

**STATE OF ALABAMA
DEPARTMENT OF HUMAN RESOURCES
ANNUAL PROGRESS AND SERVICES REPORT
2013**



**State of Alabama
Department of Human Resources
Annual Progress and Services Report
FY 2013**

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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 of \$1,016,682 through the State Family Options program 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 2011: 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, the Director's Administrative Specialist and the Office of Adoption.

Deputy Directors

One Deputy Director supervises the Managers and Program Supervisors of the following Offices: Child Protective Services, Foster Care and Independent Living, Policy, Child Welfare Consultation, 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, Child Welfare Training 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 include:

- 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 comprised of a Program Manager; five Program Specialists and one Administrative Support Assistant.

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. Four Program Specialists who have extensive knowledge in CPS work in partnership with County administrative staff to conduct the Administrative Record Reviews. Each reviewer is responsible for reviewing all information that was used by the county offices in their determination of an indicated/substantiated report of maltreatment occurred. Alleged perpetrators requesting the Administrative Review also have the opportunity to submit any information they would like the Reviewers to consider. It is the responsibility of the State and County Reviewers to determine if there is sufficient evidence to support an indicated (i.e., substantiated) finding of abuse or neglect and whether or not the assessment and documentation of the information gathered supports, by a preponderance of evidence, that maltreatment occurred. Upon completion of the Administrative Record Reviews it is the responsibility of the State Administrative Record Reviewers to provide feedback to county 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 may 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., use the Central Registry to 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. In order to ensure that accurate information is released on individuals having an indicated/substantiated report of abuse or neglect, CPS staff are assigned to review the actual CA/N report(s) prior to the release of any information. The number of Central Registry Clearance Requests continues to increase each year. In FY 2012, the Office of CPS processed 25,209 requests.

One Program Specialist, who previously worked as the Child Protective Services Functional during the development of the SACWIS system (FACTS), continues to represent the Office of CPS in resolving issues that directly impact the work of CPS, in both the State and county offices. In addition this Specialist responds to calls from county office staff on CPS and SACWIS issues and CPS policy development. 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 of 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, Montgomery, Gadsden, Jasper 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. **ACT I: NEW CHILD WELFARE WORKERS TRAINING – ENSURING COMPETENCIES:** 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 are 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 – ONGOING TRAINING: PROVISION AND ENSURING COMPETENCIES:

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. In FY 2012 the provision of ACT II training has again focused on fulfilling PIP requirements of offering Concurrent Permanency Planning (CPP) and Supervisor Training. These two modules will continue to be offered in FY 2014, as well as other ACT II training modules. The respective ACT II training curriculums 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 a prerequisite for ACT II: Practical Child Sexual Abuse Intervention, which builds on the skills learned in this session. 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. This training has a prerequisite of ACT II: CPS (Practical Child Protective Services) which introduces skills that are built upon in this session.

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 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 June 1, 2013, The Office of Child Welfare Training (OCWT) unit consists of seven trainers, a Program Manager, and a Program Supervisor. OCWT continues to partner with ILP, QA, OCWC, and Policy. In January 2012, the Office of Child Welfare Training merged with the Office of FACTS Training and now trains FACTS as part of OCWT. 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.

Measuring Skill Development of New/Experienced Staff

The Professional Development Plan is covered in ACT I. During ACT I training, participants are provided a PDP Guidebook to assist them with creating a plan to develop their professional skills. Many times it begins in ACT I with the supervisor and worker developing the plan that will continue to be developed as skills are achieved. The supervisor remains key to the ongoing measuring of /providing coaching and feedback for skill development of line staff. Also, in classroom training there are a number of opportunities for staff to observe skills being modeled, as well as having the chance to practice and receive feedback on implementation of skills.

Office of Child Welfare Consultation

The Office of Child Welfare Consultation is currently managed by a Program Administrator (Deputy Director of Family Services) following retirement of long-term Program Manager. The Office consists of three Program Supervisors, nine Program Specialists (including 2 MAT assessors), and three Behavioral Analysts. The current consultation model utilizes the expertise of the Program Specialists in areas of: policy; practice, and assessment of outcomes. The consultants travel onsite to counties for random record reviews to assess best practice indicators in Preventions, CAN's, ongoing CPS cases, Foster Care Cases, and Foster Family Home Records. Further, the Office supports onsite response to needs and concerns relative to specific counties through full review of cases; staffing; supporting the ISP Process; meeting with community partners, etc. The Program Specialists in the OCWC are proficient in training and often support local initiatives as well as more regional and even statewide needs for capacity-development. Examples include: Individualized Service Planning; Documentation in Child Welfare; Caseworker Visits; and others.

The long-term Program Manager of OCWC retired in January, 2013, and assignments/responsibilities in that office have been shifted to support the ongoing work of the Division. At this time, two Program Supervisors are overseeing the OCWC Program Specialists in their work onsite in the counties; conducting special assignments to support directives around needs for improved outcomes; and providing increased capacity-development opportunities for the Program Specialists. The other Program Supervisor, (more details below), supports statewide intake and oversees staff who also perform constituent intake and complete MAT's for children in Therapeutic Foster Care. One Program Specialist participates in the Case Review Committee, with the State Multi Needs Team. One Program Supervisor coordinates the work with Auburn University Behavior Analysis Program and supervises the three Behavior Analysts in our state office. 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. We are pleased to report that the work of the Behavior Analysts, through our partnership with Auburn University, has yielded excellent research which has been recently published in "Research in Social Work Practice".

Please see article on the APSR Posting Attachment Document, pages 2 – 7.

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, 2013 the Office of Quality Assurance (QA) consists of a Program Manager and five Program Specialists. A program supervisor is assigned to the office to primarily provide expertise in the area of child safety. The QA system monitors, evaluates and provides feedback to the Department on the performance of the child welfare system. Evaluations are conducted to determine if the child welfare system provides services 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 and consultation. 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 January 16, 2013, there is one full time staff person (a Program Supervisor) 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 was 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 and FACTS Functional Staff. 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. This office also reviews Federal and State regulations to determine policy needs that result in changes, which directly affect the Caseworker Visits, NCANDS and AFCARS reporting.

The Office of Data Analysis works closely with the Office of Quality Assurance and provides county safety and permanency data profiles to state QA staff before every state QA review. The Office has established a database of measurement mechanisms for State QA case reviews. The Office, in conjunction with the FACTS Functional Staff and 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 Reports and 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 two assistants.

Office of Permanency

The Office of Permanency supports efforts in permanency planning for children in out of home care. Although last year the Program Manager, a Program Supervisor, and an Administrative Support staff retired and have not been replaced, the Office staff has remained stable this year as of May 2013. The Office of Permanency staff consists of four Program Supervisors that provide supervision for 13 in and out-based consultant staff in the areas of policy development, training, and consultation for Out-of-Home Care, Independent Living Services, Adoption Services, and Recruitment and Retention Support. In addition, there is one Administrative Support staff that provides for the clerical and support needs of the program area. In the absence of a Program Manager, a Division Deputy Director is supervising the two supervisors with foster care and independent living responsibilities and the Division Director is supervising the two supervisors with adoption responsibilities with an emphasis towards communication and coordination between all parties.

The Office of Permanency also has the responsibility for post adoptive support which includes the adoption assistance program. The Adoption Program Supervisor 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.

Currently the Recruitment and Retention Program Supervisor is responsible for the development, supervision and coordination of the Department's post adoption service program which is funded under contract with Children's Aid Society (Alabama's Pre-Post Adoption Connection (APAC)). CAS/APAC operates out of a central office with a north and south region for service to families. The North Region operates out of the Central Office in Birmingham, with a contact in Huntsville. The South Region operates out of a Montgomery office with a contact in Wiregrass area. CAS/APAC core services include recruitment/training of adoptive resources, information and referral, crisis counseling, a lending library, support groups and sponsorships of adoption-related conferences/camps.

Adoption and 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. 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.

In addition one of the permanency consultants supports Adult Adoptees in information and referrals when inquiries are received. An adoption supervisor serves as the Deputy Compact Administrator for Interstate Compact Association on Medical Assistance (ICAMA) and manages the responsibility and coverage of those children who move in and out of the state with subsidy Medicaid eligibility. She is assisted by both the Intake Consultant and the Subsidy Consultant in the execution of these duties. The Permanency Consultant's roles and responsibilities are designed to specifically address permanency planning for children in out of home care. There are eight permanency consultants that work with counties around assessing and supporting permanency planning and placements regardless of the permanency goal. Six of the consultants have specific responsibility for matching and placing children legally free for adoption and who currently do not have an identified resource (non-foster parent adoption). One Permanency Consultant in the unit serves as the training and technical assistance consultant for Kinship Guardianship and Out of Home Care. He also serves as the liaison to the Alabama Department of Youth Services (DYS) for discharge planning for children leaving DYS who are dependent and in need of additional treatment or services. This consultant serves as a point of contact for DYS in communicating and arranging planning prior to discharge.

