialist will continue to create and distribute a statewide newsletter for the State IL Program. This newsletter will provide pertinent information and helpful tips for teens regarding education, career choices, cooking recipes, local and state news, as well as contain a county spotlight, youth spotlight and creative thoughts submitted by youth. Plans are being made to have the newsletter issued electronically and in hard copy quarterly to teens in foster care and county staff.

The Department has recently develop an ILP website, which provides information on Alabama's Independent Living Program to social workers as well as teens in foster care and those who have exit the system. The website also provides an email address for those who may have questions or concerns about Alabama's IL Program. This website will be enhanced to provide policy updates, state calendar events for youth and connections to links that will be of value to youth. The Department will continue to explore the development of a 1-800 number, which will offer information to those youth still in care as well as those who have exit care.

The State ILP Coordinator is working closely with the D.R.E.A.M. Council to develop a handbook specific to the interest and needs of you who enter the system. The handbook will also provide basic information that is relevant to the foster care system. This will be developed and distributed utilizing Chaffee funds.

In 2011, The State ILP Coordinator worked closely with the D.R.E.A.M. Council and was successful in the development of a brochure that gives a brief description of Alabama's IL Program. The brochure has been sent to General Services Division for printing and distribution.

National Social Work Enrichment Program (NSEP)

On June 6, 2010, 12 foster youth from Mobile, Lee, Lauderdale and Madison County enrolled in the National Social Work Enrichment Program (NSEP) at Alabama A & M University. NSEP, which was founded in 2007 in Georgia, is a six-week program where youth will live on a college campus during the week and return home with their families on the weekend. While at this program, students will have an opportunity to take a mini Careers in Social Work course, participate in four weeks of paid work experience in a social service agency, learn more about college life, and participate in various socially and culturally enriching activities. NSEP students are in their 3rd week of the program. During this time, youth have experience many aspects of college life such as obtaining information on financial aid, Greek organizations, Institutional advancement, workshop on different learning styles as well as recreational activities on campus. The youth are also completing a field work experience in social service agency. Thus far, this has been a very successful experience for these youth.

The Office of Permanency received approval for twenty youth to participate in the National Social Work Enrichment Program (NSEP). The University of Alabama, Tuscaloosa campus, will be the host site. The program dates are June 5 – July 15, 2011.

4. OBJECTIVE

The State ILP Unit will partner with foster parents and other stakeholders to prepare and serve youth toward independent living. Status: Ongoing

Training curriculum will be developed to support an increased understanding of the needs of older youth and strategies for developing and accessing services and supports that aid in building youth capacity and skills for transitioning to adulthood.

The annual statewide “teen conference” will be used to provide workshops and forums on issues facing older youth. This conference will be developed in collaboration with youth currently involved in the system as well as former foster youth. In an effort to provide more youth with an opportunity to attend the annual statewide “teen conference”, a “request for proposal” was issued for three one-day teen conferences to be held across the state. Children Aid Society was awarded the contract. They will coordinate three one-day youth conferences to be held in the Northern, Central and Southern part of the state. Additionally, opportunities will be developed for youth to participate in the training of providers who serve youth in care. The Department will continue to work closely with the Alabama Foster and Adoptive Parent Association in order to provide training on the Independent Living Program supports to foster parents and providers. The Office of Permanency is exploring the possibility of targeting foster parents that are willing to foster youth exclusively through recruitment efforts. Additional training will be provided for these foster parents that will specifically address the needs of youth and the current trends surrounding youth exiting the system of care.

Information obtained through surveys conducted with youth and providers will be used to develop training and supports needed to improve outcomes for youth. Foster parents will be provided tools to document the ways in which they teach independent living skills to the youth in their care. These tools will be developed with foster and adoptive providers’ and youth input.

5. OBJECTIVE

Aftercare services will be available to all teens eligible and served for participating in the ILP Program.

Status: Ongoing

The Office of Permanency will seek to develop a successful aftercare program and explore the possibility of issuing a request for proposal for such an aftercare program. This program will provide services to assist foster youth with transitioning into adulthood prior to and after leaving the foster care system for a period of 6 months from exit of care. Chaffee funding will be accessed to provide services that will aid youth as they transition out of care.

Room and board will continue to be available for youth ages 18-21 that left care on or after their 18th birthday. If youth contact the agency for any assistance after leaving care, a group comprised of the youth, social worker, any individual requested by the youth, an adult protective service worker, and an Independent Living Program or Family Options worker or supervisor will meet to discuss the youth’s needs to identify and access support or referral. If funding is needed to assist the youth with rent, the agency will work with the youth to secure and/or access monies through Chaffee funds while working with the youth to become self sufficient and able to meet their individual housing needs.

The department will continue to monitor trends in youth who request or need aftercare services and work to develop resources in communities and connect youth to available supports. The Office of Permanency is having dialogue with a current provider to prepare a proposal in applying for a grant to develop a mentor program. Should the provider receive the grant, the Office of Permanency will collaborate with the provider and county office in implementing the mentoring program with the program being available in the Jefferson County area.

6. OBJECTIVE

The Department will take the necessary steps to develop a system to track youth aging out of the system of care in order to meet National Youth in Transition Data requirements to monitor outcomes for youth transitioning out of care.

The Office of Permanency is currently developing a proposal for the support needed around activities and monitoring of NYTD requirements. There is a need to seek four additional positions to support the Independent Living Program and the monitoring of NYTD across the State to help assure implementation of IL services and implementation of NYTD so that youth have permanent connections upon leaving the child welfare system. Youth will be educated and encouraged to participate in the development of policies and practice that will guide how the Department supports and tracks youth leaving the system. The Department has recently rolled out a new SACWIS System. FACTS, (Family and Child Tracking System), incorporated several legacy system into one system. The FACTS system has capabilities that include interfacing with other agencies that are vital to our daily operations. The Department will be making enhancements to the FACTS system in order to capture the data requirements of NYTD.

In October 2010, NYTD was implemented statewide. The department was successful in the enhancements of the FACTS system to capture data required by NYTD. The Office of Permanency is working closely with contractors

that provide services to youth in foster care to ensure that the services they provide are captured and entered in the FACTS system. The first submission of data to the Administration of Children and Families (ACF) was successfully transmitted in May 2011.

7. **OBJECTIVE**

The Department considers all children as “Alabama’s Children” without regard to race or culture. The Department continues to strengthen services to Indian youth who reside on reservations and need access to benefits and services under the Chafee Foster Care Independence Program. Families and tribes are included in the ISP for the child when the Department is working with Indian youth living off the reservation and independent living services are being provided. Indian youth living off the reservation have access to services and benefits under the Chafee Foster Care Independence Act as would any other child. The Department will collaborate with all tribal entities located in Alabama to provide information and obtain input in the support of Indian youth and their families. **See also under Item 38.2, “The Department’s goals in regards to work with the Poarch Band of Creek Indian Tribe and other federally recognized tribes located out side the state”**, which is located in the report section of the APSR

CHAFEE FOSTER CARE INDEPENDENCE PROGRAM APPLICATION FY 2012

REPORT DATE: June 30, 2011

APPLICANT: Alabama Department of Human Resources
Family Services Division
Gordon Persons Building
50 North Ripley Street
Montgomery, AL 36130

GRANT PERIOD: October 1, 2011 through September 30, 2012

FUNDING AMOUNT: Federal Funds Requested Per Year \$2,174.877
State Match \$ 543.719

FUNDING SOURCE: Administration for Children, Youth and Families
Mandatory Grants
370 L'Enfant Promenade, SW
4th Floor East
Washington, D.C. 20447

CONTACT PERSON: Marie Youngpeter, Program Manager
Independent Living Program
Office of Permanency
Family Services Division
State Department of Human Resources
50 Ripley Street
Montgomery, AL 36130
(334) 242-9500

EDUCATION TRAINING VOUCHER APPLICATION FY 2012

REPORT DATE: June 30, 2011

APPLICANT: Alabama Department of Human Resources
Family Services Division
Gordon Persons Building
50 North Ripley Street
Montgomery, AL 36130

GRANT PERIOD: October 1, 2011 through September 30, 2012

FUNDING AMOUNT: Federal Funds Requested Per Year \$725,247
State Match \$181,312

FUNDING SOURCE: Administration for Children, Youth and Families
Mandatory Grants
370 L'Enfant Promenade, SW
4th Floor East
Washington, D.C. 20447

CONTACT PERSON: Marie Youngpeter, Program Manager
Independent Living Program
Office of Permanency
Family Services Division
State Department of Human Resources
50 Ripley Street
Montgomery, AL 36130
(334) 242-9500

Addendum A

RECORD OF THE PURPOSES FOR WHICH FUNDS WERE EXPENDED

INDEPENDENT LIVING PROGRAM EXPENDITURES

FY2010

Personnel		Total
1.	ILP Salaries - State ILP Coordinator and 1 State Consultant	152,238.38
2.	Licenses	
1.	County Projects	1,095,653.95
2.	Transitional Living Program	37,783.20
3.	Teen Conference	219,124.55
4.	Daniel Memorial Conference	4,860.00
5.	Group Home	0
Instruction in ILP Competencies		
1.	Travel	14,435.14
2.	Library Materials	0
Resource Materials and Program Support		
1.	Membership to the National Independent Living Association	0
2.	Supply and Forms	11,592.00
3.	DP Equipment & Office Operation	17,575.20
Actual Basic Expenditures FY 02 Grant Award (Basic)		
Non-Cash Match		591,357.29
GRAND TOTAL		2,144,619.71

Addendum B

FINANCIAL STATUS REPORTS

Alabama submits the SF-269 reports for IV-B, subparts 1 & 2, CAPTA, ETV and CFCIP through the OLDC system.

DEMOGRAPHIC INFORMATION ON ELIGIBLE PARTICIPANTS

Data obtained from the FACTS (report ILP089B) on children age 14 and over who were in foster care as of 4/1/11.

AGE	
14	297
15	360
16	450
17	475
18	353
19	205
20	130
21	16
Total	2286
GENDER	
Male	1,128
Female	1,158
RACE/ETHNICITY	
White	1,048
Black	1,149
American Indian	1
Asian	5
Pacific Islander	2
Hispanic	69
Unknown	12
LIVING ARRANGEMENTS	
Related Home	108
Foster Family Boarding Home	546
Adoptive Home	9
Foster Family Related Home	29
Group Home	377
Shelter	10
Child Care Institution	390
Own Home	24
DYS Operated or Licensed Facility	21
MH Operated or Licensed Facility	95
Respite	50
Nursing Home	7
Runaway Status	8
Out of State Residential Treatment Center	6
Hospital	15
Visiting Resource	1
Independent Living	43
Therapeutic Foster Home	315
Unrelated Home (Court Ordered)	5
Psychiatric Hospital	23
Transitional Living	47
Other	39
SPECIAL NEEDS	
Mental Retardation	178
Diagnosed Emotionally Disturbed	412

Physically Handicapped	30
Behavioral Disorder	0
Visually/Hearing Impaired	19
Other Diagnosed Conditions	1,890
ADMISSION REASON	
Alleged Abuse	328
Alleged Neglect	504
Adoption Disruption	32
Relinquishment	466
Alleged Sexual Abuse	169
Alleged Emotional Abuse	45
Parent/Caretaker/Child Alcohol Abuse	54
Parent/Caretaker/Child Drug Abuse	239
Child's Disability	27
Child Behavior Problem	408
Death of Parent/CT	36
Incarceration of Parent/CT	93
Parent/Caretaker Cannot Cope	150
Abandonment	110
Inadequate Housing	95
Safe Haven	0
Other	123
CUSTODY STATUS	
Temporary – County	1,752
Permanent – State	432
Agreement for Foster Care	44
Summary Removal	56
Department Youth Services	0
Total	2,286
* Data is approximate due to SACWIS conversion.	

DEMOGRAPHIC INFORMATION ON YOUTH WHO WERE SERVED

This information was obtained from a questionnaire sent to all counties in the state. We recognize that this information was gathered as a total fiscal year number rather than a point in time (as was FACTS information in the previous table). This report represents 2,043 youth served. Please note that the breakdowns given may not be consistent with the total. The new SACWIS System (FACTS) will provide clear and complete information when all the enhancements to the system are complete.

PARENTAL STATUS	
Without Child	1505
With Child	104
Pregnant	18
Father of Unborn	3
MARITAL STATUS	
Single	1737
Married	7

DURATION OF FOSTER CARE *	
Less than 6 months	207
6 months to 1 year	252
1 year to 3 years	595
3 years to 5 years	361
5 years to 10 years	311
More than 10 years	213
EDUCATIONAL STATUS	
Middle School	345
In HS/GED	1237
Finished HS/GED	126
In Vocational Training	25
In College	119
SPECIAL NEEDS	
Yes	979
No	0
EMPLOYED	
Total Number Unemployed	1350
Total Number Employed	137
Part Time	132
Full Time	37
PARTICIPATION IN ILP SKILLS	
Budgeting	777
Securing Housing	292
Maintaining Housing	468
Roommate Selection	52
Other Homelessness Issues	17
Nutrition	441
Career Planning	422
Job Seeking	447
Job Retention	170
Training Collaboration	31
First Aid and Safety	252
Sexuality	445
Prenatal Care	67
Child Development	34
Discipline	19
ILP Teen Conference	160
Regional Workshop	72
ILP Teen Group	374
ILP Teen Advisory Board	60
Educational Attainment	507
High Risk	498
DISCHARGES	
Total Discharges	292

DEMOGRAPHIC INFORMATION ON RESULTS OF PROGRAM

The following information is based on January 2010 through December 2010 responses received after discharge. The information is provided through the mail by youth and social workers after youth are discharged.

AGE AT DISCHARGE	
14	0
15	0
16	0
17	1
18	7
19	0
20	1
21	0
Total Responses	9

EDUCATIONAL ACCOMPLISHMENTS AT DISCHARGE	
High School Drop Out with no GED	1
High School Graduate	3
Attending High School	1
Some College	1
Vocational/Technical School Completed	0
Other	6

JOB STATUS AT DISCHARGE	
No job	4
Part Time Job (32 hours or less)	5
Full Time Job	0

ANTICIPATED AFTERCARE SERVICES	
Mentoring	0
Crisis Counseling	0
Information & Referral	3
Employment Counseling	0
Housing	0
Aftercare Stipend	1
Transportation to College	0
ILP Teen Group	1
Education/Training	0
None	3

FY 2012 CFCIP FUNDS REQUESTED

Per the Program Instructions for the 2011 APSR, this document is among those separately attached to the transmittal e-mail.

See: CFCIP Funding Request, Page 1

FY 2012 ETV FUNDS REQUESTED

Per the Program Instructions for the 2011 APSR, this document is among those separately attached to the transmittal e-mail.

See: CFCIP Funding Request, Page 2



CFCIP Funding
request.pdf

ETV Memo RE: Number of Students Served FY 2011-2012

Per the Program Instructions for the 2011 APSR, this document is among those separately attached to the transmittal e-mail.

See: 2011 ETV Plan



2011 ETV Plan.pdf

2009-2010 & 2010-2011 Alabama ETV Program Data

Per the Program Instructions for the 2011 APSR, this document is among those separately attached to the transmittal e-mail.

See: 8 15AL 2yr synop.



8_15 AL 2yr
synop.pdf

APPENDIX 5

OTHER PROGRAM TRAINING

Other Program Training*

Office of Permanency

- Adoption training – Escambia County, January 2011.
- Program Managers plan to attend Child Welfare Leadership in Action: 2011 Policy and Practice Dialogue in Washington DC (October 2011).
- March 2011 Power Point presentation and/or training on the Putative Father Registry made available to state and county staff.
- The State Permanency Conference is planned for August 2011.
- Child Welfare staff from Madison County will attend the Madison County Annual Mini-ILP Conference-July 2011.
- ILP Coordinator attended National Pathway to adulthood Conference in Denver in May 2011.
- Three one day State ILP Conferences to be held in June and July in North, Central and West Alabama.
- ILP Youth Camp scheduled for October 2011.
- ILP Network Meeting scheduled for November 2011.
- The 24th Annual Growing Pains 2011 National ILP Conference scheduled for September 2011.
- Ongoing training through out the state for both staff and youth on Permanency Connections for Older Youth
- A Program Supervisor in the Office of Permanency and a Program Specialist plan to participate in a AAICAMA teleconference in October 2011.
- Ongoing Heart Gallery Exhibits throughout the state.
- AFAPA annual training conference for foster and adoptive parents and DHR staff May 2011.
- National Foster Parents Conference held in Mobile June 2011.
- Alabama Ethics Law Training April 2011.
- Wendy's Wonderful Kids Annual Summit and Training, May 17-19, 2011.
- State ILP Youth Advisory Council Meetings.
- Local ILP Youth Advisory Committee Meetings.
- Permanency Roundtable Summit February 2011.
- Permanency Roundtables Values Training April-November 2011.
- Permanency Roundtable Skills Training April-November 2011.
- Upon request, the AFAPA Regional Reps can come to local FP association meetings and provide training. Training is open to foster parents, DHR staff, and others. Training focuses on policy, advocacy skills and other topics of interest that can help improve the quality of care provided to Alabama's children in foster care.
- NYTD Basic Training – November 2010.
- Preparing Children for Adoption (Teleconference) – August 3, 2011.
- NACAC Conference attended by three FSD staff, August 2011 – Denver, Colorado.