Another Permanency Consultant serves as the training and technical assistance consultant for foster/adoptive parent training, assessment, and approval. Additionally, this consultant serves as the coordinator for the Foster Parent Mentoring Pilot that is a part of recruitment and retention activities. Her other responsibilities include working with adult adoptees by responding to their requests for information related to their adoption, providing summaries of non-identifying information found in the record and writing a supplemental summary of other information located in the file. On occasion, she facilitates reunions with birth families or siblings who were placed for adoption in another family. She also serves as a liaison to Tutwiler Prison for Women to support and facilitate visitation and facilitate communication with the county about case planning. She has recently been given the assignment of coordinating the activities of the State Conflict Resolution Team. 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. All consultants are expected to have extensive knowledge of ASFA and MEPA, and Fostering Connections to Success and Increasing Adoptions Act of 2008 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. Currently the unit consists of Program Supervisor who also serves as the State Independent Living Coordinator and two Independent Living Consultants. 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. Regional trainings for staff currently serving the Independent Living population began January 5, 2012. Regional consultations are continuing to be provided throughout the State. A total of six trainings were completed serving thirty-four counties. The remaining 33 counties will be trained by September 30, 2013. 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.

A Strategic Planning Committee comprised of Independent Living staff from all areas of the State was established in March 2012. The strategic plan developed was utilized to craft training and develop services for youth in care. The plan was instrumental in the crafting of the ILP Networking Conference which was held January 22-23, 2013, where eighty-eight workers and supervisors convened along with 15 of the States' ILP and TLP providers. The program area, through the support and partnership with Children's Aid Society increased the leadership ability and self-advocacy of 18 youth leaders through a summer Leadership Camp held July 31-August 2, 2012. These youth have lead the DREAM Council meetings and assisted with the trainings at the Fall ILP Youth Camps. One hundred thirteen participated in the Youth Camps held September 22-24 and October 13-15, 2012.

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. Eighteen (18) DREAM Council Leaders were trained on Youth leadership and foster care advocacy July 31 through August 2, 2012. These young leaders have since participated in ILP teen camps on September 22-24 and October 13-15, 2012, and monthly DREAM Council meetings/training sessions. The DREAM Council also participated in the winter Director's Conference on December 5, 2012. The IL Connect website was launched in April 2012. The site has both a Facebook and Twitter access and is a way for DHR staff, youth and providers to stay connected.

The Independent Living Program Area will be introducing the Transition Roundtable model to staff in the four largest counties in the fall of 2013. ILP staff from Mobile and Jefferson counties have received training on implementing the permanency model. Montgomery and Madison Counties will be participating in training Summer 2013. The Program will continue to work very closely with the Permanency Roundtable staff and the Adoption Staff to focus efforts on identifying and supporting permanent connections in our older youth population.

A significant amount of the ILP work has been planned around approval of the 2012 pending contract initiated after the RFP process with includes:

- Two 3 day youth camps (150 for ages 14-17 and 150 for ages 17-21).
- ILP Network Meeting for staff/providers
- Two foster care Alumni internships to serve as ILP Youth Consultants (male/female)
- Leadership Initiative for 20-25 ILP youth
- Development/maintenance ILP Website for staff and youth

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 for Adoption. The Program Supervisor currently has the responsibility to also support and monitor contracts and agreements with CAS/APAC (contracts for both pre and post adoption services), AdoptUsKids and participates in the partnership with Heart Gallery of Alabama and Kids to Love.

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. The issue of foster family retention is being addressed by development of a foster parent mentoring program that is currently in the pilot phase in four counties.

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, five Program Specialists, an Administrative Support Assistant II, and three 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 (FY12), the department received an approximate gross reimbursement of \$47.5 million from Medicaid Rehabilitative Services and \$24.5 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 a reimbursable Medicaid service is 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 division reports to the Deputy Commissioner for Administration Services. The Resource Management Division consists of six units: the Office of Resource Development, the Office of Contracts, the Office of Licensing, the Office of Service Utilization Review, the Office of Fiscal Accountability and the Office of Procurement. The Office of Procurement (OP) was established in 2004 to provide overall direction for department-wide procurement policies, regulations and procedures and to promote efficiency, and effectiveness in the acquisition process. OP specializes in the purchasing of services in compliance with state laws, regulations, and procedures. OP coordinates and facilitates the acquisition of department-wide services. OP assist divisions in the preparation of requests for proposals (RFPs), develops RFP's, review and analyze requests, and make recommendations for the award of contracts. OP provides training to department personnel of procurement procedures and regulations, maintains procurement records, and establishes and maintains effective working relationships with vendors, departmental officials and the public.

The Resource Management Division, Office of Contracts, negotiates, manages and monitors the Department of Human Resources Social Services Contracts. The purchase of service contracts are those which the agency purchases programmatic services for agency clients from other government and non-government agencies and organizations, faith-based organizations and from individuals. Following the process of the bid law and upon selection, contracts are negotiated on the State and County level to meet identifiable local needs. There are two major types of purchase of service contracts: a Cost Reimbursement and a Fixed Rate Contract. A Cost Reimbursement contract is a contract for the purchase of goods or services for which the contractor's actual costs are reimbursed based on a detailed line-item budget approved by the Department. A Fixed Rate Contract is a contract for the purchase of goods or services for which the contractor's costs are reimbursed on a fixed rate per unit of services.

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, for contractual issues. This unit is developing new Request for Proposals (RFP'S) for residential services to be implemented in fiscal year 2015, that focuses on positive reinforcements for children, psychotropic medication monitoring and developing level's programs that are individualized to the child's skill set.

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/Specialized 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. Monitoring the length of stay and aggressively stepping the children to a less restrictive environment when the ISP team and MAT are in agreement.
- 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. Successful in bringing children (75%) back to Alabama with resources that have been developed for them.
- 5) Send out statewide notices to contract vendors about possible child with specialized needs that is appropriate for Specialized TFC Foster Care services. Monitor the Specialized TFC Foster Care placements by reviewing monthly summaries.

III. FEDERAL REVIEWS (CFSR)

Child and Family Services Review

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. Due to the tornados that ravaged the state in April 2011, and the subsequent time and energy that was invested in recovery efforts, the state requested a one-year extension to the PIP. This request was later granted by Health and Human Services, Administration for Children and Families. The extended PIP period ended on August 31, 2012, though the non-overlapping PIP measurement period will extend until September 30, 2013. Quarterly PIP reports that provide updated PIP data, will continue to be submitted to the Regional Office. The Children's Bureau approved a PIP measurement plan that included 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) are measured using statewide QA review data. Four items (permanency, APPLA or OPPLA, ISP and family involvement in the ISP) are measured using data from QA reviews in the three counties of Jefferson, Cullman and Calhoun. As of 06/01/13, the state reported (and the Children's Bureau had concurred) that the measurement goal for APPLA , Family Preservation, Caseworker visits with child, Caseworker visits with parents, Family Involvement in the ISP, and Permanence were achieved. 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.

AFCARS Review

The Children's Bureau completed an onsite Adoption and Foster Care Analysis and Reporting System Assessment Review (AAR) the week of April 11 - 15, 2011. See Appendix 13. **2013 Update:** The Department has not yet received a response (from the Children's Bureau) to the July, 2012 submission of the State's AFCARS Program Improvement Plan Update (AIPU). Once a response is received an update can later be provided.

Title IV-E Foster Care Eligibility Review – 2013 Update: See Yearly Report – Office of Child Welfare Eligibility.

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 Child Welfare Division'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.
- Services are matched to meet identified needs and vary in levels of intensity needed to keep children safe and assure their well being.
- Services are coordinated between service provider and agencies to meet the multiple needs of children and their families.
- Services are delivered in culturally sensitive ways.
- Services 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.

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 49 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 **Child Welfare 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 staff of the AOC. Ongoing work continues toward reinforcing policy and training provided to staff regarding ASFA and MEPA. Family Services Division 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 because of race and continues to review policies and strengthen practice in this area. Ongoing work with staff of the AOC (training for juvenile 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 courts 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, FACTS currently is interfaced with the AOC 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. On May 8, 2013 Alabama's Governor signed the *Best Interests of the Child Act of 2013* (Act No. 2013-157--SB307). This law requires the Department of Human Resources to file a petition to terminate the rights of a parent or parents of a child who has been in the foster care system for 12 of the most recent 22 months. Prior to the passage of SB307, filing a petition to terminate parental rights was based on 15 of the most recent 22 months. This law requires the completion of a termination of parental rights trial within 90 days after service of process has been perfected. This law requires the trial court judge to enter a final order within 30 days of the completion of the termination of parental rights trial. This law requires service by publication if service of process has not been completed within 45 days of the filing of the petition for termination of parental rights. Prior to the passage of SB307, service by publication was based on service of process not being completed within 90 days of the filing of petition for termination of parental rights. This Act expedites permanency for children in foster care.

VI. ORGANIZATION OF THE APSR / POSTING OF APSR / POINT OF CONTACT FOR APSR

Alabama's Annual Progress and Services Report (APSR) for FFY 2012, 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
AOC	Administrative Office of Courts
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
CQI	Continuous Quality Improvement
CWCI	Child Welfare Collaborative Initiative
DHR	Department of Human Resources (Alabama's public child welfare agency)
DCAP	Department of Child Abuse Prevention
EOC	Evidence of Completion
ETV	Education and Training Voucher Program
FACTS	Family, Adult, and Child Tracking System (Alabama's SACWIS)
FSD	Family Services Division (of the Alabama State Department of Human Resources)
ILP	Independent Living Program
ISP	Individualized Service Plan
LETS	(Alabama's) Learning, Education, and Training System
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

SDHR	State Department of Human Resources
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

POSTING OF / CONTACT PERSON FOR THE 2013 APSR

Upon approval by the Children’s Bureau, Alabama’s 2013 Annual Progress and Services Report (APSR) will be posted on the DHR website, where it can be accessed as shown below (see also APSR reports from previous years):

[DHR.Alabama.Gov](#) ➔ [Services](#) ➔ [Child Protective Services](#) ➔ [APSR](#) ➔ [View the \(FY\) APSR / ADDENDUM](#)

Alabama’s Contact Person for the APSR:

Larry W. Dean, CFSR Coordinator
 State DHR - Family Services Division
 50 Ripley Street
 Montgomery, AL 36130
 334.242.9500
larry.dean@dhr.alabama.gov

VII. Annual Progress and Services Report – 2013

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: **10/01/11 – 09/30/12** (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 were 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 is comprehensive, the core principles and desired outcomes are 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 was designed to contribute to practice advancement across all areas of child welfare was 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.

At Risk Children: See Items 1.1 – 4.24. **See also APSR Posting Attachment Document, pages 75 – 80.**

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%	

The goals for Safety Outcome 1 were based on the last year of data prior to the statewide implementation of FACTS (SACWIS) which occurred from August 2008 through October 2009. The FY 2008 data indicated that the statewide average of Can Assessments completed within the 90 day time frame was 95%. Since the development of this plan, the Department has continued to focus on the accuracy of SACWIS data for this outcome. There had been concern that the data did not accurately reflect best practice in the area of child safety. Family Service and FACTS staff have continued work in order to improve the data in this category to accurately reflect the work being done to insure child safety. Identified as specific issues were Child Abuse and Neglect Reports placed in suspended status while awaiting information from law enforcement and other state agencies to provide the Department with additional information such as death certificates; police reports, etc. The Department was concerned that suspensions could possibly be used as a way to prevent CA/N Assessments from exceeding the policy timeframe of completing CA/N Assessments within the 90 day response time. A CPS policy revision effective February 22, 2012, provided more clarity to staff on when to suspend CA/N reports and defining a limited number of agencies where suspension can be used. An enhancement made in FACTS now requires that the CA/N Assessment and all suspensions must be completed before closing the CA/N report in the system. FACTS reports have been developed on CA/N Assessments that are in suspended status and for CA/N Assessments that have exceeded the 90 days to complete the CA/N Assessments. In order to complete CA/N reports within the 90 day policy time frame the CA/N Assessment and all suspensions must be completed prior closing the CA/N. This item will

continue to be evaluated to ensure data is reflective of work being done to increase the number of child abuse and neglect assessments completed within the 90 day timeframe.

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%

For the three previous years of this plan, the measurement for this outcome was based on the data for FY 2008, which was the last data obtained before the statewide implementation of FACTS. Although there continues to be some concern about data for this outcome, work continues with FACTS for potential defects related to the accuracy of the reports run from data. Although not reflected in the current data, it appears that with the monitoring the counties are showing improvement in the number of face to face contacts made with children in CA/N reports. In May of 2012, the Department began emphasis on the timeliness of face to face contacts with children in CA/N reports. This effort is currently being monitored by the County District Administrative Specialists who are assigned to each county. The Office of Child Protective Services and the Office of Data Management also monitor this data. In addition this item is also tracked in Safety Assessment of the County Quality Assurance Reviews. During the Safety Assessment, a random pull of cases is reviewed by a member to the Quality Assurance team.

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%

The Department has continued to monitor the cases in which child deaths occurred due to maltreatment. With the statewide roll out of FACTS, reports INVS206 was developed to track this item. The Office of Data Analysis is notified by an email on any CA/N report that has a child death allegation. This information is tracked from the QA Database. In the interim the Department relies on the QA Database to track this information. Evaluation of this item will continue with plans to assess contributing factors and, if necessary, update the Department’s Child Death Protocol.

FY 2010: In FY 2010, twenty-nine (29) child fatalities occurred with allegations of death due to child maltreatment. As of June 12, 2013, the dispositions on those CA/N reports are as follows:

Child Fatalities w/allegations of maltreatment	29
Indicated	14
Not Indicated	11
Unable to Complete	2
Pending	1
Entered in error	1
12 month prior contact w/ Indicated Finding	3 (10%)

FY 2011: In FY 2011, twenty-eight (28) child fatalities occurred with allegations of death due to child maltreatment. As of June 12, 2013, the dispositions on those CA/N reports are as follows:

Child Fatalities w/allegations of maltreatment	28
Indicated	12
Not Indicated	8
Unable to Complete	1
Pending	4
Entered in error	3
12 month prior contact w/Indicated Findings	2

FY 2012: In FY 2012, forty-six (46) child fatalities occurred with allegations of death due to child maltreatment. As of June 12, 2013, the dispositions on those CA/N reports are as follows:

Child Fatalities w/allegations of maltreatment	46
Indicated	25
Not Indicated	13
Unable to Complete	1
Pending	7
Entered in error	0
12 month prior contact w/ Indicated Finding	0

FY 2013: In FY 2013, as of 06/12/2013, twenty-two (22) child fatalities had occurred with allegations of death due to child maltreatment. As of June 12, 2013, the dispositions on those CA/N reports are as follows:

Child Fatalities w/allegations of maltreatment	22
Indicated	7
Not Indicated	2
Unable to Complete	0
Pending	13
Entered in error	0
12 month prior contact w/ Indicated Finding	0

2013 Update: The Department and the Alabama Children’s Justice Task Force has completed the training curriculum that focusing on the co-occurrence of Domestic Violence in Child Welfare Cases. A steering committee made up of the Alabama Children’s Justice Task Force members; Department of Human Resources state and county staff; representatives from the Alabama Coalition for Domestic Violence; Legal Services and many others played an integral part in the development of this curriculum, Family Violence Assessment and Intervention in Child Protective Services. The goal of this project has been to provide a working knowledge to Child Welfare staff and other multidisciplinary partners as to the co-occurrence of Domestic Violence in Child Welfare cases. The curriculum introduces participants to:

- The Relationship between Domestic Violence and Child Abuse
- Identification and Assessment of Family Violence in Child Protective Services and Supportive Approaches and Interventions in CPS Family Violence Cases.

The training is conducted by both a Child Protective Services Trainer and A Domestic Violence Trainer. This is a two day training that will provide participants with information to use in their daily practice to improve the child protective services response with families experiencing domestic violence so that children can remain safe in their own home and to assist

family violence victims to access services that will provide safe options, which enable the adult victims to care for and protect themselves and their children. In April 2013 the steering committee participate in test session of the training. This resulted in valuable feedback that is being incorporated into the curriculum. On August 6-7, 2013, the first training will be offered for the Domestic Violence partners; Child Welfare staff; Members of the Children's Justice Task Force and other community partners. The training will be offered quarterly. Domestic Violence Assessors who are available in counties are funded through TANF. As part of the continued collaboration between the child welfare and domestic violence programs, the Alabama Coalition against Domestic Violence is making the above training mandatory for all of the County Domestic Violence Assessors. Also under consideration is the requirement that all DV shelter employees attend the training.