Office of ICPC

- Program Specialist for the ICPC office attended the Annual Association of Administrators of ICPC- Minneapolis, MN in April 2011.

Office of CPS

- Some counties choose to use Children's Justice funds for the purpose of planning a local/regional conference.
- National Symposium on Child Abuse – March 2011.
- Forensic interview training for county multidisciplinary team members. Children's Justice Grant funds are being used to provide this training to multidisciplinary investigative team members. This training continues to be well received by the multidisciplinary team members and will continue as an annual project sponsored by the Children's Justice Task Force. In FY 2011 three sessions have been completed thus far. Eighty –one multidisciplinary team members participated. The final session for this year is scheduled in July. The current plan is to offer four sessions per year.
- The CPS Program Manager is scheduled to attend the CJA/SLO Meeting in June 2011.
- In FY 2011 the CPS Program Manager attended the 2010 Policy to Practice Dialogue "Making Connections in Child Welfare" and was trained on a delivery model for the Safe Families-Safe Homes, a Collaborative Approach to Responding to and Preventing Domestic Violence". The delivery model included Head Start/Early Head Start;

Domestic Violence Advocates; Child Abuse Prevention/Child Abuse and Neglect Staff and Substance Abuse Treatment Providers. The first of two sessions for Head Start Staff were completed in June 2011.

Office of Child Welfare Consultation (OCWC)

- Program Manager attended the PSSF Grantee/NRC for In-Home Services, Washington DC.
- Training by FSD Consultant Staff to county staff as needed/requested on various practice issues, such as the ISP process, assessments and safety plans.
- District Supervisor Meetings.

Field Administration

- Alabama Higher Education Consortium on Child Welfare Summer 2011 - Workshops on "Promoting Critical Thinking in Child Welfare Decision Making through Supervision"; "Strengthening Your Critical Thinking Skills in Child Welfare Decision Making".
- The Tenth Annual Fall Social Work Conference – August 2011.
- Contingent on funding Consortium Workshops and the Fall Conference are planned for FY2012.
- The Department continues to partner with the University of Alabama to provide Title IV-E student stipends and training for DHR employees and potential employees. Student stipends and training by additional CSWE accredited programs throughout the state are also included in this interagency agreement. We are currently in the process of renewing this agreement for FY2012. The Department also continues to offer BSW/MSW Educational Leave for eligible, approved employees pursuing a social work degree.

Office of Quality Assurance

- Training by FSD (QA) Consultant Staff to county staff and county QA committee members on use of the protocol and other areas related to QA when requested by the County QA Coordinator or QA Committee.
- A QA Coordinator meeting was held in January 2011.
- Adjunct Reviewer training – July 21-22, 2011.

Office of Data Analysis

- The Program Supervisor and Program Specialist in the Office of Data Analysis attended the National Child Abuse and Neglect Data Systems (NCANDS) State Technical Assistance Meeting in Rockville, MD in November 2010.
- The Program Supervisor in the Office of Data Analysis attended the "Optimizing Child Welfare Outcomes and CFSR Performance" in Atlanta, Georgia in October 2010.
- The Program Specialist in the Office of Data Analysis plans to attend the 2011 National Child Abuse and Neglect Data Systems (NCANDS) State Technical Assistance Meeting.
- The Program Specialist in the Office of Data Analysis, State ILP Consultant and a former foster Youth, attended the 2011 National Youth in Transition (NYTD) Technical Assistance Meeting – Washington DC, August 2011.

Office of Financial Resource Management

- Training of providers by OFRM regarding Medicaid Rehab Services and billing is ongoing throughout FY11.

Office of Policy

- Alabama Department of Public Health's 2011 Volunteer Symposia on Emergency Preparedness – June 2011, Montgomery, Alabama.

Resource Management Division

- Multi-dimensional Assessment Tool training annually for SDHR and selected county staff.

SDHR – Legal

- Liability Issues and Management 101 Workshop (selected counties) – March 2011, May 2011.

- Kinship Guardianship, Termination of Parental Rights and Putative Father Registry Legal Training - March 2011. Video conference, utilizing DHR video conference sites.

Other:

- Three Behavior Analysts plan to attend/present at the Alabama Association for Behavior Analysts Conference – Birmingham, October 2011.
- A Program Supervisor in the OCWC presented at GAL Training sessions (provided by AOC).
- State QA Committee Meetings.
- Alabama CWCI Meetings.
- District Director Meetings.
- Children’s Policy Council Regional Conferences.
- Family Functioning Assessment and Protective Capacity Assessment Training – March 2011, Mobile.
- Two County Directors and an ILP Coordinator were among attendees at the Alabama Campaign to Prevent Teen Pregnancy State Conference – May 2011, Birmingham.
- County Director Fall Meeting – October 2010.
- Planned (Teleconference, utilizing DHR video conference sites) Training of the Foster Home Monitoring Process/Instrument – September 2011.
- Planned (Teleconference, utilizing DHR video conference sites) Training of the Foster Family/Adoptive Resources Approval Process - September 2011.
- Both FSD Deputy Directors attended the 2nd Child Welfare Evaluation Summit in Washington, August 29-31, 2011.
- County Director meeting on August 19, 2011.
- State QA Onsite Reviews and QSR Activities.
- A Deputy Director of Family Services made a presentation to the Alabama Court Improvement Program (CIP) Advisory Committee in May 2011.
- A FSD Deputy Director and two other FSD staff attended the CFA Grantees meeting in Bethesda, MD – March, 2011.
- Dependency Caseload Management Follow-Up Meetings are planned for November 2011 (collaboration with AOC).
- The Program Supervisor in the Office of Child Welfare Training is one of the presenters at the Tribal Protection From Abuse Conference scheduled for October 2011, in Atmore, Alabama.
- Some child welfare staff attended and three FSD staff served as room coordinators at the video conference sites for the training: Child Safety: A Guide for Judges and Attorneys – January 2011. Video conference utilizing DHR video conference sites.

* Training, conferences, meetings conducted, attended, and/or planned, for the time period FY 2011 and 2012 that were led, and/or attended, by county/state child welfare staff (list contains some training sessions, meetings, etc. for which it was uncertain if inclusion was necessary).

APPENDIX 6

CHILD WELFARE TRAINING COSTS

Child Welfare Training Costs

(This section will contain information regarding all training charged to IV-B and IV-E)

Please note that the training costs identified on the pages that follow are the projected costs for the time period of FY 2012. A number of organizational areas within DHR support Family Services and charge a portion of the training they provide to child welfare funds. In addition to the training provided by Family Services, other training funded by IV-B and/or IV-E are:

Title of Training	Office Responsible	Training Description
Targeted Case Management (TCM)	Financial Resource Management	TCM Certification training is designed to provide general information about case management services for eligible Medicaid recipients. Staff must study Medicaid approved training material and pass a test in order to become certified to provide TCM services.
Medicaid Rehabilitative Services	Financial Resource Management	Training for Medicaid Rehabilitative services consists of a one-day session which focuses on the definition of eligible services, who is qualified to provide the service, when the services should be authorized, how to authorize the needed service, and the documentation required by the Medicaid Agency.
Performance Appraisal for Social Work Supervisors, and Progressive Discipline.	Field Administration	Performance appraisal for social worker supervisors describes techniques and skills to write action and outcome based performance criteria, to conduct formal and informal meetings with employees, and to document and rate employee performance objectively according to an established rating scale. Further, both Directive and Supportive supervisory behaviors are modeled as methods to develop employee competence through coaching. Progressive Discipline in the social work environment describes a specific five-level approach to discipline, and includes general information on the following legal issues: DHR advanced discipline procedures; specific techniques to conduct the lower levels of discipline effectively and provide the employee an opportunity to improve. All courses are conducted with online units, live discussions, and cognitive tests. Field Administration Training Unit.

DHR encourages entry into the profession of social work by supporting programs and activities at several universities. DHR supports: student stipends; license review courses for social work licensure candidates; student field placement services at the Alabama A&M University, Alabama State University, Auburn University, Jacksonville State University, Miles College, Oakwood College, Talladega College, Tuskegee University, Troy University, University of Alabama, University of Montevallo, University of North Alabama, and University of South Alabama. DHR splits the cost of stipends and other funding for social work programs through funding based on the penetration rate, i.e., the ratio of children in foster care and adoption assistance who are IV-E eligible to the total number of children in foster care and adoption assistance.

APPENDIX 7

TRAINING ACTIVITIES/EVENTS CHECKLISTS

"CHECKLIST" FOR ADDRESSING TRAINING ACTIVITIES/EVENTS UNDER THE TITLE IV-B PLAN

(This "checklist" should be used as a guide to ensure that all of the following information is provided in the Plan for each individual training activity planned to be held during the reporting period covered by this update)

Provide a one paragraph brief syllabus of the training activity

Performance appraisal. See description provided in Appendix 6.

Indicate which, if any, of the specifically allowable Title IV-E administrative functions this training activity addresses.

<input type="checkbox"/> IV-E Eligibility Determination or Redetermination	<input type="checkbox"/> Placement of Child
<input type="checkbox"/> Rate Setting	<input type="checkbox"/> Development and Maintenance of Case Plan
<input type="checkbox"/> Hearings and Appeals	<input checked="" type="checkbox"/> Case Management
<input type="checkbox"/> Referral to Services	<input type="checkbox"/> Recruitment/Licensing of Foster/Adoptive Homes and Institutions
<input type="checkbox"/> Preparation for and Participation in Judicial Determinations	<input type="checkbox"/> Data Collection and Reporting

Indicate setting/venue for the training activity

Indicate proposed provider of training activity

<input type="checkbox"/> Pre-Service (Trainee not yet employed by State agency)	<input checked="" type="checkbox"/> In-house agency training staff		Specify
<input type="checkbox"/> Initial In-Service (Intensive training to prepare new employees)	<input type="checkbox"/> Public university ----->		
<input type="checkbox"/> Continuing In-Service (On-going training for existing employees)	<input type="checkbox"/> Private university ----->		
<input checked="" type="checkbox"/> Conference/workshop	<input type="checkbox"/> Other ----->		

Indicate duration category of the training activity

Specify approximate number of days or hours of training activity

<input checked="" type="checkbox"/> Short Term (Less than eight consecutive work weeks)	<input type="checkbox"/> 1 Days
<input type="checkbox"/> Long Term (Eight or more consecutive work weeks)	<input type="checkbox"/> Hours per day
	<input type="checkbox"/> Credit hours

Indicate the audience to receive training

<input checked="" type="checkbox"/> Staff of State/local agency administering the State Plan	<input type="checkbox"/> Adoptive parents
<input type="checkbox"/> Volunteers of State/local agency administering State Plan	<input type="checkbox"/> Child caring agency staff
<input type="checkbox"/> Persons preparing for employment with State/local agency	<input type="checkbox"/> Child placement agency staff
<input type="checkbox"/> Foster parents	<input type="checkbox"/> Other State agency staff (JJ, MH, DD, etc.)
	<input type="checkbox"/> Other community staff (medical, legal, police)

Costing method

Estimated total cost

<input type="checkbox"/> Unit cost per trainee (Tuition/books/supplies per trainee) or	<input type="checkbox"/> Unit cost	\$0.00	<input type="checkbox"/> No. Trainees	0	<input type="checkbox"/> Total Cost	\$0.00
<input type="checkbox"/> Cost per class/training function	<input type="checkbox"/> Estim. no. of trainees in class				<input type="checkbox"/> Total Cost	
<input checked="" type="checkbox"/> Other (specify) SEE BELOW						

Cost allocation methodology

Describe basis for allocating costs among benefiting programs & funding sources (including application of eligibility rates, where applicable)

1. Training costs are part of overhead (such as supplies, printing, notebooks, etc.).
2. Employees use their own Program Effort Codes to cost out their training. Most will be service workers whose cost is distributed/based on Random Moment Sampling.

Indicate all applicable funding sources

<input checked="" type="checkbox"/> IV-B-1 (CWS)	<input type="checkbox"/> CAPTA
<input type="checkbox"/> IV-B-2 (PSSF)	<input type="checkbox"/> IV-E Chafee ILP
<input checked="" type="checkbox"/> IV-E Foster Care	<input type="checkbox"/> State only (mark only if other than non-Fed match)
<input checked="" type="checkbox"/> IV-E Adoption	<input checked="" type="checkbox"/> Other, Specify Child Support
<input checked="" type="checkbox"/> TANF	<input checked="" type="checkbox"/> Other, Specify Title XIX

"CHECKLIST" FOR ADDRESSING TRAINING ACTIVITIES/EVENTS UNDER THE TITLE IV-B PLAN

(This "checklist" should be used as a guide to ensure that all of the following information is provided in the Plan for each individual training activity plan need to be held during the reporting period covered by this update)

Provide a one paragraph brief syllabus of the training activity

Alabama Child Welfare Training (ACT I) basic child welfare skills curriculum for social workers and supervisors: three modules which include OJT components. ACT is based on five foundation concepts: belief that people can change; respecting the family's culture; joining with families; building partnerships with birth families and adoptive/foster families in partnership working with families in an ecological system framework.

OCWT-1

Indicate which, if any, of the specifically allowable Title IV-E administrative functions this training activity addresses.

<input type="checkbox"/> IV-E Eligibility Determination or Redetermination	<input checked="" type="checkbox"/>	Placement of Child
<input type="checkbox"/> Rate Setting	<input checked="" type="checkbox"/>	Development and Maintenance of Case Plan
<input type="checkbox"/> Hearings and Appeals	<input checked="" type="checkbox"/>	Case Management
<input checked="" type="checkbox"/> Referral to Services	<input type="checkbox"/>	Recruitment/Licensing of Foster/Adoptive Homes and Institutions
<input checked="" type="checkbox"/> Preparation for and Participation in Judicial Determinations	<input type="checkbox"/>	Data Collection and Reporting

Indicate setting/venue for the training activity

Indicate proposed provider of training activity

<input type="checkbox"/> Pre-Service (Trainee not yet employed by State agency)	<input checked="" type="checkbox"/>	In-house agency training staff		Specify
<input checked="" type="checkbox"/> Initial In-Service (Intensive training to prepare new employees)	<input type="checkbox"/>	Public university ----->		
<input checked="" type="checkbox"/> Continuing In-Service (On-going training for existing employees)	<input type="checkbox"/>	Private university ----->		
<input type="checkbox"/> Conference/workshop	<input type="checkbox"/>	Other ----->		

Indicate duration category of the training activity

Specify approximate number of days or hours of training activity

<input checked="" type="checkbox"/> Short Term (Less than eight consecutive work weeks)	<input type="checkbox"/>	11 Days
<input type="checkbox"/> Long Term (Eight or more consecutive work weeks)	<input type="checkbox"/>	Hours per day
	<input type="checkbox"/>	81 Credit hours

Indicate the audience to receive training

<input checked="" type="checkbox"/> Staff of State/local agency administering the State Plan	<input type="checkbox"/>	Adoptive parents		
<input type="checkbox"/> Volunteers of State/local agency administering State Plan	<input type="checkbox"/>	Child caring agency staff		
<input type="checkbox"/> Persons preparing for employment with State/local agency	<input checked="" type="checkbox"/>	Child placement agency staff		Specify
<input type="checkbox"/> Foster parents	<input type="checkbox"/>	Other State agency staff (JJ, MH, DD, etc.)		
	<input checked="" type="checkbox"/>	Other community staff (medical, legal, police)		Indian Tribe

Costing method

Estimated total cost

Unit cost per trainee (Tuition/books/supplies per trainee) or	Unit cost	\$0.00	No. Trainees	0	Total Cost	\$0.00
Cost per class/training function	Estim. no. of trainees in class		200	Total Cost	\$170,000.00	
<input checked="" type="checkbox"/> Other (specify) SEE BELOW						

Cost allocation methodology

Describe basis for allocating costs among benefiting programs & funding sources (including application of eligibility rates, where applicable)

1. Training costs are part of overhead (such as supplies, printing notebooks, etc.).
2. Direct training costs (such as travel of employees, trainers' salaries and fringe benefits) go into a pool and are distributed according to IV-E / IV-B Penetration Rate.