The Alabama State Child Death Review System was created under state law in 1997. The State Team is situated within the Alabama Department of Public Health. The state team is a multidisciplinary review team composed of 28 members, the first seven of whom are ex officio. The ex officio members may designate representatives from their particular departments or offices to represent them on the state team. The Commissioners for the Alabama Department of Human Resources and the Alabama Department of Public Health are just two represented on the ACDRS. ACDRS reviews the circumstances and underlying factors of all non-medical infant and child deaths in Alabama in order to identify those deaths that could possibly have been prevented. The State Team is responsible for the coordination and efficient operation of the review process. ACDRS uses the following causes of death; Sudden Infant Death Syndrome; Motor Vehicle Involvement; Fire-Related Deaths; Drowning Deaths; Suffocation-Related Deaths; Fire/Weapon-Related Deaths; S; Poison-Related Deaths; Electrocutation-Related Death; Suicide Deaths; Assault Related Deaths and Undetermined Deaths. The Local CDR Teams do not make a decision as to child maltreatment as a cause of death. However, if there are factors such as substance abuse and/or domestic violence that may have contributed to the death, that information is provided to the county DHR representative to be reviewed by the local county DHR Office.

In addition to the state team, each county of the state has Local Child Death Review Team. The local district attorney leads the local teams. Team members include, but are not limited to: law enforcement; the county health officer; medical examiner; pediatrician; and a representative from the local child advocacy center, if one exists. A representative from the Department of Human Resources is included in the local review team. The local CDR Teams throughout the state are responsible for the in-depth analysis of cases assigned to them by the State Office and for making recommendations about how to prevent future infant and child deaths. At the local team meetings, DHR representatives provide information about any information the Department may have regarding child maltreatment deaths.

Currently there is no automated interface with vital statistics; child death review teams; law enforcement; offices of medical examiners or coroners used to compile information relating to child maltreatment fatalities. However, a process is in place that allows for the sharing of information among agencies. Once the death certificate is issued, it is then sent to the Alabama Child Death Review System by the Bureau of Vital Statistics. Once reviewed by the ACDRS, this child death information is disseminated to Local Child Death Review Teams including the County DHR Office where the child death occurred. The County DHR and other agencies participating in the child death review report additional information on the deceased child and their family for presentation at the Local Child Death Team. At the team meeting each team participant presents any and all information that may assist in the determination of whether the child death was due to maltreatment. It is then the responsibility of the DHR representative to ensure that information regarding the child death due to maltreatment is entered into the Family, Adult & Child Tracking System (FACTS). This information is reported to NCANDS. The Department plans review the procedure in order to strengthen information gathered and documented to in order to meet NACANDS data reporting requirements.

With the assistance of the Alabama Child Death Review System, the Department will begin focusing on the importance of the County DHR staff to participate in their county Child Death Reviews. The county child welfare worker who has expertise in child abuse and neglect is an integral part of the review process. Currently, some of the local teams have vacant child welfare positions. Plans are underway to work with ACDRS to identify the teams which do not currently have a child welfare worker on their team and to work with the county director to appoint someone to that position.

2.2 Strengthen the child death review process by ensuring that an assessment occurs of the impact that domestic violence and/or substance abuse may have had in a child's death. New Goal, FY 2013.

Work began in June, 2012 on the Domestic Violence Training being developed by the Alabama Children's Justice Task Force. Participants for the curriculum work group include: SDHR CPS Program Manager; Children's Justice Task Force Manager; County DHR Staff; the and the Family Sunshine Center, the Domestic Violence program that serves Montgomery and other adjacent counties. In addition to all of the agencies listed above, other participants are: a representative from the Office of Child Welfare Consultation; the Alabama Coalition for Domestic Violence; the Family Justice Center (One Place) which includes the former police officer with domestic violence experience an attorney from Legal Services of Alabama and a member of the DHR County Directors Association. The curriculum will be trained by a

Domestic Violence Representative and a Child Welfare Representative. The training will be 1½ days and participants will include DHR staff and Multidisciplinary partners. See 2013 update under 2.1.

2.3 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 provide more accurate searches for individuals already in the State Central Registry. FACTS provides the ability for staff to 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.

As part of the Department’s ongoing plan to ensure child safety monitoring, the rate of repeat child maltreatment is a priority. With statewide implementation of FACTS there were concerns about the continued ability to maintain a low rate of repeat maltreatment. With the use of FACTS staff have the ability to link and merge cases.

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 CSFR 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:	71% *

* It should be noted that during FY 2012, the Department discovered an anomaly in the rating for this indicator. As such, the current QA measurement reflects the overall higher percentages for this indicator. It does not reflect a percentage increase from 32% (last year’s measurement) to 71%.

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.

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 addition to reviewing the seven (7) Quality Assurance Indicators, the following indicators were included in the FY 2012 and 2013 Safety Assessments:

- A review of the intake reports that have been "screened out" during the six (6) months prior to the QA Review
- An evaluation of the response times to child abuse and neglect reports and the selected allegations.
- If applicable, a review of the safety plan(s).

In FY 2012, Safety Assessments were completed in 19 counties. Thus far in FY 2013, Safety Assessments have been completed in four (4) counties. Through these assessments both strengths and needs are identified, allowing the Department to focus on problem area; statewide issues; resource needs; program training needs and trends in practice.

The Alabama CWCI has developed a definition of prevention services that can reflect perspectives across member agencies (see Appendix 12). In the past Simulator Dolls for Abusive Head Injury were placed in every Fatherhood Program which is a partnership with DCAP. Through a partnership between DHR and DCAP, DCAP reports the following updated 2010-2011 data for Fatherhood clients were served (next page):

	Participants Currently Employed	Completed Educational Program	Completed Short Term Skills Training	Total Number of Participants	Total Child Support Payments Collected
PY 2010-2011	825	36	50	1452	\$6,757,178

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 2012

Please note that it is anticipated that 3.5 – 3.9 will remain as long as Federal Funding stays in place.

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/reunification 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 3.

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. 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:	87%

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. The Comprehensive Assessment Grant was scheduled to be completed by September 30, 2012. However the Children's Bureau offered Alabama and the other four national jurisdictions working on the project a one year no cost extension to allow the grantees time to complete remaining work. Alabama applied for the no cost extension, which was awarded and work is continuing on this project. The Department found it challenging to implement the full Comprehensive Assessment Process (CAP) as it was originally designed. In the second year of the grant, Alabama also began the implementation of the new SACWIS system. Planning for SACWIS documentation was difficult in the design of the new system. During the fourth year of the grant, several Alabama counties were struck by severe tornadoes. This resulted in the CAP consultants and many staff members from the pilot counties being sent to assist with emergency response. With the deployment of staff, the pilot counties were faced with meeting the needs of the families in their own county without many of their own child welfare staff. It also became evident that the scope of the change in practice was broader than some counties understood, particularly relative to the time and effort needed to implement this process with fidelity. Having been awarded the No Cost Extension, Alabama plans to continue work on the Comprehensive Assessment. A steering committee made up of county and state staff has been working since October 2012 on plans to implement a substantial portion of the CAP approach. Work began with a critical review of CPS Safety Policy. As a result the policy has been assessed and may be changed pending approval through the existing approval process. If policy is approved, training would also be developed with a focus on structured criteria-based intervention. A draft training plan is being developed for both state and county staff.

- In 112 survey ratings completed by county QA committee members, on a scale of 1-6 (6 being optimal), the average rating for Safety, was 5.23 (2012 average was 5.20). County QA committee comments emphasized that a top priority is placed on child safety by DHR staff. Based on a few comments, it will be important to continue to give attention to safety plans/planning.
- On 5/24/13, a webinar was conducted for the purpose of obtaining input from the State QA Committee (SQAC) membership and the Child Welfare Collaborative Initiative (CWCI) Team for the 2013 2013 Annual Progress and Services Report (APSR). Members of the Family Services Division (State DHR) Management Team (FSD) were also invited to participate. This webinar also served the purpose of obtaining input from the SQAC membership for its annual report, which will be provided to the Department, and also included in the 2013 APSR. The content that follows is designed to highlight key areas of discussion, and also provide ideas for future collaboration between the Department and the State QA Committee and/or the CWCI Team.

Describe the strengths and needs of DHR and the local/state system of care to:

1. Adequately assess and address all safety threats to children living in (out of) their own homes and protect them from abuse and neglect.
2. Collaborate with birth families and each other as community partners, in maintaining and strengthening the following: services; supports; resources; and, activities related to: safety prevention; family preservation; and, safety intervention.

Areas/Examples of Strengths:

- Having a State QA Committee and a Child Welfare Collaborative Initiative Team provide stakeholder opportunities for a consistent channel through which the following can occur: 1.) concerns can be voiced; 2.) a focus on outcomes can be provided; and, 3.) consistent meetings can occur.
- The plan to prepare for and begin conducting safety roundtables.

Areas of Concern/Question/Discussion/Strengthening:

- Staff retention, particularly in regard to staff who have job responsibilities in the areas of Child Abuse / Neglect (CAN) assessment and/or ongoing Child Protective Services (CPS). The geographical location of the state may warrant further exploration in terms of impacting staff retention.

- How are (CAN/CPS) workers prepared (via training, pay, etc.) for caseload responsibilities?
- What are “true” (child) caseloads for ongoing CPS?
- How are caseloads “built” for new staff, e.g. what are the steps, process, etc. for how a new child welfare worker will go from having “no” caseload, to having a “full” caseload?
- Discussion desired around history, if any, of non-indicated CANs when child deaths occur.
- Further discussion desired around key issues related to findings from child death reviews that include: domestic violence and unsafe sleeping arrangements, and exploration of what activities are being conducted related to prevention of child deaths in terms of training of staff, distribution of prevention information to the public, etc.
- Attention to child welfare supervision.

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. In Alabama, provisional approval may be used to work with a relative to get them to the point of approval as a related foster family home and provisionally-approved families may get the board payment during this time (though no IV-E reimbursement is provided for placements in provisional homes). To meet the criteria for the achievement of permanency of kinship-guardian ship the child must be in a related foster family home for a minimum of six consecutive months. The six month time frame begins once the relative home meets all of the Minimum Standards and requirements of the foster family home approval policies and is approved. It should be noted that no changes were needed to the use of provisional or related homes as a result of this new legislation or new Kinship Guardianship policy.

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 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. **2012 Update:** The Alabama DCAP/Children’s Trust Fund reported that over the course of three years the Jefferson County Pilot Project (JCPP) has provided a total of approximately 1003 cribs to new mothers; Jefferson County DHR refers individuals to the Cribs for Kids project. Each new mother that receives a crib also receives training on safe sleep, abusive head trauma, child development, etc. Focus groups were conducted in area high schools where teen pregnancy rates are elevated in an effort to develop programming to address the issue. 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. **2013 Update from DCAP (next page):**

<u>MNM Mentoring</u>	<u>Total</u>	<u>Closed</u>	<u>Open</u>
One - To - One	25	20	5
Baby's First	5	5	0
Homewood	3	2	1
J.O.	31	12	19
Tarrant	15	9	6
TOTAL	79	48	24

- 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. **2012 update (from DCAP):** A training session was conducted in Birmingham in July 2012.
- 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. Completed.. See EOC, Training, AS 1.4, Q-10 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 – 2.3**
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 July 2011. **2013 Update:** See Appendix 11, Program Improvement Plan Steps “Carried Over” to the CFSP / APSR, 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 July 2011. **2013 Update:** See Appendix 11, Program Improvement Plan Steps “Carried Over” to the CFSP / APSR, for more information / details.
- 4.13 Explore the provision of safety training by DHR to judges and attorneys. New Goal – 2010.**
 In January 2011 the National Resource Center for Child Protective Services and the National Resource Center for Legal and Judicial Issues conducted two training sessions on child safety. The training used the curriculum authored by Therese Roe Lund (NRCCPS) and Jennifer Renne (NRCLJI) **Child Safety, A Guide for Judges and Attorneys**. This training was co-sponsored by the Alabama Department of Human Resources, Office of Child Protective Services and the Administrative Office of Courts and trained by Therese Roe Lund MSSW and Timothy Travis, J.D. One session was presented to the Juvenile Court Judges at their Winter Conference which was held in Birmingham. Forty judges attended. A second session was conducted via video conferencing from three locations, Jefferson, Montgomery and Mobile. Participants included 73 DHR Staff attorneys and DHR contract attorneys. Each participant received a copy of the Guide

which included Bench Cards to assist Judges and Attorneys in making decisions regarding child safety during dependency hearings.

**4.14 Explore the enhancement of data access to allow judges the ability to review county-specific safety data
New Goal – 2010.**

Access to Safety Data and Permanency Data has been made available to the Office of Courts via the Fostering Court Improvement Website. NCANDS and AFCARS data is displayed by county and by judicial circuit in Tables and Charts to include CPS Reports, Foster Care Population, Information on Discharges from Foster Care and Permanency Achievement, Child and Family Services Review and Court Improvement Project.

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. 2012 Update (from DCAP): There are plans to expand this initiative to the Mobile area during calendar year 2012. **2013 Update from DCAP:** The Project to end child death in the (0-3) population was expanded to include Mobile.

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).

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. The draft script set out the provisions of Alabama’s existing Mandatory Reporting statute, Code of Alabama, Section 26-14-3 describing those who are subject to mandatory reporting of “known or suspected child abuse or neglect...to a duly constituted authority.” Because the statute also requires mandatory reporting by “members of the clergy as defined in Rule 505 of the Alabama Rules of Evidence”, a description of the provisions of Rule 505 was included. Task Force members have decided to make the training available on-line through a web-based application that will be part of the Alabama Children’s Justice Website which is slated to be developed in FY 2013. In the meantime, the “Child Abuse Hurts” pamphlet describing mandatory reporting requirements and how to report child abuse continued to be disseminated through the State and County Departments of Human Resources Offices. In-service training for community partners is provided upon request by both County and State DHR staff. Mandatory reporter training continues as a project of the Alabama Children’s Justice Task Force. The script for the training has been developed. The Task Force is continuing to locate a provider who can develop an on line web based training. This training will be provided to multidisciplinary partners and all DHR staff.

2013 Update (from DCAP):

<u>No. Trained</u>	<u>Training Location</u>	<u>Instructor</u>	<u>Topic of Training</u>
33	Auburn	K. B.	Mandatory Rept.
23	Greenville	L. G.	Mandatory Rept
34	Florence	K. B.	Incarceration on child./Mandatory Reporter
50	Montgomery	L. G.	Respon.Fatherhood/Mandatory Reporter
50	Russellville	K. B.	Mand. Rept.
50	Montgomery	K. B.	Mandatory Reporter/AHT
562	Birmingham	J. J.	AHT/USS/Mand. Reporter
37	Birmingham	K. B.	Mand. Reporter
544	Mobile	C___ H___	Mand. Reporter
30	Auburn	J.B.	SBS/USS Mand. Reporter

TOTALS: 1413

4.18 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.

Alabama has not yet developed an online training for mandatory reporters. We will continue to assess the possibility of this method in 2013. Note that in all cases pulled for review by County and State Quality Assurance Committees, where

applicable, safety plans are reviewed. In addition to case reviews which are based on the size of the county, additional case records are reviewed as part of the “Safety Assessment” which is now included in the Quality Assurance Review for all counties. The Safety Plan is reviewed to determine if the policy guidelines are being followed to insure that the policy time lines are being met; is the Safety Plan being updated sufficiently to insure that the children in are still safe; are all Present or Impending Danger identified and addressed in the safety plan; is there documentation supportive of the type of safety plan being pursued. A copy of the Safety Plan is reviewed to ensure that all of the parties involved in the protection of the children have signed the Safety Plan are in agreement to follow the plan. The Office of Child Welfare Consultation and the Office of Child Protective Services also provide Safety Plan training when requested by the county directors or SDHR administrators.

4.19 Promote with community partners (with a focus on healthcare and education settings) the importance of each agency mandating the training as staff are hired, and including the training as a requirement of the annual training that agency employees must complete. New Goal – 2010. See 4.17

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. **2012 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, Abusive Head Trauma (AHT) and Unsafe Sleeping Environments (USS). Thus far in 2012 ADCANP has trained 329 individuals in these areas. The training totals for the last two years are as follows: 2010 (1201); 2011 (1491). 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.

2013 Update: The information and data below is provided by the Alabama Department of Child Abuse and Neglect Prevention*. All of the DCAP grantees (109) are required to take the Protective Factors Training offered by the National Alliance of Children’s Trust and Prevention Funds.

SUDDEN UNEXPLAINED INFANT DEATHS: 2008 – 2012	
2008-2009	64
2009-2010	49
2010-2011	27
2011-2012	32

UNSAFE SLEEPING DEATHS: 2008 – 2012	
2008-2009	48
2009-2010	39
2010-2011	28
2011-2012	33

BLUNT FORCE TRAUMA: 2008 - 2012	
2008-2009	6
2009-2010	4
2010-2011	2
2011-2012	1

*2008–2012; Alabama Department of Forensic Science and Jefferson County data only; this does not encompass all child death statistics, only the deaths where an autopsy was performed. See also 4.17.

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

Our SACWIS system (FACTS) is designed to generate reports (FMSV001) that are monitored at least monthly by supervisors relative to safety plans. It is the local supervisor's responsibility to monitor the plan through assessment of information in FACTS, as well as through routine discussion and review with social workers regarding the case. In addition to this responsibility for local staff, staff from Family Services review records throughout the state and safety planning is one of the areas they assess in their sample. If issues/concerns are discovered, they are identified by the consultant staff and presented to the County Director for follow-up.