Indicate all applicable funding sources

<input checked="" type="checkbox"/> IV-B-1 (CWS)	<input type="checkbox"/>	CAPTA
<input type="checkbox"/> IV-B-2 (PSSF)	<input type="checkbox"/>	IV-E Chafee ILP
<input checked="" type="checkbox"/> IV-E Foster Care	<input type="checkbox"/>	State only (mark only if other than non-Fed match)
<input checked="" type="checkbox"/> IV-E Adoption	<input type="checkbox"/>	Other, Specify
<input type="checkbox"/> TANF	<input type="checkbox"/>	Other, Specify
<input type="checkbox"/> SSBG	<input type="checkbox"/>	Other, Specify

"CHECKLIST" FOR ADDRESSING TRAINING ACTIVITIES/EVENTS UNDER THE TITLE IV-B PLAN

(This "checklist" should be used as a guide to ensure that all of the following information is provided in the Plan for each individual training activity planned to be held during the reporting period covered by this update)

Provide a one paragraph brief syllabus of the training activity

Leader certification training in Group Preparation and Selection (GPS) for prospective foster/adoptive parents and county staff and foster parents and qualified staff of licensed child placing agencies who will lead groups of foster/adoptive applicants thru the process of licensure or approval. Leader certification sequences consist of 2 weeks of classroom training focusing on GPS curriculum and leader facilitation skills.

OCWT-2

Indicate which, if any, of the specifically allowable Title IV-E administrative functions this training activity addresses.

<input type="checkbox"/> IV-E Eligibility Determination or Redetermination	<input checked="" type="checkbox"/>	Placement of Child
<input type="checkbox"/> Rate Setting	<input type="checkbox"/>	Development and Maintenance of Case Plan
<input type="checkbox"/> Hearings and Appeals	<input type="checkbox"/>	Case Management
<input type="checkbox"/> Referral to Services	<input checked="" type="checkbox"/>	Recruitment/Licensing of Foster/Adoptive Homes and Institutions
<input type="checkbox"/> Preparation for and Participation in Judicial Determinations	<input type="checkbox"/>	Data Collection and Reporting

Indicate setting/venue for the training activity

Indicate proposed provider of training activity

<input type="checkbox"/> Pre-Service (Trainee not yet employed by State agency)	<input checked="" type="checkbox"/>	In-house agency training staff	Specify
<input type="checkbox"/> Initial In-Service (Intensive training to prepare new employees)	<input type="checkbox"/>	Public university ----->	
<input type="checkbox"/> Continuing In-Service (On-going training for existing employees)	<input type="checkbox"/>	Private university ----->	
<input checked="" type="checkbox"/> Conference/workshop	<input type="checkbox"/>	Other ----->	

Indicate duration category of the training activity

Specify approximate number of days or hours of training activity

<input checked="" type="checkbox"/> Short Term (Less than eight consecutive work weeks)	<input type="checkbox"/>	10 Days
<input type="checkbox"/> Long Term (Eight or more consecutive work weeks)	<input type="checkbox"/>	Hours per day
	<input type="checkbox"/>	48 Credit hours

Indicate the audience to receive training

<input checked="" type="checkbox"/> Staff of State/local agency administering the State Plan	<input checked="" type="checkbox"/>	Adoptive parents	
<input type="checkbox"/> Volunteers of State/local agency administering State Plan	<input type="checkbox"/>	Child caring agency staff	
<input type="checkbox"/> Persons preparing for employment with State/local agency	<input checked="" type="checkbox"/>	Child placement agency staff	Specify
<input checked="" type="checkbox"/> Foster parents	<input type="checkbox"/>	Other State agency staff (JJ, MH, DD, etc.)	
	<input type="checkbox"/>	Other community staff (medical, legal, police)	

Costing method

Estimated total cost

<input type="checkbox"/> Unit cost per trainee (Tuition/books/supplies per trainee) or	Unit cost	\$0.00	No. Trainees	0	Total Cost	\$0.00
<input type="checkbox"/> Cost per class/training function	Estim. no. of trainees in class		200	Total Cost	\$160,000.00	
<input checked="" type="checkbox"/> Other (specify) SEE BELOW						

Cost allocation methodology

Describe basis for allocating costs among benefiting programs & funding sources (including application of eligibility rates, where applicable)

1. Training costs are part of overhead (such as supplies, printing, notebooks, etc.).
2. Direct training costs (such as travel of employees, trainers' salaries and fringe benefits) go into a pool and are distributed according to IV-E / IV-B Penetration Rate.

Indicate all applicable funding sources

<input checked="" type="checkbox"/> IV-B-1 (CWS)	<input type="checkbox"/>	CAPTA
<input type="checkbox"/> IV-B-2 (PSSF)	<input type="checkbox"/>	IV-E Chafee ILP
<input checked="" type="checkbox"/> IV-E Foster Care	<input type="checkbox"/>	State only (mark only if other than non-Fed match)
<input checked="" type="checkbox"/> IV-E Adoption	<input type="checkbox"/>	Other, Specify
<input type="checkbox"/> TANF	<input type="checkbox"/>	Other, Specify
<input type="checkbox"/> SSBG	<input type="checkbox"/>	Other, Specify

"CHECKLIST" FOR ADDRESSING TRAINING ACTIVITIES/EVENTS UNDER THE TITLE IV-B PLAN

(This "checklist" should be used as a guide to ensure that all of the following information is provided in the Plan for each individual training activity planned to be held during the reporting period covered by this update)

Provide a one paragraph brief syllabus of the training activity

Deciding Together Training is a foster/adoptive preparation and selection process for county staff and qualified staff of licensed child placing agencies that is intended for use with individuals/families whose geographic location or circumstances of employment prohibit attendance at the 10 weeks of group meetings included in Group Preparation and Selection (GPS).

OCWT-3

Indicate which, if any, of the specifically allowable Title IV-E administrative functions this training activity addresses.

<input type="checkbox"/> IV-E Eligibility Determination or Redetermination	<input checked="" type="checkbox"/>	Placement of Child
<input type="checkbox"/> Rate Setting	<input type="checkbox"/>	Development and Maintenance of Case Plan
<input type="checkbox"/> Hearings and Appeals	<input type="checkbox"/>	Case Management
<input type="checkbox"/> Referral to Services	<input checked="" type="checkbox"/>	Recruitment/Licensing of Foster/Adoptive Homes and Institutions
<input type="checkbox"/> Preparation for and Participation in Judicial Determinations	<input type="checkbox"/>	Data Collection and Reporting

Indicate setting/venue for the training activity

Indicate proposed provider of training activity

<input type="checkbox"/> Pre-Service (Trainee not yet employed by State agency)	<input checked="" type="checkbox"/>	In-house agency training staff		Specify
<input type="checkbox"/> Initial In-Service (Intensive training to prepare new employees)	<input type="checkbox"/>	Public university ----->		
<input type="checkbox"/> Continuing In-Service (On-going training for existing employees)	<input type="checkbox"/>	Private university ----->		
<input checked="" type="checkbox"/> Conference/workshop	<input type="checkbox"/>	Other ----->		

Indicate duration category of the training activity

Specify approximate number of days or hours of training activity

<input checked="" type="checkbox"/> Short Term (Less than eight consecutive work weeks)	<input type="checkbox"/>	2	Days
<input type="checkbox"/> Long Term (Eight or more consecutive work weeks)	<input type="checkbox"/>		Hours per day
		15	Credit hours

Indicate the audience to receive training

<input checked="" type="checkbox"/> Staff of State/local agency administering the State Plan	<input checked="" type="checkbox"/>	Adoptive parents		
<input type="checkbox"/> Volunteers of State/local agency administering State Plan	<input type="checkbox"/>	Child caring agency staff		
<input type="checkbox"/> Persons preparing for employment with State/local agency	<input checked="" type="checkbox"/>	Child placement agency staff		Specify
<input type="checkbox"/> Foster parents	<input type="checkbox"/>	Other State agency staff (JJ, MH, DD, etc.)		
		Other community staff (medical, legal, police)		

Costing method

Estimated total cost

<input type="checkbox"/> Unit cost per trainee (Tuition/books/supplies per trainee) or		Unit cost	\$0.00	No. Trainees	0	Total Cost	\$0.00
<input type="checkbox"/> Cost per class/training function		Estim. no. of trainees in class		75		Total Cost	\$13,750.00
<input checked="" type="checkbox"/> Other (specify) SEE BELOW							

Cost allocation methodology

Describe basis for allocating costs among benefiting programs & funding sources (including application of eligibility rates, where applicable)

1. Training costs are part of overhead (such as supplies, printing, notebooks, etc.).
2. Direct training costs (such as travel of employees, trainers' salaries and fringe benefits) go into a pool and are distributed according to IV-E / IV-B Penetration Rate.

Indicate all applicable funding sources

<input checked="" type="checkbox"/> IV-B-1 (CWS)	<input type="checkbox"/>	CAPTA
<input type="checkbox"/> IV-B-2 (PSSF)	<input type="checkbox"/>	IV-E Chafee ILP
<input checked="" type="checkbox"/> IV-E Foster Care	<input type="checkbox"/>	State only (mark only if other than non-Fed match)
<input checked="" type="checkbox"/> IV-E Adoption	<input type="checkbox"/>	Other, Specify
<input type="checkbox"/> TANF	<input type="checkbox"/>	Other, Specify
<input type="checkbox"/> SSBG	<input type="checkbox"/>	Other, Specify

"CHECKLIST" FOR ADDRESSING TRAINING ACTIVITIES/EVENTS UNDER THE TITLE IV-B PLAN

(This "checklist" should be used as a guide to ensure that all of the following information is provided in the Plan for each individual training activity planned to be held during the reporting period covered by this update)

Provide a one paragraph brief syllabus of the training activity

Underlying Conditions is a three day training to provide workers with skills to analyze information about families with regard to underlying causes of risks, safety issues, patterns within the family's behaviors, and assessing the possibility of maintaining a child safely in the family's home.

OCWT-5

Indicate which, if any, of the specifically allowable Title IV-E administrative functions this training activity addresses.

<input type="checkbox"/> IV-E Eligibility Determination or Redetermination	<input checked="" type="checkbox"/> Placement of Child
<input type="checkbox"/> Rate Setting	<input checked="" type="checkbox"/> Development and Maintenance of Case Plan
<input type="checkbox"/> Hearings and Appeals	<input checked="" type="checkbox"/> Case Management
<input checked="" type="checkbox"/> Referral to Services	<input type="checkbox"/> Recruitment/Licensing of Foster/Adoptive Homes and Institutions
<input type="checkbox"/> Preparation for and Participation in Judicial Determinations	<input type="checkbox"/> Data Collection and Reporting

Indicate setting/venue for the training activity

Indicate proposed provider of training activity

<input type="checkbox"/> Pre-Service (Trainee not yet employed by State agency)	<input checked="" type="checkbox"/> In-house agency training staff	Specify	
<input type="checkbox"/> Initial In-Service (Intensive training to prepare new employees)	<input type="checkbox"/> Public university ----->		
<input checked="" type="checkbox"/> Continuing In-Service (On-going training for existing employees)	<input type="checkbox"/> Private university ----->		
<input type="checkbox"/> Conference/workshop	<input type="checkbox"/> Other ----->		

Indicate duration category of the training activity

Specify approximate number of days or hours of training activity

<input checked="" type="checkbox"/> Short Term (Less than eight consecutive work weeks)	3 Days
<input type="checkbox"/> Long Term (Eight or more consecutive work weeks)	Hours per day
	12 Credit hours

Indicate the audience to receive training

<input checked="" type="checkbox"/> Staff of State/local agency administering the State Plan	<input type="checkbox"/> Adoptive parents
<input type="checkbox"/> Volunteers of State/local agency administering State Plan	<input type="checkbox"/> Child caring agency staff
<input type="checkbox"/> Persons preparing for employment with State/local agency	<input type="checkbox"/> Child placement agency staff
<input type="checkbox"/> Foster parents	<input type="checkbox"/> Other State agency staff (JJ, MH, DD, etc.)
	<input type="checkbox"/> Other community staff (medical, legal, police)

Costing method

Estimated total cost

<input type="checkbox"/> Unit cost per trainee (Tuition/books/supplies per trainee) or	Unit cost	\$0.00	No. Trainees	0	Total Cost	\$0.00
<input type="checkbox"/> Cost per class/training function	Estim. no. of trainees in class			100	Total Cost	\$22,500.00
<input checked="" type="checkbox"/> Other (specify) SEE BELOW						

Cost allocation methodology

Describe basis for allocating costs among benefiting programs & funding sources (including application of eligibility rates, where applicable)

1. Training costs are part of overhead (such as supplies, printing, notebooks, etc.).
2. Direct training costs (such as travel of employees, trainers' salaries and fringe benefits) go into a pool and are distributed according to IV-E / IV-B Penetration Rate.

Indicate all applicable funding sources

<input checked="" type="checkbox"/> IV-B-1 (CWS)	<input type="checkbox"/> CAPTA
<input type="checkbox"/> IV-B-2 (PSSF)	<input type="checkbox"/> IV-E Chafee ILP
<input checked="" type="checkbox"/> IV-E Foster Care	<input type="checkbox"/> State only (mark only if other than non-Fed match)
<input checked="" type="checkbox"/> IV-E Adoption	<input type="checkbox"/> Other, Specify
<input type="checkbox"/> TANF	<input type="checkbox"/> Other, Specify
<input type="checkbox"/> SSBG	<input type="checkbox"/> Other, Specify

"CHECKLIST" FOR ADDRESSING TRAINING ACTIVITIES/EVENTS UNDER THE TITLE IV-B PLAN

(This "checklist" should be used as a guide to ensure that all of the following information is provided in the Plan for each individual training activity planned to be held during the reporting period covered by this update)

Provide a one paragraph brief syllabus of the training activity

The Individualized Service Planning **Process for Families Who Experience Substance Abuse** is a four day training for workers to understand the dynamics of working with families involved in substance abuse.

OCWT-6

Indicate which, if any, of the specifically allowable Title IV-E administrative functions this training activity addresses.

<input type="checkbox"/> IV-E Eligibility Determination or Redetermination	<input checked="" type="checkbox"/> Placement of Child
<input type="checkbox"/> Rate Setting	<input checked="" type="checkbox"/> Development and Maintenance of Case Plan
<input type="checkbox"/> Hearings and Appeals	<input checked="" type="checkbox"/> Case Management
<input checked="" type="checkbox"/> Referral to Services	<input type="checkbox"/> Recruitment/Licensing of Foster/Adoptive Homes and Institutions
<input checked="" type="checkbox"/> Preparation for and Participation in Judicial Determinations	<input type="checkbox"/> Data Collection and Reporting

Indicate setting/venue for the training activity

<input type="checkbox"/> Pre-Service (Trainee not yet employed by State agency)
<input type="checkbox"/> Initial In-Service (Intensive training to prepare new employees)
<input checked="" type="checkbox"/> Continuing In-Service (On-going training for existing employees)
<input type="checkbox"/> Conference/workshop

Indicate proposed provider of training activity

<input checked="" type="checkbox"/> In-house agency training staff	Specify
<input type="checkbox"/> Public university ----->	
<input type="checkbox"/> Private university ----->	
<input type="checkbox"/> Other ----->	

Indicate duration category of the training activity

<input checked="" type="checkbox"/> Short Term (Less than eight consecutive work weeks)
<input type="checkbox"/> Long Term (Eight or more consecutive work weeks)

Specify approximate number of days or hours of training activity

<input checked="" type="checkbox"/> 4 Days	<input type="checkbox"/> Hours per day
<input type="checkbox"/> Hours per day	<input type="checkbox"/> 24 Credit hours

Indicate the audience to receive training

<input checked="" type="checkbox"/> Staff of State/local agency administering the State Plan	<input type="checkbox"/> Adoptive parents
<input type="checkbox"/> Volunteers of State/local agency administering State Plan	<input type="checkbox"/> Child caring agency staff
<input type="checkbox"/> Persons preparing for employment with State/local agency	<input type="checkbox"/> Child placement agency staff
<input type="checkbox"/> Foster parents	<input type="checkbox"/> Other State agency staff (JJ, MH, DD, etc.)
	<input type="checkbox"/> Other community staff (medical, legal, police)

Costing method

<input type="checkbox"/> Unit cost per trainee (Tuition/books/supplies per trainee) or
<input type="checkbox"/> Cost per class/training function
<input checked="" type="checkbox"/> Other (specify) SEE BELOW

Estimated total cost

Unit cost	\$0.00	No. Trainees	0	Total Cost	\$0.00
Estim. no. of trainees in class		150	Total Cost	\$49,200.00	

Cost allocation methodology

Describe basis for allocating costs among benefiting programs & funding sources (including application of eligibility rates, where applicable)

1. Training costs are part of overhead (such as supplies, printing, notebooks, etc.).
2. Direct training costs (such as travel of employees, trainers' salaries and fringe benefits) go into a pool and are distributed according to IV-E / IV-B Penetration Rate.