4.21 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 (in 2011), some references were made to the value of community awareness programs in terms of informing the community on resources that are available for families. Though there may not be department funding options for such a project, during FY13 this idea will be explored with the CWC team. The plan to explore idea(s) with the CWC Team will continue in FY 13 (post APSR submission) and if necessary into FY 2014 as well.

4.22 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.

A Domestic Violence Assessor, funded through TANF, is available to all sixty seven counties. The work of the DV Advocate is not limited to TANF recipients, but is also available to Child Welfare workers to assist with DV assessments; locating resources for survivors and assisting with Protection from Abuse Orders. There is one county, Montgomery, where a Domestic Assessor is assigned to works directly with the Child Welfare Staff. This started as a pilot project in the mid 90's and was so successful and well received that the County Director and the Director of the local domestic violence program continue to use their local funding in order to continue this valuable project. Research shows that there is a 30-60% co-occurrence of child maltreatment and domestic violence. This year the Alabama Department of Human Resources is partnering with the Alabama Children's Justice Task Force to develop a two-day training curriculum for Child Welfare and other multidisciplinary team members. Members of a steering committee have been identified and a workgroup for developing the training curriculum has begun work. At this time the curriculum is complete and will be "tested" by the end of the summer before it is offered statewide. The goal is to provide the training before the end of FY 2012 and three sessions will be offered in FY 2013. This training will continue to be delivered quarterly for DHR and other multidisciplinary team members. The Alabama Coalition against Domestic Violence plans to make the DV training described in 2.1 mandatory for the DV Assessors that are funded by TANF funds. See also 2.1.

4.23 Strengthen the assessment of child maltreatment allegations when domestic violence is also present, by examining the impact that domestic violence has on children in the home. In such cases it will be important to "assess beyond" reported safety threats, if the effects of domestic violence are not included in the initial allegations. New Goal, FY 2013. See also domestic violence content under 2.1 and 2.2.

4.24 Strengthen the attention and supports given to parents (of children in open DHR cases) who are, or have been victims of domestic violence, and are in the process of seeking child support (due to the increased possibility that repeat domestic violence thereby may occur). New Goal, FY 2013. See also domestic violence content under 2.1 and 2.2.

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 PIP two action steps were 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 is comprehensive, the core principles and desired outcomes are 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 was designed to contribute to practice advancement across all areas of child welfare was 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 2011 five additional counties implemented PRT's making a total of 11 counties. Several additional counties participated or observed these in recognition that implementation is plan for statewide in 2012. A preliminary plan for statewide implementation has been developed. Permanency Values training is to be planned for February for SDHR staff not yet having had the training to assure capacity at the State Level. As of June, 2013, all counties have had PRT training and either have made plans or are working on how they will conduct/support the process locally. 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 was provided on the new policies governing this program and will need to be ongoing as more relatives are identified as concurrent planning is considered. At the time of passage of the legislation and completion of the policy, the number of potential candidates for Kinship Guardianship was thought to be low. According to the KIN002 report for the end of May 2013, 33 providers are receiving Kinship Guardianship subsidy for 69 children.

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 2013.

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. As of March 2013, the Office of Data Analysis reported there were approximately 4331 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.

According to the November 20, 2012 data profile measure C1-4, Re-entries to foster care in less than 12 months: Of all children discharged from foster care (FC) to reunification in the 12-month period prior to the year shown, what percent re-entered FC in less than 12 months from the date of discharge? [national median = 15.0%, 25th Percentile = 9.9% (lower score is preferable in this measure)]

FY2010: 7.8%
FY2011: 10.1
FY2012: 10.2

The Department continues to refine data collection and currently monitors the data through the Quality Service Reviews conducted at the local level. In 2011, an AFCARS review was conducted 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. See Appendix 13.

**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. Completed. See EOC, Training, AS 1.4, Q-10 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 – 2.3**
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 July 2011. **2013 Update:** See Appendix 11, Program Improvement Plan Steps “Carried Over” to the CFSP / APSR, 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 July 2011. **2013 Update:** See Appendix 11, Program Improvement Plan Steps “Carried Over” to the CFSP / APSR, 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 for 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 an effort to address unique issues facing children and families who experience the adoption process. FY2011 Alabama passed the Kinship Guardianship Legislation which provides for certain children to be eligible for subsidy assistance in cases where the court ordered kinship guardianship. This provides another permanency option that is supportive of relative placements. Policy was developed and became effective October 2010. The KIN002 report gives information about Active Kinship Guardianship Cases. As of the report dated 6/4/2013 33 providers were receiving subsidy for 69 children. Training has been and continues to be provided through LETs and onsite presentations and was a topic in conferences presented by the Department. Kinship Guardianship is once again a workshop topic at the 2013 Permanency Conference that will be held in July 2013.

Item 6. Stability of foster care placements	
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CFSR Rating:	ANI
CFSR Percent:	78%
QA Benchmark:	78%
5 Year Goal:	85%
QA Measurement:	74%
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.

Currently, the FC186A Report noting the number of moves for children in care indicated an average of 3.76 placements as of March 2011. The data for the end of FY2012 for average number of placements is 4.31 for children in “out of home” placements. Due to conversion and the learning curve for users on the new system, this is an approximate number. The average number at the end of FY2011 was 4.02. 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 has seen 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. Training occurred at the May, 2013 AFAPA conference around an important initiative that has been fully implemented statewide, the Permanency Roundtable Model. This was a very detailed training opportunity, and feedback from the foster parents was excellent. They had some misconceptions as well as encouragement about the Model, and evaluations indicate that they left feeling much more confident in their understanding of the purpose and improved outcomes possible through the process. Further, training around the needs of older youth 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. Fostering and adopting older youth was also featured in the January 2013 AFAPA newsletter. 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. Some examples of concern might include: children being removed from a home with foster parents not in agreement; home not being re-approved to provide foster care, etc. This CRT process has been strengthened this year with very specific timeframes given to counties to ensure prompt research and resolution to the issues. A Program Specialist in the Foster Care Office serves as Family Services liaison to the Committee and assists with recommendations and decision-making through the process. Revised policy related to the Conflict Resolution Process was submitted to counties via Administrative Letter No. 7405 in November 2012.

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
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CFSR Rating:	ANI
CFSR Percent:	60%
QA Benchmark:	22%
5 Year Goal:	37%
QA Measurement:	23%
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.

The FACTS System has been in use in Alabama since FY 2009, and truly reliable data was unavailable until FY 2011. Our agency is more confident in the accuracy of current data and we continue to monitor this item through many avenues

locally and from the State Office. Note trends below which reflect the length of time in continuous foster care (based on the most recent admission to FC):

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)
FY 2011	30.59 months (approximate)
FY 2012	30.74 Months (approximate)

Planning efforts are effective toward reducing the length of time children remain in out of home care prior to achieving permanency and has produced some success. However, these figures represent a need for continued 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. The past four years have seen many older children with a plan of *adoption no identified resource* placed for adoption. Many of these children had been in care for an extended time. Although the adoption placements of these children may negatively skew the time frame, the outcome for these children is significant and a source of pride for Alabama. We have received approximately \$4 Million in Adoption Incentive Funds because of these efforts. In particular, children in foster homes who had been awaiting foster parent adoptions have been significantly decreased through the efforts and focus of Family Services and the counties.

- In 112 survey ratings completed by county QA committee members, on a scale of 1-6 (6 being optimal), the average rating for Permanence, was 4.71 (2012 average was 4.69). County QA committee comments reflect the hard work by, and importance placed on permanency by, DHR staff. Based on a number of comments, it will be important to continue to give attention to collaboration with the court and/or attorneys in addressing delays related to the legal process, continuances, and making timely decisions on reunification/relative placement, etc. The Program Improvement Plan took steps to assist with permanency achievement including collaboration with the Administrative Office of Courts (AOC) on several activities. 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 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.
- On 5/24/13, a webinar was conducted for the purpose of obtaining input from the State QA Committee (SQAC) membership and the Child Welfare Collaborative Initiative (CWCI) Team for the 2013 Annual Progress and Services Report (APSR). Members of the Family Services Division (State DHR) Management Team (FSD) were also invited to participate. This webinar also served the purpose of obtaining input from the SQAC membership for its annual report, which will be provided to the Department, and also included in the 2013 APSR. The content that follows is designed to highlight key areas of discussion, and also provide ideas for future collaboration between the Department and the State QA Committee and/or the CWCI Team.

Describe the strengths and needs of DHR and the local/state system of care to:

1. Reduce the length of time a child remains in out of home care, conduct timely/qualitative permanency hearings, and effectively utilize concurrent permanency planning with families (with a focus on fathers/paternal relatives).
2. Collaborate with birth families and each other as community partners, to effectively assess/address the needs of children under the age of 5 who are in foster care, as well as the needs of older youth in care, including maintaining/strengthening of important connections and preparing them for smooth transitions to adulthood.

Areas/Examples of Strengths:

- Permanency Roundtables continue to expand in more counties throughout the state, resulting in increased reunifications and adoption of older youth.
- The plans to initiate youth roundtables that will more directly involve older youth.
- Energy and focus on permanency by (DHR) Commissioner Buckner.

- Continued collaboration with community partners, such as (Children's Aid Society – APAC - Alabama Pre/Post Adoption Connections - Independent Living Services), AFAPA, the Heart Gallery, and AOC. The Department funding a contract with APAC of Children's Aid Society that includes work on recruiting families and the enhanced provision of post-adoption support is an important strength (e.g. crisis counseling is available 24 hours a day). The monthly webinars that have been provided by APAC were also identified as a strength.
- Continuing emphasis on Kinship Care.
- Post-adoption GPS groups for adoptive parents who are parenting children with special needs.
- The emphasis given to FP adoptions.
- The emphasis on and activities of the Independent Living Program (as implemented in many activities throughout the state – hiring two former foster youth to serve as the state's permanency youth consultants; revamping of Teen "Dream Council"; leadership training for foster youth leaders; educational camps for teens in foster care; enhanced IL staff conferences; enhanced communication through an IL online website (ilconnect.org) for IL youth, IL staff, and IL foster parents.
- Preliminary work done on grief counseling.

Areas of Concern/Question/Strengthening:

- Continued emphasis on the foundational belief that every child deserves to have, and with the right support, can have, a permanent family.
- Continued focus on "life-long connections" with responsible adults for children/youth leaving foster care.
- Review the GPS curriculum to see if any enhancements, updates, revisions, etc. to the curriculum need to be made (particularly in regard to kinship caretakers).
- Post adoption residential support for former DHR children in adoptive placements that have more significant emotional needs.
- The issue of how to best track and address adoptive disruptions.
- Resources for former foster youth in dealing with trauma impacted by abuse/neglect and placement in foster care, as they experience it later on in life.
- The impact worker turnover on achieving timely permanency outcomes.

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 2011. The following are the outcomes from the Permanency Roundtables as of December 2011:

Jefferson County

The Permanency Roundtable Model was initiated in Jefferson County in September 2009. Jefferson County initially staffed 178 cases using the Permanency Roundtable Model. During this reporting period 48 of those children achieved legal permanence, 41 emancipated, 91 of those children have new permanent connections and 47 are now in less restrictive placements. Jefferson has two staff members identified to provide continued support for the process. New Permanency Roundtables are completed monthly. They are now using the Permanency Roundtable concept and children in that County are experiencing shorter lengths of time in foster care. 310 children were round tabled in Jefferson County as of February 2012 at the 90 day point in care.

Marshall County

Permanency Roundtables took place in Marshall County in April 2010. Thirty-five children were reviewed. Permanency has been achieved for a total of 15 children. Five children were emancipated, 1 child is in a less restrictive placement and 8 youth have more permanent connections. One child recently had their permanency plan updated to reflect a change from APPLA to foster parent adoption.

Tuscaloosa County

Tuscaloosa County completed Permanency Roundtables in May 2010. 50 youth with the permanency goal of APPLA were reviewed. Tuscaloosa County had been previously been conducting permanency reviews in the county. 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 their 43 siblings. 29 youth have achieved legal permanence, 42 have been emancipated, 27 have new permanent connections and 31 are in less restrictive placement and 12/16 new roundtables scheduled for May 2012.

Montgomery County

Montgomery County participated in Permanency Roundtables in October and early November. Montgomery reviewed 51 children. Since completing the Roundtables, 3 child achieved legal permanence. 13 children have been emancipated, 2 children have new permanent connections and 15 are in less restrictive placements. There have been 0 new roundtables.

Madison County

Madison County completed Permanency Roundtables in late October and early November. 92 youth were reviewed during the process. Since the time of the Permanency Roundtables, 5 children have achieved legal permanency, 18 children have been emancipated 0 children have new permanent connections and 3 are now in less restrictive placements. 5 new permanency roundtables out of a total of 118. Madison County has now identified a Permanency Roundtable Coordinator to ensure that monthly follow-up is completed in a timely manner.

Lauderdale County

During this reporting period, Lauderdale County initially completed Permanency Roundtable consultations on 12 youth. 12 achieved legal permanence: 4(aged out/relieved of custody,* 2 non-documented Hispanic children during the time of PRT, 4 APPLA/LTPA , 2 other APPLA/Institutionalized in residential facility for mental illness. 0 have been emancipated,0 have new permanent connections,4 are in less restrictive placements, 0 new roundtables completed.

Cullman County

Cullman county round tabled (33), achieved legal permanence(6), emancipated (2), permanent connections (4), less restrictive placements (2), and new roundtables completed (0)

Barriers to achieving the PRT goals: Locating permanent connections for children, time, and placement disruptions.

Houston County

Houston County round tabled (28), achieved legal permanence (2),emancipated (5), new permanent connections(10),less restrictive placements (4), new roundtables completed (24).

Macon County

Macon County round tabled 24, 2 achieved legal permanency, 2 emancipated, 6 had new permanent connections,1 are in least restrictive placement,0 new roundtables conducted in the county.

Baldwin County

Baldwin County initially round tabled 28, 1 achieved legal permanency,5 emancipated,2 have new permanent connections, 3 are in least restrictive placement, 0 new roundtables. Some barriers to achieving the PRT goals: An opportunity to have a committed staff person and supports regarding legal permanence, and the fear of the legal consequences and commitment.

2013 Update

In June 2012, The Alabama Permanency Roundtable expansion project was initiated and plans were made to initiate roundtables into the other (56) counties by using a regional approach. The remaining 56 counties were grouped together into 9 regions based on county distance, already established county collaboration, and based on the number of APPLA Cases. Each region had a host county who had prior experience based on the pilot in 2010 and their primary role would be to act as a mentor to the 56 counties as they begin to initiate the permanency roundtable process and assist in coordinating on-site training space, catering options, and preparing schedules for foster cases to be presented during roundtables. Regional Host counties are listed below including dates and locations of when the first series of trainings were held for counties. Expansion 2012 Steps: Two PRT Summits, 1st training the week of June 4-8 and 2nd training, July 17 & 18 one held in Montgomery, one held in Jefferson. Training locations are Montgomery State Office and Jefferson County the Bessemer office.

Montgomery

Region 1-Houston

Region 2-Mobile

Region 3-Montgomery
 Region 4-Macon
Jefferson
 Region 5-Tuscaloosa
 Region 6-Jefferson
 Region 7-Cullman
 Region 8-Marshall
 Region 9-Madison

Since the initial launch to promote permanency at the Permanency Summits held in June and July 2012, several trainings have occurred to prepare counties for the statewide expansion. Please review the list of trainings held throughout the regions in 2012 and that will continue throughout 2013:

Counties	PVT/PRT Orientation	PRT Skills Training	PRTs
Host: Lauderdale Counties: Colbert, Franklin, and Lawrence	<u>September 18, 2012</u> <u>October 24</u> Location: Marriott Shoals	<u>November 2, 2012</u> Location: Lauderdale Co DHR office	<u>November 6-8 2012</u> 2 teams
Host: Madison Counties: Jackson, Morgan, and Limestone	<u>September 19, 2012</u> <u>October 18, 2012</u> Location: Huntsville Marriott	<u>November 1, 2012</u> Location: Madison County DHR office	<u>November 13-15 2012</u> 2 teams
Host: Etowah Counties: Cherokee, Dekalb, St. Clair, Calhoun, Marshall, and	<u>October 16th</u> Location: Etowah County DHR <u>October 17th</u> Location: Etowah County DHR	<u>February 5, 2013</u> Location-Etowah Co. DHR	<u>February 12-15 2013</u> /Etowah Co. DHR <u>February 19-21 2013</u> /Calhoun County DHR
Counties	PVT/PRT Orientation	PRT Skills Training	PRTs
Host County: Shelby County	<u>December 7, 2012</u> Location: Pelham Civic Center	<u>Jan. 23, 2013-skills training</u> Trainer: Location: Shelby county DHR	<u>January 29-31 2013</u> 3 teams
Host: Jefferson Counties: Clay, St. Clair, Cleburne, Talladega and Walker	<u>Nov. 5, 2012 PVT</u> Location: Marriott Grandview in Birmingham, AL	<u>March 5, 2013</u> Location: Talladega Co DHR office	<u>March 12-14 & 19-21 2013</u> 2 teams Location: Talladega Co DHR
Host : Tuscaloosa Coordinator: State Office DHR Counties: Bibb, Greene, Hale, Marengo	<u>November 14, 2012</u> Location: Bryant Conference Center in Tuscaloosa, AL	<u>April 16, 2013</u> Location: Tuscaloosa County DHR	<u>April 17-18 2013</u> Location: Tuscaloosa County DHR
Host County: Elmore Counties: Autauga, Elmore and Chilton	<u>January 29, 2013</u> Trainer: Location: Prattville Marriott-Legends	<u>April 2, 2013</u> Location: Elmore CO DHR	<u>April 9-11 2013</u> <u>Location: Elmore CO DHR</u>
Counties	PVT/PRT Orientation	PRT Skills Training	PRTs
Host County: Lee Counties: Coosa, Chambers, Lee & Randolph and Tallapoosa	<u>April 29, 2013</u> Location: Auburn Conference And Hotel	Waiting to Confirm dates	Waiting to Confirm dates
Host: Mobile County DHR Counties: Clarke, Choctaw, Escambia & Monroe	<u>May 9, 2013:</u> Location: Ashburg Hotel in Mobile, AL	Waiting to Confirm dates	Waiting to Confirm dates
Counties: Butler, Conecuh, Crenshaw, Dallas, and Wilcox	<u>June 12, 2013</u>	Waiting to Confirm dates	Waiting to confirm dates
Walker County only		<u>May 14, 2013</u>	<u>May 15 and 16 2013</u>