Indicate all applicable funding sources

<input checked="" type="checkbox"/> IV-B-1 (CWS)	<input type="checkbox"/> CAPTA
<input type="checkbox"/> IV-B-2 (PSSF)	<input type="checkbox"/> IV-E Chafee ILP
<input checked="" type="checkbox"/> IV-E Foster Care	<input type="checkbox"/> State only (mark only if other than non-Fed match)
<input checked="" type="checkbox"/> IV-E Adoption	<input type="checkbox"/> Other, Specify
<input type="checkbox"/> TANF	<input type="checkbox"/> Other, Specify
<input type="checkbox"/> SSBG	<input type="checkbox"/> Other, Specify

"CHECKLIST" FOR ADDRESSING TRAINING ACTIVITIES/EVENTS UNDER THE TITLE IV-B PLAN

(This "checklist" should be used as a guide to ensure that all of the following information is provided in the Plan for each individual training activity planned to be held during the reporting period covered by this update)

Provide a one paragraph brief syllabus of the training activity

Practical Child Sexual Abuse Intervention is a 5 day training developed by the National Advocacy Center to enable workers to acquire skills in the investigation of child sexual abuse, and working with families that are impacted by child sexual abuse. It includes information regarding the dynamics of child sexual abuse.

OCWT-7

Indicate which, if any, of the specifically allowable Title IV-E administrative functions this training activity addresses.

<input type="checkbox"/> IV-E Eligibility Determination or Redetermination	<input checked="" type="checkbox"/> Placement of Child
<input type="checkbox"/> Rate Setting	<input checked="" type="checkbox"/> Development and Maintenance of Case Plan
<input type="checkbox"/> Hearings and Appeals	<input checked="" type="checkbox"/> Case Management
<input checked="" type="checkbox"/> Referral to Services	<input type="checkbox"/> Recruitment/Licensing of Foster/Adoptive Homes and Institutions
<input checked="" type="checkbox"/> Preparation for and Participation in Judicial Determinations	<input type="checkbox"/> Data Collection and Reporting

Indicate setting/venue for the training activity

<input type="checkbox"/> Pre-Service (Trainee not yet employed by State agency)
<input type="checkbox"/> Initial In-Service (Intensive training to prepare new employees)
<input checked="" type="checkbox"/> Continuing In-Service (On-going training for existing employees)
<input type="checkbox"/> Conference/workshop

Indicate proposed provider of training activity

<input checked="" type="checkbox"/> In-house agency training staff	Specify
<input type="checkbox"/> Public university ----->	
<input type="checkbox"/> Private university ----->	
<input type="checkbox"/> Other ----->	

Indicate duration category of the training activity

<input checked="" type="checkbox"/> Short Term (Less than eight consecutive work weeks)
<input type="checkbox"/> Long Term (Eight or more consecutive work weeks)

Specify approximate number of days or hours of training activity

5 Days	
<input type="checkbox"/> Hours per day	
<input type="checkbox"/> 33 Credit hours	

Indicate the audience to receive training

<input checked="" type="checkbox"/> Staff of State/local agency administering the State Plan	<input type="checkbox"/> Adoptive parents
<input type="checkbox"/> Volunteers of State/local agency administering State Plan	<input type="checkbox"/> Child caring agency staff
<input type="checkbox"/> Persons preparing for employment with State/local agency	<input type="checkbox"/> Child placement agency staff
<input type="checkbox"/> Foster parents	<input type="checkbox"/> Other State agency staff (JJ, MH, DD, etc.)
	<input type="checkbox"/> Other community staff (medical, legal, police)

Costing method

<input type="checkbox"/> Unit cost per trainee (Tuition/books/supplies per trainee) or
<input type="checkbox"/> Cost per class/training function
<input checked="" type="checkbox"/> Other (specify) SEE BELOW

Estimated total cost

Unit cost	\$0.00	No. Trainees	0	Total Cost	\$0.00
Estim. no. of trainees in class			75	Total Cost	\$27,000.00

Cost allocation methodology

Describe basis for allocating costs among benefiting programs & funding sources (including application of eligibility rates, where applicable)

1. Training costs are part of overhead (such as supplies, printing, notebooks, etc.).
2. Direct training costs (such as travel of employees, trainers' salaries and fringe benefits) go into a pool and are distributed according to IV-E / IV-B Penetration Rate.

Indicate all applicable funding sources

<input checked="" type="checkbox"/> IV-B-1 (CWS)	<input type="checkbox"/> CAPTA
<input type="checkbox"/> IV-B-2 (PSSF)	<input type="checkbox"/> IV-E Chafee ILP
<input checked="" type="checkbox"/> IV-E Foster Care	<input type="checkbox"/> State only (mark only if other than non-Fed match)
<input checked="" type="checkbox"/> IV-E Adoption	<input type="checkbox"/> Other, Specify
<input type="checkbox"/> TANF	<input type="checkbox"/> Other, Specify
<input type="checkbox"/> SSBG	<input type="checkbox"/> Other, Specify

"CHECKLIST" FOR ADDRESSING TRAINING ACTIVITIES/EVENTS UNDER THE TITLE IV-B PLAN

(This "checklist" should be used as a guide to ensure that all of the following information is provided in the Plan for each individual training activity planned to be held during the reporting period covered by this update)

Provide a one paragraph brief syllabus of the training activity

Practical Child Protection Services (CPS) was developed by the National Child Advocacy Center to enable workers to: distinguish between abuse and accidental injury; achieve crisis management; recognize emerging safety/removal factors; assign risk and safety priorities; assess level of risk in various family situations; assess ability/willingness of non-offending parent to protect child; assess probability of recurring safety issues.

OCWT-8

Indicate which, if any, of the specifically allowable Title IV-E administrative functions this training activity addresses.

<input type="checkbox"/> IV-E Eligibility Determination or Redetermination	<input checked="" type="checkbox"/>	Placement of Child
<input type="checkbox"/> Rate Setting	<input checked="" type="checkbox"/>	Development and Maintenance of Case Plan
<input type="checkbox"/> Hearings and Appeals	<input checked="" type="checkbox"/>	Case Management
<input checked="" type="checkbox"/> Referral to Services	<input type="checkbox"/>	Recruitment/Licensing of Foster/Adoptive Homes and Institutions
<input checked="" type="checkbox"/> Preparation for and Participation in Judicial Determinations	<input type="checkbox"/>	Data Collection and Reporting

Indicate setting/venue for the training activity

<input type="checkbox"/> Pre-Service (Trainee not yet employed by State agency)
<input type="checkbox"/> Initial In-Service (Intensive training to prepare new employees)
<input checked="" type="checkbox"/> Continuing In-Service (On-going training for existing employees)
<input type="checkbox"/> Conference/workshop

Indicate proposed provider of training activity

<input checked="" type="checkbox"/> In-house agency training staff		Specify
<input type="checkbox"/> Public university ----->		
<input type="checkbox"/> Private university ----->		
<input type="checkbox"/> Other ----->		

Indicate duration category of the training activity

<input checked="" type="checkbox"/> Short Term (Less than eight consecutive work weeks)
<input type="checkbox"/> Long Term (Eight or more consecutive work weeks)

Specify approximate number of days or hours of training activity

<input checked="" type="checkbox"/> 5 Days		Hours per day
<input type="checkbox"/> 30 Credit hours		

Indicate the audience to receive training

<input checked="" type="checkbox"/> Staff of State/local agency administering the State Plan	<input type="checkbox"/>	Adoptive parents
<input type="checkbox"/> Volunteers of State/local agency administering State Plan	<input type="checkbox"/>	Child caring agency staff
<input type="checkbox"/> Persons preparing for employment with State/local agency	<input type="checkbox"/>	Child placement agency staff
<input type="checkbox"/> Foster parents	<input type="checkbox"/>	Other State agency staff (JJ, MH, DD, etc.)
		Other community staff (medical, legal, police)

Costing method

<input type="checkbox"/> Unit cost per trainee (Tuition/books/supplies per trainee) or
<input type="checkbox"/> Cost per class/training function
<input checked="" type="checkbox"/> Other (specify) SEE BELOW

Estimated total cost

Unit cost	\$0.00	No. Trainees	0	Total Cost	\$0.00
Estim. no. of trainees in class		75	Total Cost	\$27,000.00	

Cost allocation methodology

Describe basis for allocating costs among benefiting programs & funding sources (including application of eligibility rates, where applicable)

1. Training costs are part of overhead (such as supplies, printing, notebooks, etc.).
2. Direct training costs (such as travel of employees, trainers' salaries and fringe benefits) go into a pool and are distributed according to IV-E / IV-B Penetration Rate.

Indicate all applicable funding sources

<input checked="" type="checkbox"/> IV-B-1 (CWS)	<input type="checkbox"/>	CAPTA
<input type="checkbox"/> IV-B-2 (PSSF)	<input type="checkbox"/>	IV-E Chafee ILP
<input checked="" type="checkbox"/> IV-E Foster Care	<input type="checkbox"/>	State only (mark only if other than non-Fed match)
<input checked="" type="checkbox"/> IV-E Adoption	<input type="checkbox"/>	Other, Specify
<input type="checkbox"/> TANF	<input type="checkbox"/>	Other, Specify
<input type="checkbox"/> SSBG	<input type="checkbox"/>	Other, Specify

"CHECKLIST" FOR ADDRESSING TRAINING ACTIVITIES/EVENTS UNDER THE TITLE IV-B PLAN

(This "checklist" should be used as a guide to ensure that all of the following information is provided in the Plan for each individual training activity planned to be held during the reporting period covered by this update)

Provide a one paragraph brief syllabus of the training activity

Supervisor's Training is a six day training that covers basic skills for supervisory staff. This is part of ACT II.

OCWT-9

Indicate which, if any, of the specifically allowable Title IV-E administrative functions this training activity addresses.

<input type="checkbox"/> IV-E Eligibility Determination or Redetermination	<input checked="" type="checkbox"/> Placement of Child
<input type="checkbox"/> Rate Setting	<input checked="" type="checkbox"/> Development and Maintenance of Case Plan
<input type="checkbox"/> Hearings and Appeals	<input checked="" type="checkbox"/> Case Management
<input checked="" type="checkbox"/> Referral to Services	<input type="checkbox"/> Recruitment/Licensing of Foster/Adoptive Homes and Institutions
<input checked="" type="checkbox"/> Preparation for and Participation in Judicial Determinations	<input checked="" type="checkbox"/> Data Collection and Reporting

Indicate setting/venue for the training activity

<input type="checkbox"/> Pre-Service (Trainee not yet employed by State agency)
<input checked="" type="checkbox"/> Initial In-Service (Intensive training to prepare new employees)
<input checked="" type="checkbox"/> Continuing In-Service (On-going training for existing employees)
<input type="checkbox"/> Conference/workshop

Indicate proposed provider of training activity

<input checked="" type="checkbox"/> In-house agency training staff	Specify
<input type="checkbox"/> Public university ----->	
<input type="checkbox"/> Private university ----->	
<input type="checkbox"/> Other ----->	

Indicate duration category of the training activity

<input checked="" type="checkbox"/> Short Term (Less than eight consecutive work weeks)
<input type="checkbox"/> Long Term (Eight or more consecutive work weeks)

Specify approximate number of days or hours of training activity

6	Days
	Hours per day
24	Credit hours

Indicate the audience to receive training

<input checked="" type="checkbox"/> Staff of State/local agency administering the State Plan	<input type="checkbox"/> Adoptive parents
<input type="checkbox"/> Volunteers of State/local agency administering State Plan	<input type="checkbox"/> Child caring agency staff
<input type="checkbox"/> Persons preparing for employment with State/local agency	<input type="checkbox"/> Child placement agency staff
<input type="checkbox"/> Foster parents	<input type="checkbox"/> Other State agency staff (JJ, MH, DD, etc.)
	<input type="checkbox"/> Other community staff (medical, legal, police)

Costing method

<input type="checkbox"/> Unit cost per trainee (Tuition/books/supplies per trainee) or
<input type="checkbox"/> Cost per class/training function
<input checked="" type="checkbox"/> Other (specify) SEE BELOW

Estimated total cost

Unit cost	\$0.00	No. Trainees	0	Total Cost	\$0.00
Estim. no. of trainees in class			150	Total Cost	\$71,000.00

Cost allocation methodology

Describe basis for allocating costs among benefiting programs & funding sources (including application of eligibility rates, where applicable)

1. Training costs are part of overhead (such as supplies, printing, notebooks, etc.).
2. Direct training costs (such as travel of employees, trainers' salaries and fringe benefits) go into a pool and are distributed according to IV-E / IV-B Penetration Rate.

Indicate all applicable funding sources

<input checked="" type="checkbox"/> IV-B-1 (CWS)	<input type="checkbox"/> CAPTA
<input type="checkbox"/> IV-B-2 (PSSF)	<input type="checkbox"/> IV-E Chafee ILP
<input checked="" type="checkbox"/> IV-E Foster Care	<input type="checkbox"/> State only (mark only if other than non-Fed match)
<input checked="" type="checkbox"/> IV-E Adoption	<input type="checkbox"/> Other, Specify
<input type="checkbox"/> TANF	<input type="checkbox"/> Other, Specify
<input type="checkbox"/> SSBG	<input type="checkbox"/> Other, Specify

"CHECKLIST" FOR ADDRESSING TRAINING ACTIVITIES/EVENTS UNDER THE TITLE IV-B PLAN

(This "checklist" should be used as a guide to ensure that all of the following information is provided in the Plan for each individual training activity planned to be held during the reporting period covered by this update)

Provide a one paragraph brief syllabus of the training activity

Concurrent Permanent Planning is a 3-day training that increases understanding of how to work with the legal process to achieve safety and permanency for children; expand knowledge and skills of full disclosure and casework practices necessary to expedite permanency and enhance competency in helping families engage in the process of change; and practice integration of permanency concurrent planning concepts into the ISP team meetings.

OCWT 10

Indicate which, if any, of the specifically allowable Title IV-E administrative functions this training activity addresses.

<input type="checkbox"/> IV-E Eligibility Determination or Redetermination	<input checked="" type="checkbox"/> Placement of Child
<input type="checkbox"/> Rate Setting	<input checked="" type="checkbox"/> Development and Maintenance of Case Plan
<input type="checkbox"/> Hearings and Appeals	<input checked="" type="checkbox"/> Case Management
<input checked="" type="checkbox"/> Referral to Services	<input type="checkbox"/> Recruitment/Licensing of Foster/Adoptive Homes and Institutions
<input checked="" type="checkbox"/> Preparation for and Participation in Judicial Determinations	<input type="checkbox"/> Data Collection and Reporting

Indicate setting/venue for the training activity

<input type="checkbox"/> Pre-Service (Trainee not yet employed by State agency)
<input checked="" type="checkbox"/> Initial In-Service (Intensive training to prepare new employees)
<input checked="" type="checkbox"/> Continuing In-Service (On-going training for existing employees)
<input type="checkbox"/> Conference/workshop

Indicate proposed provider of training activity

<input checked="" type="checkbox"/> In-house agency training staff	Specify
<input type="checkbox"/> Public university ----->	
<input type="checkbox"/> Private university ----->	
<input type="checkbox"/> Other ----->	

Indicate duration category of the training activity

<input checked="" type="checkbox"/> Short Term (Less than eight consecutive work weeks)
<input type="checkbox"/> Long Term (Eight or more consecutive work weeks)

Specify approximate number of days or hours of training activity

3	Days
13	Credit hours

Indicate the audience to receive training

<input checked="" type="checkbox"/> Staff of State/local agency administering the State Plan	<input type="checkbox"/> Adoptive parents
<input type="checkbox"/> Volunteers of State/local agency administering State Plan	<input type="checkbox"/> Child caring agency staff
<input type="checkbox"/> Persons preparing for employment with State/local agency	<input type="checkbox"/> Child placement agency staff
<input type="checkbox"/> Foster parents	<input type="checkbox"/> Other State agency staff (JJ, MH, DD, etc.)
	<input type="checkbox"/> Other community staff (medical, legal, police)

Costing method

<input type="checkbox"/> Unit cost per trainee (Tuition/books/supplies per trainee) or
<input type="checkbox"/> Cost per class/training function
<input checked="" type="checkbox"/> Other (specify) SEE BELOW

Estimated total cost

Unit cost	\$0.00	No. Trainees	0	Total Cost	\$0.00
Estim. no. of trainees in class		200	Total Cost	\$48,800.00	

Cost allocation methodology

Describe basis for allocating costs among benefiting programs & funding sources (including application of eligibility rates, where applicable)

1. Training costs are part of overhead (such as supplies, printing, notebooks, etc.).
2. Direct training costs (such as travel of employees, trainers' salaries and fringe benefits) go into a pool and are distributed according to IV-E / IV-B Penetration Rate.

Indicate all applicable funding sources

<input checked="" type="checkbox"/> IV-B-1 (CWS)	<input type="checkbox"/> CAPTA
<input type="checkbox"/> IV-B-2 (PSSF)	<input type="checkbox"/> IV-E Chafee ILP
<input checked="" type="checkbox"/> IV-E Foster Care	<input type="checkbox"/> State only (mark only if other than non-Fed match)
<input checked="" type="checkbox"/> IV-E Adoption	<input type="checkbox"/> Other, Specify
<input type="checkbox"/> TANF	<input type="checkbox"/> Other, Specify
<input type="checkbox"/> SSBG	<input type="checkbox"/> Other, Specify

"CHECKLIST" FOR ADDRESSING TRAINING ACTIVITIES/EVENTS UNDER THE TITLE IV-B PLAN

(This "checklist" should be used as a guide to ensure that all of the following information is provided in the Plan for each individual training activity planned to be held during the reporting period covered by this update)

Provide a one paragraph brief syllabus of the training activity

Targeted Case Management (TCM) Training provides the knowledge base from which county staff can make informed decisions regarding available services, assist an individual to gain access to needed medical, social, educational & other services; & document services provided to the target group. Staff must study Medicaid approved training material and pass a test in order to become certified to provide TCM services. New social work employees or current employees who are uncertified that transfer to child welfare foster care or Adult Protective Services and who are assigned a program code of 29, 53, 68, 62, or 04 are assigned to attend a regional TCM training class in order to become TCM Certified. REV MAX 1

Indicate which, if any, of the specifically allowable Title IV-E administrative functions this training activity addresses.

<input type="checkbox"/> IV-E Eligibility Determination or Redetermination	<input checked="" type="checkbox"/>	Placement of Child
<input type="checkbox"/> Rate Setting	<input checked="" type="checkbox"/>	Development and Maintenance of Case Plan
<input type="checkbox"/> Hearings and Appeals	<input checked="" type="checkbox"/>	Case Management
<input checked="" type="checkbox"/> Referral to Services	<input type="checkbox"/>	Recruitment/Licensing of Foster/Adoptive Homes and Institutions
<input checked="" type="checkbox"/> Preparation for and Participation in Judicial Determinations	<input type="checkbox"/>	Data Collection and Reporting

Indicate setting/venue for the training activity

Indicate proposed provider of training activity

<input type="checkbox"/> Pre-Service (Trainee not yet employed by State agency)		In-house agency training staff	Specify
<input checked="" type="checkbox"/> Initial In-Service (Intensive training to prepare new employees)	<input checked="" type="checkbox"/>	Public university ----->	UA-College of Cont Studies
<input type="checkbox"/> Continuing In-Service (On-going training for existing employees)	<input type="checkbox"/>	Private university ----->	
<input type="checkbox"/> Conference/workshop	<input type="checkbox"/>	Other ----->	

Indicate duration category of the training activity

Specify approximate number of days or hours of training activity

<input checked="" type="checkbox"/> Short Term (Less than eight consecutive work weeks)	<input type="checkbox"/>	5 Days
<input type="checkbox"/> Long Term (Eight or more consecutive work weeks)	<input type="checkbox"/>	Hours per day
	<input checked="" type="checkbox"/>	Credit hours 3.0 CEU CREDITS

Indicate the audience to receive training

<input checked="" type="checkbox"/> Staff of State/local agency administering the State Plan		Adoptive parents	
<input type="checkbox"/> Volunteers of State/local agency administering State Plan	<input type="checkbox"/>	Child caring agency staff	
<input type="checkbox"/> Persons preparing for employment with State/local agency	<input type="checkbox"/>	Child placement agency staff	
<input type="checkbox"/> Foster parents	<input type="checkbox"/>	Other State agency staff (JJ, MH, DD, etc.)	Specify
	<input type="checkbox"/>	Other community staff (medical, legal, police)	

Costing method

Estimated total cost

<input type="checkbox"/> Unit cost per trainee (Tuition/books/supplies per trainee) or		Unit cost	\$0.00	No. Trainees	0	Total Cost	\$0.00
<input checked="" type="checkbox"/> Cost per class/training function	<input type="checkbox"/>	Estim. no. of trainees in class		200		Total Cost	\$14,665.00
<input type="checkbox"/> Other (specify)	<input type="checkbox"/>						

Cost allocation methodology

Describe basis for allocating costs among benefiting programs & funding sources (including application of eligibility rates, where applicable)

1. Training costs are part of overhead (such as supplies, printing, notebooks, etc.). 2. Direct training costs (such as travel of employees, trainers' salaries & Fringe benefits) go into a pool & are distributed according to IV-E/IV-B Penetration Rate.

Indicate all applicable funding sources

<input checked="" type="checkbox"/> IV-B-1 (CWS)		CAPTA
<input type="checkbox"/> IV-B-2 (PSSF)	<input type="checkbox"/>	IV-E Chafee ILP
<input checked="" type="checkbox"/> IV-E Foster Care	<input type="checkbox"/>	State only (mark only if other than non-Fed match)
<input checked="" type="checkbox"/> IV-E Adoption	<input checked="" type="checkbox"/>	Other, Specify Child Support
<input checked="" type="checkbox"/> TANF	<input checked="" type="checkbox"/>	Other, Specify Title XIX
<input checked="" type="checkbox"/> SSBG	<input checked="" type="checkbox"/>	Other, Specify - SAIL GRANT - AL MEDICAID AGENCY

"CHECKLIST" FOR ADDRESSING TRAINING ACTIVITIES/EVENTS UNDER THE TITLE IV-B PLAN

(This "checklist" should be used as a guide to ensure that all of the following information is provided in the Plan for each individual training activity planned to be held during the reporting period covered by this update)

Provide a one paragraph brief syllabus of the training activity

Medicaid Rehabilitation Training provides definitions of eligible services and providers, a knowledge base from which county staff can make informed decisions regarding available services, the best way to offer services by qualified practitioners, how to authorize, document and seek reimbursement for services.

REV MAX 2

Indicate which, if any, of the specifically allowable Title IV-E administrative functions this training activity addresses.

<input type="checkbox"/> IV-E Eligibility Determination or Redetermination	<input checked="" type="checkbox"/>	Placement of Child
<input type="checkbox"/> Rate Setting	<input checked="" type="checkbox"/>	Development and Maintenance of Case Plan
<input type="checkbox"/> Hearings and Appeals	<input checked="" type="checkbox"/>	Case Management
<input checked="" type="checkbox"/> Referral to Services	<input type="checkbox"/>	Recruitment/Licensing of Foster/Adoptive Homes and Institutions
<input type="checkbox"/> Preparation for and Participation in Judicial Determinations	<input type="checkbox"/>	Data Collection and Reporting

Indicate setting/venue for the training activity

Indicate proposed provider of training activity

<input type="checkbox"/> Pre-Service (Trainee not yet employed by State agency)	<input checked="" type="checkbox"/>	In-house agency training staff		Specify
<input type="checkbox"/> Initial In-Service (Intensive training to prepare new employees)	<input type="checkbox"/>	Public university ----->		
<input checked="" type="checkbox"/> Continuing In-Service (On-going training for existing employees)	<input type="checkbox"/>	Private university ----->		
<input checked="" type="checkbox"/> Conference/workshop	<input type="checkbox"/>	Other ----->		

Indicate duration category of the training activity

Specify approximate number of days or hours of training activity

<input checked="" type="checkbox"/> Short Term (Less than eight consecutive work weeks)	<input type="checkbox"/>	1 Days
<input type="checkbox"/> Long Term (Eight or more consecutive work weeks)	<input type="checkbox"/>	Hours per day
	<input type="checkbox"/>	Credit hours

Indicate the audience to receive training

<input checked="" type="checkbox"/> Staff of State/local agency administering the State Plan	<input type="checkbox"/>	Adoptive parents		
<input type="checkbox"/> Volunteers of State/local agency administering State Plan	<input type="checkbox"/>	Child caring agency staff		
<input type="checkbox"/> Persons preparing for employment with State/local agency	<input type="checkbox"/>	Child placement agency staff		Specify
<input type="checkbox"/> Foster parents	<input type="checkbox"/>	Other State agency staff (JJ, MH, DD, etc.)		
	<input type="checkbox"/>	Other community staff (medical, legal, police)		

Costing method

Estimated total cost

<input type="checkbox"/> Unit cost per trainee (Tuition/books/supplies per trainee) or	<input type="checkbox"/>	Unit cost	\$0.00	No. Trainees	0	Total Cost	\$0.00
<input type="checkbox"/> Cost per class/training function	<input type="checkbox"/>	Estim. no. of trainees in class		620		Total Cost	\$1,200.00
<input checked="" type="checkbox"/> Other (specify) SEE BELOW	<input type="checkbox"/>						

Cost allocation methodology

Describe basis for allocating costs among benefiting programs & funding sources (including application of eligibility rates, where applicable)

1. Training costs are part of overhead (such as supplies, printing, notebooks, etc.). 2. Direct training costs (such as travel of employees, trainers' salaries & Fringe benefits) go into a pool & are distributed according to IV-E/IV-B Penetration Rate.

Indicate all applicable funding sources

<input type="checkbox"/> IV-B-1 (CWS)	<input type="checkbox"/>	CAPTA
<input type="checkbox"/> IV-B-2 (PSSF)	<input type="checkbox"/>	IV-E Chafee ILP
<input checked="" type="checkbox"/> IV-E Foster Care	<input type="checkbox"/>	State only (mark only if other than non-Fed match)
<input checked="" type="checkbox"/> IV-E Adoption	<input checked="" type="checkbox"/>	Other, Specify Child Support
<input checked="" type="checkbox"/> TANF	<input checked="" type="checkbox"/>	Other, Specify Title XIX
<input checked="" type="checkbox"/> SSBG	<input type="checkbox"/>	Other, Specify

"CHECKLIST" FOR ADDRESSING TRAINING ACTIVITIES/EVENTS UNDER THE TITLE IV-B PLAN

(This "checklist" should be used as a guide to ensure that all of the following information is provided in the Plan for each individual training activity planned to be held during the reporting period covered by this update)

Provide a one paragraph brief syllabus of the training activity

The Tools of Choice Parenting Program is designed to help strengthen the parent-child relationship in order to preserve or reunify families or help the child to be accepted into a permanent living situation. The program is offered in four areas of the state. One area is served through a contract with Auburn University. Two areas are served by employees of the department and one area is jointly served by a contract employee and a state employee. All classes are taught by behavior analysts. There are five, three hour classes in each session. Biological, foster and adoptive parents and other caregivers are taught behavior management tools. Classes are also provided for DHR staff. The parents/caregivers/staff learn how to focus on the child's desirable behaviors by modeling the behaviors they would like to see more often and motivating the child to do those by reinforcing the desirable behaviors. After the parents/caregivers learn the tools, they are then observed using the skills in their homes. There are three to five in-home sessions for each family. The Behavior Analysts work very closely with each parent/caregiver so that the skills are mastered while using them with their own children.

Indicate which, if any, of the specifically allowable Title IV-E administrative functions this training activity addresses.

<input type="checkbox"/> IV-E Eligibility Determination or Redetermination	<input type="checkbox"/> Placement of Child
<input type="checkbox"/> Rate Setting	<input checked="" type="checkbox"/> Development and Maintenance of Case Plan
<input type="checkbox"/> Hearings and Appeals	<input type="checkbox"/> Case Management
<input type="checkbox"/> Referral to Services	<input type="checkbox"/> Recruitment/Licensing of Foster/Adoptive Homes and Institutions
<input type="checkbox"/> Preparation for and Participation in Judicial Determinations	<input type="checkbox"/> Data Collection and Reporting

Indicate setting/venue for the training activity

Indicate proposed provider of training activity

<input type="checkbox"/> Pre-Service (Trainee not yet employed by State agency)	<input checked="" type="checkbox"/> In-house agency training staff		Specify
<input type="checkbox"/> Initial In-Service (Intensive training to prepare new employees)	<input type="checkbox"/> Public university ----->		
<input checked="" type="checkbox"/> Continuing In-Service (On-going training for existing employees)	<input type="checkbox"/> Private university ----->		
<input type="checkbox"/> Conference/workshop	<input checked="" type="checkbox"/> Other ----- 2 Contract Staff		

Indicate duration category of the training activity

Specify approximate number of days or hours of training activity

<input checked="" type="checkbox"/> Short Term (Less than eight consecutive work weeks)	5	Days (additionally there are 3 to 5 visits per family)
<input type="checkbox"/> Long Term (Eight or more consecutive work weeks)	3	Hours per day
		Credit hours

Indicate the audience to receive training

<input checked="" type="checkbox"/> Staff of State/local agency administering the State Plan	<input checked="" type="checkbox"/> Adoptive parents
<input type="checkbox"/> Volunteers of State/local agency administering State Plan	<input type="checkbox"/> Child caring agency staff
<input type="checkbox"/> Persons preparing for employment with State/local agency	<input checked="" type="checkbox"/> Child placement agency staff
<input checked="" type="checkbox"/> Foster parents	<input type="checkbox"/> Other State agency staff (JJ, MH, DD, etc.)
<input checked="" type="checkbox"/> Birth parents	<input type="checkbox"/> Other community staff (medical, legal, police)

Costing method

Estimated total cost

Unit cost per trainee (Tuition/books/supplies per trainee) or	Unit cost	\$0.00	No. Trainees	0	Total Cost	
Cost per class/training function	Estim. no. of trainees in class		300	Total Cost	\$9,500.00	
Other (specify) SEE BELOW						

Cost allocation methodology

Describe basis for allocating costs among benefiting programs & funding sources (including application of eligibility rates, where applicable)

1. Training costs are part of overhead (such as supplies, printing, notebooks, etc.). 2. Direct training costs (such as travel of employees, trainers' salaries & Fringe benefits) go into a pool & are distributed according to IV-E/IV-B Penetration Rate.

Indicate all applicable funding sources

<input type="checkbox"/> IV-B-1 (CWS)	<input type="checkbox"/> CAPTA
<input checked="" type="checkbox"/> IV-B-2 (PSSF) Caseworker Grant Monies	<input type="checkbox"/> IV-E Chafee ILP
<input type="checkbox"/> IV-E Foster Care	<input type="checkbox"/> State only
<input type="checkbox"/> IV-E Adoption	<input type="checkbox"/> Other, Specify
<input type="checkbox"/> TANF	<input type="checkbox"/> Other, Specify
<input type="checkbox"/> SSBG	<input type="checkbox"/> Other, Specify

"CHECKLIST" FOR ADDRESSING TRAINING ACTIVITIES/EVENTS UNDER THE TITLE IV-B PLAN

(This "checklist" should be used as a guide to ensure that all of the following information is provided in the Plan for each individual training activity planned to be held during the reporting period covered by this update)

Provide a one paragraph brief syllabus of the training activity

The Supervisor Conferences will address permanency issues such as permanency planning, family-centered practice, culturally competent practice and outcome-based supervision / practice.

Indicate which, if any, of the specifically allowable Title IV-E administrative functions this training activity addresses.

<input type="checkbox"/> IV-E Eligibility Determination or Redetermination	<input checked="" type="checkbox"/> Placement of Child
<input type="checkbox"/> Rate Setting	<input checked="" type="checkbox"/> Development and Maintenance of Case Plan
<input type="checkbox"/> Hearings and Appeals	<input checked="" type="checkbox"/> Case Management
<input type="checkbox"/> Referral to Services	<input checked="" type="checkbox"/> Recruitment/Licensing of Foster/Adoptive Homes and Institutions
<input checked="" type="checkbox"/> Preparation for and Participation in Judicial Determinations	<input checked="" type="checkbox"/> Data Collection and Reporting

Indicate setting/venue for the training activity

Indicate proposed provider of training activity

<input type="checkbox"/> Pre-Service (Trainee not yet employed by State agency)	<input type="checkbox"/> In-house agency training staff
<input type="checkbox"/> Initial In-Service (Intensive training to prepare new employees)	<input type="checkbox"/> Public university ----->
<input checked="" type="checkbox"/> Continuing In-Service (On-going training for existing employees)	<input type="checkbox"/> Private university ----->
<input type="checkbox"/> Conference/workshop	<input checked="" type="checkbox"/> Other ----->

Indicate duration category of the training activity

Specify approximate number of days or hours of training activity

<input checked="" type="checkbox"/> Short Term (Less than eight consecutive work weeks)	2 Days
<input type="checkbox"/> Long Term (Eight or more consecutive work weeks)	Hours per day
	Credit hours 3.0 CEU CREDITS

Indicate the audience to receive training

<input checked="" type="checkbox"/> Staff of State/local agency administering the State Plan	<input type="checkbox"/> Adoptive parents
<input type="checkbox"/> Volunteers of State/local agency administering State Plan	<input type="checkbox"/> Child caring agency staff
<input type="checkbox"/> Persons preparing for employment with State/local agency	<input type="checkbox"/> Child placement agency staff
<input type="checkbox"/> Foster parents	<input type="checkbox"/> Other State agency staff (JJ, MH, DD, etc.)
	<input type="checkbox"/> Other community staff (medical, legal, police)

Costing method

Estimated total cost

<input type="checkbox"/> Unit cost per trainee (Tuition/books/supplies per trainee) or	Unit cost	\$0.00	No. Trainees	0	Total Cost	\$0.00
<input checked="" type="checkbox"/> Cost per class/training function	Estim. no. of trainees in class		350	Total Cost	\$160,000.00	
<input type="checkbox"/> Other (specify)						

Cost allocation methodology

Describe basis for allocating costs among benefiting programs & funding sources (including application of eligibility rates, where applicable)

1. Training costs are part of overhead (such as supplies, printing, notebooks, etc.). 2. Direct training costs (such as travel of employees, trainers' salaries & Fringe benefits) go into a pool & are distributed according to IV-E/IV-B Penetration Rate.

Indicate all applicable funding sources

<input type="checkbox"/> IV-B-1 (CWS)	<input type="checkbox"/> CAPTA
<input checked="" type="checkbox"/> IV-B-2 (PSSF) Caseworker Grant Monies	<input type="checkbox"/> IV-E Chafee ILP
<input type="checkbox"/> IV-E Foster Care	<input type="checkbox"/> State only
<input type="checkbox"/> IV-E Adoption	<input type="checkbox"/> Other, Specify
<input type="checkbox"/> TANF	<input type="checkbox"/> Other, Specify
<input type="checkbox"/> SSBG	<input type="checkbox"/> Other, Specify

"CHECKLIST" FOR ADDRESSING TRAINING ACTIVITIES/EVENTS UNDER THE TITLE IV-B PLAN

(This "checklist" should be used as a guide to ensure that all of the following information is provided in the Plan for each individual training activity planned to be held during the reporting period covered by this update.)

Provide a one paragraph brief syllabus of the training activity

FACTS refresher courses for county and state office staff.

Indicate which, if any, of the specifically allowable Title IV-E administrative functions this training activity addresses.

<input type="checkbox"/> IV-E Eligibility Determination or Redetermination <input type="checkbox"/> Rate Setting <input type="checkbox"/> Hearings and Appeals <input type="checkbox"/> Referral to Services <input type="checkbox"/> Preparation for and Participation in Judicial Determinations	<input type="checkbox"/> Placement of Child <input type="checkbox"/> Development and Maintenance of Case Plan <input type="checkbox"/> Case Management <input type="checkbox"/> Recruitment/Licensing of Foster/Adoptive Homes and Institutions <input checked="" type="checkbox"/> Data Collection and Reporting
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Indicate setting/venue for the training activity

<input type="checkbox"/> Pre-Service (Trainee not yet employed by State agency)
<input type="checkbox"/> Initial In-Service (Intensive training to prepare new employees)
<input type="checkbox"/> Continuing In-Service (On-going training for existing employees)
<input type="checkbox"/> Conference/workshop

Indicate proposed provider of training activity

<input checked="" type="checkbox"/> In-house agency training staff <input type="checkbox"/> Public university -----> <input type="checkbox"/> Private university -----> <input type="checkbox"/> Other ----->	Specify _____ _____ _____
--	------------------------------------

Indicate duration category of the training activity

<input checked="" type="checkbox"/> Short Term (Less than eight consecutive work weeks)
<input type="checkbox"/> Long Term (Eight or more consecutive work weeks)

Specify approximate number of days or hours of training activity

<input type="checkbox"/> Days - 1-5 days
<input type="checkbox"/> Hours per day
<input type="checkbox"/> Credit hours

Indicate the audience to receive training

<input checked="" type="checkbox"/> Staff of State/local agency administering the State Plan <input type="checkbox"/> Volunteers of State/local agency administering State Plan <input type="checkbox"/> Persons preparing for employment with State/local agency <input type="checkbox"/> Foster parents	<input type="checkbox"/> Adoptive parents <input type="checkbox"/> Child caring agency staff <input type="checkbox"/> Child placement agency staff <input type="checkbox"/> Other State agency staff (JJ, MH, DD, etc.) <input type="checkbox"/> Other community staff (medical, legal, police)
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Costing method

<input type="checkbox"/> Unit cost per trainee (Tuition/books/supplies per trainee) or
<input type="checkbox"/> Cost per class/training function
<input checked="" type="checkbox"/> Other (specify) SEE BELOW

Estimated total cost

Unit cost	\$0.00	No. Trainees	0	Total Cost	\$0.00
Estim. no. of trainees in class			300	Total Cost	\$150,000.00

Cost allocation methodology

Describe basis for allocating costs among benefiting programs & funding sources (including application of eligibility rates, where applicable)

1. Training costs are part of overhead (supplies, printing, notebooks, etc.).
2. Direct costs for travel & trainers' salaries/benefits are distributed based on approved PACAP. All child related activities are charged to IV-E. This is the approved methodology in the FACTS APD.

Indicate all applicable funding sources

<input type="checkbox"/> IV-B-1 (CWS) <input type="checkbox"/> IV-B-2 (PSSF) <input checked="" type="checkbox"/> IV-E Foster Care <input checked="" type="checkbox"/> IV-E Adoption <input checked="" type="checkbox"/> TANF <input checked="" type="checkbox"/> SSBG	<input type="checkbox"/> CAPTA <input type="checkbox"/> IV-E Chafee ILP <input type="checkbox"/> State only (mark only if other than non-Fed match) <input type="checkbox"/> Other, Specify <input type="checkbox"/> Other, Specify <input type="checkbox"/> Other, Specify
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"CHECKLIST" FOR ADDRESSING TRAINING ACTIVITIES/EVENTS UNDER THE TITLE IV-B PLAN

(This "checklist" should be used as a guide to ensure that all of the following information is provided in the Plan for each individual training activity planned to be held during the reporting period covered by this update)

Provide a one paragraph *brief syllabus* of the training activity

FACTS Finance and/or Provider Training for FACTS users to learn the application and functions of the system. This training is for caseworkers, supervisors, but may also be attended by administrators and managers, as needed.

FACTS Finance and/or Provider Training

Indicate which, if any, of the *specifically allowable* Title IV-E administrative functions this training activity addresses.

<input type="checkbox"/> IV-E Eligibility Determination or Redetermination	<input type="checkbox"/> Placement of Child
<input type="checkbox"/> Rate Setting	<input type="checkbox"/> Development and Maintenance of Case Plan
<input type="checkbox"/> Hearings and Appeals	<input type="checkbox"/> Case Management
<input type="checkbox"/> Referral to Services	<input type="checkbox"/> Recruitment/Licensing of Foster/Adoptive Homes and Institutions
<input type="checkbox"/> Preparation for and Participation in Judicial Determinations	<input checked="" type="checkbox"/> Data Collection and Reporting

Indicate setting/venue for the training activity

Indicate proposed provider of training activity

<input type="checkbox"/> Pre-Service (Trainee not yet employed by State agency)	<input checked="" type="checkbox"/> In-house agency training staff	Specify
<input type="checkbox"/> Initial In-Service (Intensive training to prepare new employees)	<input type="checkbox"/> Public university ----->	
<input type="checkbox"/> Continuing In-Service (On-going training for existing employees)	<input type="checkbox"/> Private university ----->	
<input type="checkbox"/> Conference/workshop	<input type="checkbox"/> Other ----->	

Indicate duration category of the training activity

Specify approximate number of days or hours of training activity

<input checked="" type="checkbox"/> Short Term (Less than eight consecutive work weeks)	<input type="checkbox"/> 1 Days
<input type="checkbox"/> Long Term (Eight or more consecutive work weeks)	<input type="checkbox"/> Hours per day
	<input type="checkbox"/> Credit hours

Indicate the audience to receive training

<input checked="" type="checkbox"/> Staff of State/local agency administering the State Plan	<input type="checkbox"/> Adoptive parents	
<input type="checkbox"/> Volunteers of State/local agency administering State Plan	<input type="checkbox"/> Child caring agency staff	
<input type="checkbox"/> Persons preparing for employment with State/local agency	<input type="checkbox"/> Child placement agency staff	
<input type="checkbox"/> Foster parents	<input type="checkbox"/> Other State agency staff (JJ, MH, DD, etc.)	Specify
	<input type="checkbox"/> Other community staff (medical, legal, police)	

Costing method

Estimated total cost

<input type="checkbox"/> Unit cost per trainee (Tuition/books/supplies per trainee) or	<input type="checkbox"/> Unit cost	\$0.00	<input type="checkbox"/> No. Trainees	0	<input type="checkbox"/> Total Cost	\$0.00
<input type="checkbox"/> Cost per class/training function	<input type="checkbox"/> Estim. no. of trainees in class			30	<input type="checkbox"/> Total Cost	\$4,500.00
<input checked="" type="checkbox"/> Other (specify) SEE BELOW						

Cost allocation methodology

Describe basis for allocating costs among benefiting programs & funding sources (including application of eligibility rates, where applicable)

1. Training costs are part of overhead (such as supplies, printing, notebooks, etc.).
2. Direct costs for travel & trainers' salaries/benefits are distributed based on approved PACAP. All child related activities are charged to IV-E. All non-child activities are charged to SSBG. This is the approved methodology in FACTS APD.

Indicate all applicable funding sources

<input checked="" type="checkbox"/> IV-B-1 (CWS)	<input type="checkbox"/> CAPTA
<input type="checkbox"/> IV-B-2 (PSSF)	<input type="checkbox"/> IV-E Chafee ILP
<input checked="" type="checkbox"/> IV-E Foster Care	<input type="checkbox"/> State only (mark only if other than non-Fed match)
<input checked="" type="checkbox"/> IV-E Adoption	<input type="checkbox"/> Other, Specify
<input checked="" type="checkbox"/> TANF	<input type="checkbox"/> Other, Specify
<input checked="" type="checkbox"/> SSBG	<input type="checkbox"/> Other, Specify

"CHECKLIST" FOR ADDRESSING TRAINING ACTIVITIES/EVENTS UNDER THE TITLE IV-B PLAN

(This "checklist" should be used as a guide to ensure that all of the following information is provided in the Plan for each individual training activity planned to be held during the reporting period covered by this update)

Provide a one paragraph brief syllabus of the training activity

FACTS Basic User Training for users to learn the application and functions of the system. This training is for caseworkers, supervisors, but may also be attended by administrators and managers as needed.

FACTS Basic User Training

Indicate which, if any, of the specifically allowable Title IV-E administrative functions this training activity addresses.

<input type="checkbox"/> IV-E Eligibility Determination or Redetermination	<input type="checkbox"/> Placement of Child
<input type="checkbox"/> Rate Setting	<input type="checkbox"/> Development and Maintenance of Case Plan
<input type="checkbox"/> Hearings and Appeals	<input type="checkbox"/> Case Management
<input type="checkbox"/> Referral to Services	<input type="checkbox"/> Recruitment/Licensing of Foster/Adoptive Homes and Institutions
<input type="checkbox"/> Preparation for and Participation in Judicial Determinations	<input checked="" type="checkbox"/> Data Collection and Reporting

Indicate setting/venue for the training activity

Indicate proposed provider of training activity

<input type="checkbox"/> Pre-Service (Trainee not yet employed by State agency)	<input checked="" type="checkbox"/> In-house agency training staff	Specify	
<input type="checkbox"/> Initial In-Service (Intensive training to prepare new employees)	<input type="checkbox"/> Public university ----->		
<input type="checkbox"/> Continuing In-Service (On-going training for existing employees)	<input type="checkbox"/> Private university ----->		
<input type="checkbox"/> Conference/workshop	<input type="checkbox"/> Other ----->		

Indicate duration category of the training activity

Specify approximate number of days or hours of training activity

<input checked="" type="checkbox"/> Short Term (Less than eight consecutive work weeks)	<input type="checkbox"/> 5 Days
<input type="checkbox"/> Long Term (Eight or more consecutive work weeks)	<input type="checkbox"/> Hours per day
	<input type="checkbox"/> Credit hours

Indicate the audience to receive training

<input checked="" type="checkbox"/> Staff of State/local agency administering the State Plan	<input type="checkbox"/> Adoptive parents
<input type="checkbox"/> Volunteers of State/local agency administering State Plan	<input type="checkbox"/> Child caring agency staff
<input type="checkbox"/> Persons preparing for employment with State/local agency	<input type="checkbox"/> Child placement agency staff
<input type="checkbox"/> Foster parents	<input type="checkbox"/> Other State agency staff (JJ, MH, DD, etc.)
	<input type="checkbox"/> Other community staff (medical, legal, police)

Costing method

Estimated total cost

<input type="checkbox"/> Unit cost per trainee (Tuition/books/supplies per trainee) or	Unit cost	\$0.00	No. Trainees	0	Total Cost	\$0.00
<input type="checkbox"/> Cost per class/training function	Estim. no. of trainees in class		240	Total Cost	\$180,000.00	
<input checked="" type="checkbox"/> Other (specify) SEE BELOW						

Cost allocation methodology

Describe basis for allocating costs among benefiting programs & funding sources (including application of eligibility rates, where applicable)

1. Training costs are part of overhead (supplies, printing, notebooks, etc.).
2. Direct costs for travel & trainers' salaries/benefits are distributed based on approved PACAP. All child related activities are charged to IV-E. This is the approved methodology in the FACTS APD.

Indicate all applicable funding sources

<input type="checkbox"/> IV-B-1 (CWS)	<input type="checkbox"/> CAPTA
<input type="checkbox"/> IV-B-2 (PSSF)	<input type="checkbox"/> IV-E Chafee ILP
<input checked="" type="checkbox"/> IV-E Foster Care	<input type="checkbox"/> State only (mark only if other than non-Fed match)
<input checked="" type="checkbox"/> IV-E Adoption	<input type="checkbox"/> Other, Specify
<input checked="" type="checkbox"/> TANF	<input type="checkbox"/> Other, Specify
<input checked="" type="checkbox"/> SSBG	<input type="checkbox"/> Other, Specify

APPENDIX 8

Additional Financial Reporting

Per the Program Instructions for the 2011 APSR, the documents identified below are among those separately attached to the transmittal e-mail.

Family Options/Preservation Expenditures FY 09

See: AL –apsrSect G1&2pages, page 2

FY2011 Payment Limitation Information, Title IV-B, Subpart 1

See: AL –apsrSect G1&2pages, page 1



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APPENDIX 9

Health Care Services Plan

Table of Contents for Health Care Services Plan

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- X. Coordination of Health Services Between DHRT and Alabama Early Intervention Service (AEIS)**
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HEALTH CARE SERVICES PLAN

The Department of Human Resources has required for many years that children coming into care receive health care services when they enter care and during their stay in care. To achieve this, the Individualized Service Plan process was developed to assure that health care needs and/or strengths are addressed for each child in care. Through this process, county departments ensure health care needs are assessed and identified and that health services are received when needed. Quality Assurance efforts in each county may bring health care professionals together in order to enhance the health care services for children in care.

In developing a Health Care Services Plan Committee, the Department asked the Alabama Academy of Pediatrics for volunteers of pediatricians who have an interest in foster care children's health care. Most if not all of the pediatricians provide medical care at the community level for our foster care children. There is a willingness and support from the pediatricians to forge positive changes in health care for children in foster care. A request was made to the Alabama Department of Public Health's Assistant State Health Officer for Personal and Community Health to provide a volunteer to represent the ADPH on health issues for children in foster care. Alabama Medicaid Agency (AMA) is represented by the agency's Director of Transformation Initiatives and a representative from the AMA EPSDT program. The Department of Mental Health is represented on the committee and provided input in developing the Health Services Plan. Foster care providers are represented by an approved foster parent who is also a registered nurse. The foster parent is able to provide insight into issues surrounding children with severe medical conditions.

- **Importance of a Medical Home**

Alabama's health care community recognizes the great importance and benefit to children of a having "medical home" in providing optimal health care for children and recommend that whenever possible a foster care child continue to be cared for by his/her established physician. The physician who has been caring for the child previously is in the best position to assess the child's overall health and any changes from baseline, and will be best able to recommend any needed follow-up care or treatment. Children who have had their lives severely disrupted by being removed from their familiar environments should be able to continue their relationship with the physicians they already know and trust.

If for some reason the established medical home cannot be maintained, the child's established physician should be notified immediately so that appropriate transfer of care (including possible telephone communication) can be made with the child's new physician. At the very least, the name of the child's previous physician or clinic should be obtained and provided to the new physician. Every effort should be made to obtain prior medical records and especially immunization records, as soon as possible.

The plan for assuring oversight, coordination and a coordinated strategy to identify and respond to health care needs of children begins with a review of requirements that each child's health care needs are addressed upon entry into care and during the child's stay in care.

- **Initial Medical Examination**

When a decision is reached that out-of-home care is necessary, arrangements are to be made for completion a medical examination (see timeframes below). When a child is placed in care as a result of an abuse/neglect investigation, a medical assessment may be necessary to assess the child's medical needs related to any abuse suffered by the child. DHR provides for medical examinations to occur during child abuse/neglect investigations when needed. It is recommended that at entry into foster care, the use of standardized developmental screening instruments that include social-emotional assessment should be administered.

The purpose of the initial medical examination is:

- Record a brief medical history;
- Document the child's medical condition upon entry into care, including visible injuries;
- Determine whether the child is free from contagious disease; and
- Identify needed medical concerns and care needed.
- Screen for social-emotional or mental health concerns.

- **Timeframe for Initial/Periodic Medical Exam**

It is preferable that a medical examination be made just prior to the child's entry into care to assess the physical, emotional, and behavioral issues facing the child. If this is not possible, the examination must be made within 10 days after placement. The initial examination may be obtained through EPSDT (Early and Periodic Screening, Diagnosis, and Treatment Services) for Medicaid eligible children. A child must have an annual medical exam for the duration of the stay in foster care. The yearly EPSDT may be used for the annual medical exam requirement. It is preferable that standardized developmental screening instruments be administered to children at age intervals recommended by the American Academy of Pediatrics.

- **EPSDT**

Children in care under 21 years of age and eligible for Medicaid should have an EPSDT screening each year. Following EPSDT screenings, medical services are covered by Medicaid when identified through EPSDT periodic screening or inter-periodic screening and treatment is determined to be medically necessary. These medical services include medical, dental and vision examinations, physical and occupational therapy, speech therapy, rehabilitation services and psychological services.

Outreach activities are critical to successful health screening services that are available to children. The outreach process assures that eligible families are contacted, informed, and assisted in securing health-screening services. The Alabama Medicaid Agency, in conjunction with the Department of Human Resources, informs foster families of EPSDT services.

Alabama's Medicaid program utilizes a managed care system of assigned primary providers. Children in foster care may be exempted from this program if it is in the best interest of the child's health care needs. The exemption allows a child to remain with his/her usual "medical home" particularly if the child has chronic medical conditions. It may also allow the ISP team the ability to choose the more appropriate primary care physician. Additionally, and when appropriate, foster parents may use one primary care physician for all the children in their home.

When a child is placed in foster care and is already eligible for Medicaid, EPSDT screening should be requested unless the child has had an EPSDT screening within the last three months; has had a thorough medical examination other than EPSDT screening within 3 months prior to placement in foster care; or another medical examination, other than Medicaid Screening, is indicated.

EPSDT screenings encompass six broad categories and are available for children in foster care as well as children in their own home.

1. Initial screenings indicate the first time an EPSDT screening is performed on a recipient by an EPSDT screening provider.
2. Periodic screenings that are well-child checkups performed based on a periodicity schedule. The ages to be screened are 1 month, 2 months, 4 months, 6 months, 9 months, 12 months, 15 months, 18 months, 24 months, and annually beginning on or after the child's third birthday.
3. Inter-periodic screenings are considered problem-focused and abnormal. These are performed when medically necessary for undiagnosed conditions outside the established periodicity schedule and can occur at any age. Inter-periodic screenings must be provided when a medical condition is suspected or a condition has worsened or changed sufficiently enough that further examination is medically necessary.
4. Vision screenings must be performed on children from birth through age two by observation (subjective) and history. Objective vision testing should begin at age three, and should be documented in objective measurements.
5. Hearing screenings must be performed on children from birth through age four by observation (subjective) and history. Objective hearing testing begins at age five, and should be recorded in decibels.
6. Dental screenings must be performed on children from birth through age two by observation (subjective) and history. Beginning with age three, recipients must be either under the care of a dentist or referred to a dentist for dental care.

Additional Medicaid screening protocols for infants, children and adolescents are addressed in the Medicaid Provider Manual, EPSDT Chapter, Appendix A, <http://www.medicaid.alabama.gov>.

- **Health Care for Children Not Eligible for Foster Care Medicaid**

Some children in out-of-home care will be ineligible for foster care Medicaid. In these cases, application is made for other medical insurance coverage including SOBRA Medicaid, ALL Kids and Child Caring Foundation. The Department of Public Health coordinates the application process for each of these medical insurance coverage types. Completed applications are routed to the ALL Kids program for screening and if the child appears to be SOBRA Medicaid eligible, the application is routed to Alabama Medicaid. If the child is not Medicaid eligible, the application will be sent first to the ALL Kids program (ADPH) and then the Child Caring Foundation (Blue Cross Blue Shield) in that order. Some children may have private insurance known as third party insurance which will need to be accessed before any of the needs based medical insurances will pay. Medical insurance may be purchased from local funds or a child's private funds if the child is not eligible for any of the above addressed programs.

- **Monitoring and Treatment of Ongoing Health Care Needs**

When the ISP team determines that foster care is an appropriate and necessary service or that the foster care provider needs to change, the ISP team assesses the health care needs (physical, mental and emotional) of a child through contacts with and reports from the child's health care providers. The Comprehensive Family Assessment shall include developmental information related to emotional and medical/physical functioning.

Unless otherwise recommended by the pediatrician, the following guidelines are recommended in determining the frequency of medical examinations for foster children:

<u>Age 1 mo. To 1 year</u>	<u>Age 1 year to 2 years</u>	<u>Age 2 years through 18 years</u>
at 1 mo.	At 15 mos.	At age 2 years
at 2 mos.	At 18 mos.	Annually through age 18
at 4 mos.		
at 6 mos.		
at 9 mos.		
at 12 mos.		

It is through the ISP team process that a child's health needs, once identified through EPSDT or other medical screenings or procedures, are monitored and services/treatment avenues are established. Medical professionals may be ISP team members working with the child and family. Providers of health care services are identified by team members and a specific plan made to access the health care provider.

- **Importance of Immunizations**

In addition to the above examinations, all foster care children are required to have all immunizations currently recommended by the Advisory Committee on Immunization Practices (ACIP) and the American Academy of Pediatricians, including influenza vaccinations. Immunizations are routine care and should not involve residual rights of parents to consent. The immunization record must be obtained and presented to the primary care provider if the provider is not the child's physician prior to entry into care. Immunizations may be paid for by Medicaid, the Vaccines for Children program or may be obtained at county health departments.

- **Coordination Between DHR and county health departments**

Approved foster parents and related caregivers of children in the temporary or permanent custody of DHR are authorized to complete and sign certification forms for the Women and Infant Care Program through the county health departments. Approved foster parents and related caregivers are provided with a letter from the County DHR Department verifying that the foster parent or relative has physical custody of the child and DHR has legal

custody. Other health care needs of children in care, e.g. immunizations, are coordinated with county health departments by child welfare workers after the ISP determines a health care need.

- **Coordination of Health Services Between DHR and Alabama Early Intervention Service (AEIS)**

Infants and children under 3 years of age who are the subject of an indicated child abuse/neglect investigation must be referred to the AEIS for evaluation. There is a formalized DHR referral process in place for this to occur. As part of the initial EPSDT or the initial medical when a child enters care, infants and children under 3 years of age should be screened for developmental delays and referred to AEIS.

- **Coordination of Health Information Between DHR and Foster Parents**

In Alabama the Foster Parent Bill of Rights, Code of Alabama, 1975 § 38-12A-2(7) provides that foster parents must be provided with health history information that is known by the Department at the time of placement. "When the Department knows of such information after placement, the Department shall make that information available to the foster parent as soon as practicable." Foster parents will need to be made aware of the following:

- All health problems including allergies, bedwetting, emotional problems;
- Both prescribed medications and regularly administered over the counter medications and the purpose of the medicine;
- Special diets or food allergies;
- Pediatrician's name and/or primary health care provider along with the telephone number; and
- Verification of health insurance--private insurance, Medicaid card or Medicaid number.

Foster parents are members of a child's ISP team, in accordance with Department policy. They are to be informed of follow-up medical appointments and referrals.

- **Dental Care**

Children should have care established in a dental home by the age of 1 or eruption of the first tooth. Many primary care providers will be able to make an initial assessment through Medicaid's First Look program and this is encouraged. Annual dental examinations are recommended.

All Medicaid eligible children in foster care are to have a dental examination under Medicaid Screening (EPSDT). Children who do not qualify for Medicaid will have a dental examination authorized through the ISP with payment through local flex funds after other resources have been explored and exhausted.

If the dental examination indicates a medical necessity for braces and or other orthodontic care, local DHR funds may be used for this. Medicaid does not pay for braces except in rare and unusual circumstances. Medicaid requirements state that braces must be a medical necessity and documentation from a health care provider must show evidence of the medical necessity. The caseworker must obtain approval from Medicaid. Any third party insurance should be explored to determine whether this insurance covers braces. The ISP team must determine this is a needed service before payment can be pursued. If a child age fourteen or older is in need of braces and the need can relate to one or more of the Chaffee outcomes and the ISP states a need for braces ILP funds are explored.

- **Mental Health Needs of Children In Foster Care**

The ISP process is utilized to identify strengths and needs of children and their families, identify steps and services to address needs, and determine the least restrictive environment in which a child's needs may best be met. The ISP team shall be fully involved when assessing the need for, and appropriateness of, inpatient services. Before a child enters inpatient placement, concurrence must be received from State DHR. Placements that are more restrictive than foster family homes include therapeutic foster home, moderate residential treatment facilities, acute psychiatric hospitals and intensive residential treatment facilities.

Best child welfare practice requires that any behavior modification program employed in the treatment or management of a child's behavior be individualized and meet certain standards, including, but not limited to, the following:

- the program relies primarily on rewards instead of punishment;
- the program be based on a careful assessment of the antecedents of the behavior that the program is designed to change; and
- the program be consistently implemented throughout the day, including in school, residential and leisure activity settings.

The Department utilizes a Residential Placement Intake Protocol to provide guidance on and concurrence with the placement of children into certain programs. The Protocol addresses emergency residential placements and the completion of a Multi-dimensional Assessment Tool (MAT) when a child needs either a Therapeutic Foster Care (TFC) placement or placement in a moderate residential facility. Continuous oversight and monitoring of children receiving treatment in more restrictive settings is performed through the use of the MAT to determine the continued need for the placement. Intensive residential treatment requires completion of a “Certification of Need for Services” by a qualified professional in addition to completion of a MAT to determine the continued need for this level of treatment.

- **Use of Prescription Medication for Children in Psychiatric Residential Treatment Placements**

Medication prescribed for mental health reasons may only be administered to children when (a) the informed consent of the parent, legal custodian/guardian, or the foster parent who is legally authorized to provide consent and (b) the informed consent of the child (age 14 or older) has been obtained. The child and adult(s) whose consent is sought will be provided sufficient information to permit them to make an informed decision. Consent may be withdrawn at any time; however, a child's refusal to consent may be overridden by a court of appropriate jurisdiction. If it appears that psychotropic medication will be used to address crises in a periodic, on-going pattern with the child, informed consent must be obtained from the child (age 14 or older) and the parent(s), legal custodian, guardian or foster parent who is legally authorized to provide consent.

The reasons for using psychotropic medication, its expected benefits, and the potential side effects should be explained in terms understandable to the child and parents along with any significant alterations in dosage. The children's and parents' preferences and requests for alternative interventions should be considered and documented in the children's DHR records and their medical records. [NOTE: The term “parent” as used here means the child's biological, or adoptive parent, or the primary caregiver from whom the child in care was removed. Parents retain residual rights, including consent to non-routine medical procedures, after the transfer of legal custody, Code of Alabama, 1975 § 12-15-102(23)].

Prescriptions for psychotropic medication must be written by a licensed physician who is trained in the use of such medication with children and adolescents. If the physician prescribing the psychotropic medications for the child is other than the child's primary physician, there should be consultation with the child's primary physician. When psychotropic medication is used as a treatment intervention, it must be administered only as prescribed by the physician writing the prescription. Psychotropic medication is to be carefully and closely monitored by the child's physician and the ISP team for both desired effects and potential side effects. Monitoring should include information received from the child, parent(s), and caregivers.

- **Criteria For Prescription of Medication for Mental Health Reasons**

A qualified physician must complete a thorough assessment of the child before prescribing medication. This assessment (especially a psychiatric assessment) should be comprehensive and include history, direct observation of the child, and all pertinent information from the school, parents, foster parents, therapists and pediatrician. This will require effective communication from all the stakeholders in the child's life. The assessment is performed to determine the appropriateness of prescribing the medication and to establish baseline data for monitoring its effects. The physician shall conduct a physical examination of the child, review the child's medical history and other relevant evaluations (e.g., medical, psychiatric, psychological) and obtain input from the child's parent(s)/caregiver(s), the DHR worker, and other relevant service providers and school personnel. The children's and parents' preferences and requests for alternative interventions should be considered by the physician as informed consent is required prior to administering medication.

The physician should be a member of the ISP team with input at times being obtained through written report, telephone calls, etc. If the physician is a consultant to a service provider, the provider and the child's DHR worker shall ensure the physician is aware of the caregiver's capabilities, appropriate alternative treatment interventions, and the changing needs of the child and family.

In a crisis where the child will seriously harm self, harm others, or cause substantial property damage, medication may be administered without informed consent upon an order by the treating physician and in accordance with generally accepted medical standards. There must be documented evidence in the child's record that in the physician's professional judgment, the harm or substantial property damage will occur without the benefit of the medication and that less restrictive interventions are not therapeutically indicated. The child's physical and psychological condition must be frequently monitored by the physician or an appropriate staff member or other provider following administration of the medication.

The dispensing of Prescribed as Needed (PRN) psychotropic medication can only be allowed if in compliance with a physician's approved protocol and the order is documented in the child's medical file of the provider's record and the child's DHR case record. PRN medications administered to address a child's behavior two or more times a week for three consecutive weeks will result in a comprehensive review of the child's individualized service and behavior management plans and the incidents, factors, and rationales for such PRN medication use.

- **Oversight of Medications in Foster Family Homes**

Individuals providing daily care for children in care must take precautions in administering medications to children in their care. While every child has individual health needs, there are consistent measures that shall be taken in administering medication to children in the care of the Department. The following should be discussed with all out-of-home care providers.

A. Over the Counter Medications

Out-of-home providers shall follow the procedures listed below when administering over-the-counter medications.

- Carefully read the manufacturer's product information before administering any over the counter medication.
- Underscore the importance of paying close attention to product labels, particularly precautions and contraindications.
- Administer over-the-counter medication to a child **only** if the product information indicates the medication is safe for the age child it is being administered to.
- Administer medications according to the manufacturers' recommended dosage and in the manner prescribed by the manufacturer (e. g. by teaspoon, entire pill, and capsule) unless the child's doctor has given written instructions that vary from this.
- When preparing to administer over-the-counter medication, reread the labels to assure that the medication is safe for the age of the child.
- Check the expiration date on the medication container. Out-of-date medication shall not be administered.
- Certain medical conditions contraindicate the use of over-the-counter medications. In these situations, the foster parent and the child's worker shall consult with the child's doctor before administering any over the counter medications.

b. Prescription Medications

Out-of-home providers shall follow the procedures listed below when administering prescription medications:

- Because individuals react differently to medications, give prescription medication **only** to the child for whom it is prescribed.
- Some pharmacies will add a discard date to prescription labels, although this is not required. Any "left over" prescription medication should be discarded.
- Give the medication as directed by the child's doctor.

- If the child appears to have an adverse reaction to the medication, notify the doctor who prescribed the medication for the child. The adverse/allergic reaction to the medication should be documented in the child's/patient's medical record. The foster parent also needs to notify the child's DHR social worker about the reaction, and especially if the child is allergic to the medication. Documentation of the adverse/allergic reaction should be made in the DHR case record.
- Maintain a log (DHR 2073) of all prescription medications administered to a child as required in the Minimum Standards For Foster Family Homes.

As stated in the Minimum Standards For Foster Family Homes, Revised 2002,

"All medications shall be secured in a locked storage area that is inaccessible to small children."

In the event of an accidental overdose or adverse reaction to either an over-the-counter medication or a prescribed medication, the Children's Poison Control Center toll free telephone number 1-800-292-6678 should be contacted. The regular Poison Control Center, toll free telephone number 1-800-222-1222, may also be contacted.

- **Updating and Sharing of Medical Information to Include Developing and Implementing an Electronic Health Record**

The Alabama Department of Human Resources (DHR) is a stakeholder in the Together for Quality, an Alabama Medicaid Agency-led initiative to transform the state's fragmented claims and process-oriented system into one that is coordinated, patient-centered and cost-efficient. This initiative is progressing and being piloted in select sites but is not currently a statewide program.

Medicaid's transformation will change the way Medicaid does business by simplifying provider access and use of information at the point of care by developing a real-time, claims-based electronic health record for provider use to improve patient health outcomes. It will also allow state agencies and providers to share information electronically to improve patient health and control costs. Medicaid's transformations efforts will allow health care information to be shared through a statewide electronic health information system that can be seen in three parts.

- The QTool which is a web-based clinical support tool that will feature patient data from providers, administrators and other health professionals in nine pilot counties. As of June 2009, there are approximately 50 pilot sites representing 150 individual providers using the system.
- Q4U, the transformation project's care management program, has enrolled nearly 400 asthma patients and almost 300 diabetic patients in its first six months. Early feedback from the program supports the value of the care management concept as a means of encouraging patient compliance and partnership with the primary care physician to improve patient health outcomes. Next steps call for expanded recipient education and outreach efforts to retain patients in the pilot program and efforts to streamline the process for physicians
- QX – method to standardized data exchange with other state health and human service agencies is progressing as Medicaid and the Alabama Department of Senior Services prepare to test an online interface and data exchange on shared clients as well as a quality audit process and an inter-agency complaint information system.

DHR staff has worked with Medicaid's Stakeholders' Council, Steering Committee and serve on two of the five workgroups with Medicaid staff and others to safeguard privacy and security while creating a sustainable, valued resource for the state.

- **Health Care Oversight for Older Youth Currently Served in Foster Care and Transitioning Out of Foster Care**

The Department of Human Resources recognizes the need to provide specific support for older youth currently in foster care and/or who will be aging out of the child welfare system. Therefore the Office of Permanency through

the Independent Living and Foster Care program will provide increased focus and support to caseworkers in addressing health care planning for this population.

Education through training and other forums will be provided to build capacity of staff and providers serving older youth in addressing and planning for the youth's oversight of health care needs.

The expectation is that prior to emancipation from foster care youth are to have a personalized transition plan that would include addressing oversight of their health care needs. Through the Individualized Service Planning process staff will develop a specific plan with the youth which addresses the following:

- A transition plan developed no later than 90 days prior to the date on which the child is expected to age out of the system.
- Providing education and information regarding designating another individual, i.e. a health care proxy, to make health care treatment decisions on the youth's behalf should the youth be unable to participate in such decisions and does not have or want a relative otherwise authorized under State Law to make such decisions.
- Providing education and information as to the option to execute a health care power of attorney, health care proxy, or similar document recognized under State law.
- Providing medical information and documents to the youth which are available to the agency.

The Department has a responsibility to educate and prepare youth to have the capacity of overseeing their individual health care needs. This can only be accomplished through ongoing efforts to engage youth around a transition plan that is timely and specific.

- **Department's Evaluation of Health Services**

The Office of Quality Assurance conducts periodic case reviews in all 67 counties throughout the state. As part of the review process, Health/Physical Well-Being and Emotional Well-Being of children are assessed. These county teams often include physical and mental health professionals serving as reviewers or as part of the reviews.

When assessing Health/Physical Well Being, the review process considers the following items: 1.) Is the child in good health? 2.) Are the child's basic physical needs being met? and 3.) Does the child receive health care services as needed? Children should achieve and maintain good health status, consistent with their general physical condition. Healthy development of children requires that basic physical needs for proper nutrition, clothing, shelter, hygiene, and medical/dental care are met on a daily basis. Preventive health care should include immunizations, dental hygiene, and screening for possible physical or developmental problems. The central concern here is that the child's physical needs are met and that special care requirements are provided as necessary to achieve optimal health status. This also includes follow up with appropriate sub-specialists, other health care providers and therapists. Adult caregivers and professional interveners in the child/youth's life bear responsibility for ensuring that basic physical needs are being met and that health risks, chronic health conditions, and acute illnesses are adequately addressed in a timely manner.

A child receives an optimal rating for Health/Physical Well-Being when: all of the child's physical needs for food, shelter, and clothing are reliably met on a daily basis; routine preventive medical (e.g., immunizations, check-ups, and developmental screening) and dental care are provided on a timely basis; any acute or chronic health care needs are met on a timely and an adequate basis, including follow-ups and required treatments; and, any prescribed medications are being provided and taken according to exact instructions and with excellent medication management.

When assessing Emotional Well-Being, the review process considers the following items: 1.) Is the child symptom free of anxiety, mood, thought, or behavioral disorders that interfere with his/her capacity to participate in daily living activities and benefit from his/her education? 2.) If such symptoms are present, is the child making substantial progress toward normal functioning in school and at home while making use of supports and therapeutic services, as necessary? Emotional well-being is essential for adequate functioning in a child's daily life settings, including school and home. To do well in school and in life, a child should: present a major emotional

pattern appropriate to time, place, person, and situation; have a sense of belonging and affiliation with others rather than being isolated or alternated; socialize with others in various group situations as appropriate to age and ability; be capable of participating in major life activities and decisions that affect him/her, including educational activities; and, be free of or experiencing reduced major clinical symptoms of emotional/behavioral/thought disorders that interfere with daily activities.

For a child with mental health needs who requires special care, treatment, supervision, or support in order to make progress toward stable and adequate functioning at school and home, the child should be receiving necessary services and demonstrating progress toward adequate functioning in normal settings. Some children may require assistance or services to improve communication, social, and problem-solving skills to be successful. Other children may require special behavioral interventions, medications, and/or wraparound supports (such as behavior aides, access to a therapist when needs arise, etc.). Timely and adequate provisions of supports and services should enable the child to benefit from his/her education and enjoy the routine activities of childhood. The level, mix, and fit of services (referenced in the rating definitions) refer to the importance of children being provided with services in the right amount, with the needed frequency, by persons with the necessary skills, etc.

A child receives an optimal rating for emotional well-being when: the child shows optimal well-being in daily settings and enjoys positive and effective enduring support and interventions from teachers, counselors, key adult supporters, and friends; OR, the child has become emotionally and behaviorally stable and functioning well and symptoms are largely relieved or seldom occur; OR, excellent progress is being made toward adequate functioning in normal daily settings and activities of childhood in the near term; OR, the presence of emotional and behavioral problems is being addressed with the optimal level, mix and fit of assistance, support, supervision and/or treatment leading to a level of stabilization appropriate for the child and his/her condition.

Contributors to the Health Care Services Plan

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APPENDIX 10

National Resource Center Technical Assistance Synopsis

UPDATE: Since the TA conference call that took place on August 23, 2010 several other conference calls have occurred. One took place on November 4, 2010 and a second was held on February 8, 2011. A third call, originally scheduled for May 3, 2011, was postponed due to disaster recovery efforts and activities in which DHR staff were involved. However, a status call did take place on August 10, 2011; this call only involved the TTACC Coordination Specialist and select SDHR staff, and served as a means of the state providing updates to the work being done. Subsequently, a conference call also occurred on September 6, 2011, that included select SDHR staff, Children’s Bureau Staff, the TTACC Coordination Specialist and a staff member with the NRCOI. This call was specific to TA 325 and established next steps in this aspect of TA. The Alabama TA Grid, effective April 2011, is shown below and on the next page.



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ALABAMA TA GRID

April, 2011

TA#	Title	Date	Lead IC/NRC	Status	Notes
Casey	Enhancing Permanency Case Review Process			New agreement effective 3/11	1) providing support around recruitment efforts to expand Heart Gallery of Alabama; 2) doing assessment work preventing children from going into congregate care; 3) supporting the kinship guardianship act by providing TA and training across the State; 4) supporting Youth Villages and doing family finding for youth with APPLA goals that includes intensive support for reunification with birth parents; 5) supporting prevention of child abuse and neglect in Jefferson with a focus on mentoring moms known to CPS; 6) supporting the dependency drug court in Jefferson County; and 7) continuing work with Children’s Aid Society to assess children in congregate care to support levels of restrictiveness in placement and facilitate adoptions for children in care by writing bios on children.
TA325	Strengthening Child Welfare Supervision	1/2/09	NRCOI	In Progress	Discussion of Initial Implementation Plan/Supervisory Strategic Plan submitted March,
TA414	Foster Parent Mentoring	3/7/11	NRCFFFAP	In Progress	3/31/11- Sharri Black, Mike Grimes and Joe Kroll (AdoptUSKids Parent Support) met with Connie

					Rogers to discuss development of foster parent mentoring program to improve foster parent retention and placement stability. NRCCRFAP and AdoptUSKids shared model information from Kentucky and AdoptUSKids Parent Support.
TA132	CAP Project Integration	11/12/09	NRCCPS	In Progress	See attached site report 1/27/11
TA223	Parent Leadership Training	9/30/10	NRCCBCAP	In Progress	4/19/11-The FRIENDS NRC partner organization, circle of parents provided a webinar on parent leadership to the CBCAP State Lead agency network of family resource centers.
TA82	AFCARS	7/29/10	NRCCWDT	In Progress	AFCARS review held 4/11-15/11. Ready for closure?

APPENDIX 11

Renegotiated Action Steps of Alabama's Round Two Program Improvement Plan

On February 24-25, 2011, staff from the Children's Bureau (Central and Regional Offices) met with staff from Alabama State Department of Human Resources, and collaborated on renegotiating certain action steps of the Round Two PIP.

Subsequent to the February 2011 meeting, the State of Alabama was devastated by tornados in late April 2011. The impact of that disaster and the resulting time and energy allocated to recovery efforts, prompted a request by the Department for a one year extension to the PIP. The extension request was later granted by the Federal Department of

Health and Human Services, and another renegotiation meeting was held.

As a result of these negotiations, some PIP activities will now be completed and/or partially completed during the extended PIP, with some actions being transferred to the CFSP for the time frame of 2010 – 2014.

Listed below are the PIP steps that will be completed/started during the extended PIP and/or transferred for completion to the CFSP. Any PIP activities scheduled to begin in Quarter 8 or earlier, are not included. However, please refer to **Alabama's Round Two, Renegotiated PIP** and **Quarterly PIP Reports** for more details.

Extended PIP – Quarter 9

TRAINING

2.3 Implement, monitor and report on a prioritization/incremental plan for the completion of **Supervisor training** by current supervisors that have not attended this module. The training plan as provided in Q-6, will be initiated in Q-9, and will include the completion of approximately 8 sessions during quarters 9 – 12, with the remainder of the training plan being completed during the CFSP for 2010-2014.

SUPERVISION

1.3a(1) Review and revise current draft of the supervision strategic plan (by SDHR).

1.3a(2) Convene meeting of the supervision work group.

1.3b(1) Revise the Initial Implementation Plan.

COURT COLLABORATION

4.4 Incorporate findings (of permanency surveys) into future training opportunities for juvenile courts /other Agency / DHR staff, along w/ foster parents, preadoptive parents and relative caregivers.

RECRUITMENT AND RETENTION

2.4 Regional training (on policy for the **Resource Family approval process**) will be provided by FSD Consultants.

3.4 Regional training (on **foster home monitoring process**) will be provided by FSD Consultants.

Extended PIP – Quarter 10

TRAINING

1.4 Implement, monitor and report on a prioritization plan for the completion of **ACT I** by current staff who have not yet completed this training. Exceptions to the completion of ACT I will only occur for a compelling reason as documented by the County Director (or designee) and FSD Director (or designee).

SUPERVISION

1.3a(3) Receive comments from supervision work group on strategic plan.

1.3a(4) Re-convene supervision work group to finalize a draft of the plan.

1.3a(5) Submit final draft to SDHR Administration for approval.

1.3b(2) Complete the Initial Implementation Plan

Extended PIP – Quarter 11

SUPERVISION

1.3a(6) Approve supervision strategic plan

1.3a(7) Continue implementation of the supervision strategic plan (see also 1.3b) with the remainder of the supervision plan being completed during the CFSP for 2010 – 2014.

RECRUITMENT & RETENTION

4.4 Implement the foster parent mentoring program in no fewer than four counties.

Transfer to the CFSP for 2010 – 2014

SUPERVISION

1.4 The goals of the approved supervision strategic plan that are not completed during the PIP will be implemented during the CFSP for 2010 – 2014

COURT COLLABORATION

6.5 If needed, policy revisions (**on the local protocols for foster parent, pre-adoptive parent and relative caretaker notification of court hearings and right to be heard**) will be sent to all DHR county offices and all juvenile courts.

6.6 Incorporate training of any revised policies and protocols into future training opportunities for judges, DHR staff, other Agency staff and foster parents.

RECRUITMENT AND RETENTION

4.5 After the (**foster parent mentoring**) program has been in-place for one year, an assessment will be conducted on the effectiveness of the program.

APPENDIX 12

Alabama Child Welfare Collaborative Initiative 2011 Action Plan and Definition of Prevention Services

Alabama CWCI 2011 Action Plan

Core Members:

Bob Maddox, AOC
Jessica Jackson, DCAP*
Carolyn White, PBCI

Janet Winningham, Data Analysis (SDHR)
Sandy Holmes, QA (DHR)
Gary Mitchell, Family Preservation (SDHR)**

Martha Gookin, PBCI	Susan Sorrells, Child Welfare Consultation (SDHR)
Paul Butler, FSD Director (SDHR)	Linda Bibb, Fatherhood Initiatives (SDHR)
JJ Moody, State QA Committee	Freida Baker, FSD Deputy Director (SDHR)
Larry Dean, CFSR Coordinator (SDHR)	John James, FSD Deputy Director (SDHR)
Sue Ash, SLO (DHR)	Kanoschu Campbell, Office of Permanency (SDHR)

* Vicki Cooper-Robinson was with DCAP for part of the reporting period and now is employed by SDHR

** Now retired

AOC Administrative Office of Courts
 CFSR Child and Family Services Review
 CWCI Child Welfare Collaborative Initiative
 DCAP Department of Child Abuse Prevention
 FSD Family Services Division
 PBCI Poarch Band of Creek Indians
 SLO State Liaison Officer (for Child Abuse and Prevention Treatment Act – CAPTA)

Objective 1: Define Prevention

- **Educate others on our definition.**
 1. Through inclusion in the (DHR) 2011 Annual Progress and Services Report (APSR).
 2. Through reinforcing in the (DHR) ACT I Child Welfare Training Program.
 3. By providing to the (DHR) Family Services Management Team.
 4. By encouraging CWCI Team members to include in their respective training sessions conducted and/or other avenues as they see fit.
- **Explore the design / implementation of a pilot program that can examine on a small scale the effectiveness of prevention services/programs in preventing the occurrence of child abuse / neglect.**
- **Continue to explore ways in which inter-agency collaboration related to prevention of child abuse/neglect could be strengthened.**

Objective 2: Data

- **Receive/ distribute reports from the system of sharing data (Interface) that has been developed between AOC and DHR.**
- **Interpretation and findings of shared data.**
- **Request technical assistance from FRIENDS and other resource centers as needed.**
- **Utilize the common collection element mechanism in place for DHR and AOC.**
- **Explore other ways of framing desired data:**
 1. Information/data on/about successful prevention programs;
 2. The identification and tracking of families/children receiving prevention services;
 3. Proven/promising methods of examining the effectiveness of prevention services.

Objective 3: Legislative Issues

Work with agencies' legislative liaison on specific legislation being sponsored related to child abuse and neglect.

Alabama CWCI Definition of Prevention Services*

Programs, services, public awareness and educational initiatives that use primary and secondary prevention strategies, are conducted/implemented at the local and/or statewide level and are designed to strengthen families and prevent / deter child abuse and child neglect.

- Primary prevention strategies are community-based, family-focused activities, supports and services provided to the public that are designed to keep children safe, enhance parenting capacities, promote the general welfare of children and families, and prevent or reduce the prevalence of child abuse and child neglect before signs of abuse or neglect can be observed.
- Secondary prevention strategies are family-focused, child-specific interventions, supports, activities, and services that are provided to a specific population identified as having risk factors for child abuse and child neglect or are specifically crafted or designed to promptly intervene in individualized ways, as soon as an impending or present danger threat to a child has been identified and/or child abuse/neglect has occurred.

Such prevention strategies would include those that are designed to prevent the reoccurrence of child abuse/neglect and/or removal of the child from the home.

* This definition can be revised, modified, etc. as members of the Alabama CWCI team so decide.