After the Permanency roundtable expansion is completed, each county is expected to do monthly follow-up by staffing the case with a supervisor and caseworker or entire staff to review permanency action plan and monitor as well as evaluate the progress of the youth's permanency since the roundtable was held in their individual counties. Each county is also expected to provide some follow-up information to the State PRT Coordinator on a quarterly basis.

- 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 11 Program Improvement Plan Steps “Carried Over” to the CFSP / APSR, for more information / details. **2012 Update:** Some components of Training, AS 2, were renegotiated in July 2011. **2013 Update:** See Appendix 11 Program Improvement Plan Steps “Carried Over” to the CFSP / APSR, 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 11, “Renegotiated PIP Steps” for more information / details. **2012 Update:** All components of Court Collaboration, AS 6, that were to be completed during the PIP and/or extended PIP, have been completed. See the following PIP submissions: Q-1, Q-3, and Q-10. **2013 Update:** See Appendix 11, Program Improvement Plan Steps “Carried Over” to the CFSP / APSR, 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.**
See 4.1.
- 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.

DCAP wrote and received a Responsible Fatherhood program in 2011 that supports non-court mandated fathers. It has three goals: (1) become a better parent (2) expand educational opportunities (3) provide job readiness or placement. DCAP is working closely with county DHR's and the courts for referrals.

2013 Update (from DCAP):

This year DCAP has six (6) TANF fatherhood programs, which are in areas of the state that were chosen by DHR. Focus groups are being conducted around the state for all Responsible Fatherhood Programs, and as of April 18, 2013, eight (8) have been completed. From the feedback, DCAP is examining successful implementation practices and areas that need improvement.

ALABAMA Child Defend (from DCAP)

Alabama Child Defend (kicked off Feb. 3); a program in partnership with DCAP and the University of North Alabama should be able to assist with many of the legal issues surrounding Foster and Adoptive children as well as any representation in court and training. Alabama Child Defend provides statewide assistance to judges and attorneys who handle child abuse and neglect cases. Alabama Child Defend services include an online legal resource center, secure communication tools and a network of pro bono attorneys available to mentor our site users. **2013 Update (from DCAP)** Alabama Child Defend is now operational at Athens State University (ASU) and has a CAST program (ASU is one of 17 universities in the nation that has a CAST program).

- 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.**
- Alabama's Kinship Guardianship Program became law as of October 2010. Significant information has been shared with the Alabama Association of County Directors of Human Resources at their winter, 2012 meeting, and additional training/workshop opportunities will be presented to them August 5-7, 2013 at their next scheduled meeting. A national expert on Kinship Guardianship will partner with our own staff from Family Services to explain the law and the policy. Though there are a limited number of children that will qualify for this goal, it is expected that as the law and best practice around Kinship become familiar, the Department could see a rise in children exiting foster care to this goal. 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. Most children with the goal of APPLA have been 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. PRT's are now being used in adoption cases to help develop targeted and specific recruitment plans (Jefferson) These have been found to be effective in refocusing urgency on the cases.
- 7.14 Strengthen the attention given to relationship building and permanency planning for children of incarcerated parents, including exploration of increased DHR involvement in "re-entry groups" that are a part of the program of the Department of Corrections. New Goal, FY 2013.**

- 7.15 Explore the feasibility of a FACTS enhancement that would enable the Department to track the number of birth parents (of foster children) who are incarcerated. New Goal, FY 2013.

Item 8. Reunification, guardianship and placement with relatives

CFSR Rating:	ANI
CFSR Percent:	54%
QA Benchmark:	5%
5 Year Goal:	30%
QA Measurement:	15%
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. **2012 Update:** Some components of Training, AS 2, were renegotiated in July 2011. **2013 Update:** See Appendix 11, Program Improvement Plan Steps “Carried Over” to the CFSP / APSR, 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. 2013 Update – See 7.1

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. Kinship guardianship training was offered at the permanency conference in Birmingham on April 2012 and will continue throughout the year as needed. Kinship Guardianship will once again be a workshop topic at the 2013 Permanency Conference. According to the KIN002 report dated 6/4/2013 33 providers are receiving Kinship Guardianship subsidy for 69 children.

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. Representatives for SDHR Office of Permanency provided two sessions of training on Kinship Guardianship to AFAPA providers in November 2011 and January 2012. The policy and PowerPoint has been provided to AFAPA President for further distribution and training.

AFAPA recognizes themselves not only as an organization for foster and adoptive parents but also for related caregivers. The 2013 State Conference of AFAPA included a session on “Foster Parents and the Courts”.

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

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

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

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 to 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 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 that Federal Law allows. Adoption Subsidy Legislation passed June 2011 bringing Alabama into compliance with Federal policy. An Adoption PIP has been implemented which includes the development of policies, training and supports for the legislation. The Office of Permanency and Office of Policy initiated a workgroup to begin revising policy to be in line with the new law. Policy has been developed with input from stakeholders and Regional Office and was released effective February 2012. Training has been developed, via LETs, to assure that county staff implementing the policy will have a greater understanding. A brief training was provided at the May 2012 County Directors Meeting. Workshops were presented at the Supervisors

Conference in April 2012 and the Permanency Conference in August 2012. The workshops will be presented again this year in the conferences. Applications for subsidy have recently been developed for those children who meet special needs criteria and are being adopted independently or through an licensed child placing agency (LCPA) and once approved by the Office of Legal Affairs will be added to the DHR web site.

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 in a timelier manner. This has resulted in Alabama exceeding totals (for some of the previous years) in the number of finalized adoptions, as shown below:

- **FY 2009** - 676 finalized adoptions;
- **FY 2010** - 549 finalized adoptions;
- **FY 2011** - 428 finalized adoptions;
- **FY 2012** - 587 finalized adoptions (as of 03/31/2013);
- **FY 2013** - 234 finalized adoptions. (as of 03/31/2013).

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.

Adoption Pilot Project

The Office of Permanency has continued 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 original 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. Two additional counties Calhoun and Etowah were added to the pilot and are building capacity to do the same for children in their counties with the permanency goal of adoption with 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. In addition to photos, profiles and biographies the site also provides a mechanism for posting video footage of the children. Alabama DHR has an agreement with Heart Gallery Alabama to provide link to their videos from the AdoptUsKids and DHR sites.

Several years ago AdoptUsKids funded recruitment response team positions in several state and jurisdictions. Alabama's RRT was coordinated by Children's Aid Society. Even though funding for the RRT from AdoptUsKids is no longer available DHR continues to fund the RRT through our pre-adoption services contract with Children's Aid Society. The RRT is comprised of a full time recruitment specialist who is based in the Office of Permanency. The specialist responds to inquiries that come to our agency through the 1-866-4AL-Kids Recruitment hotline and a variety of other web-based referral sources. Additionally, a part-time RRT team leader (who is a licensed foster parent) responds to inquiries from the AdoptUsKids national RRT and works from a home office. These are key positions that it serve 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. In FY 2012, Funding and support continues 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. Through the Casey Partnership, there are plans at the end

of FY2012 for an Education Summit and assistance with formulating a psychotropic medication policy and training to county and state level staff on monitoring and documenting of psychotropic medications. 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. 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. This was deleted in the 2012 plan.
- 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.
- Casey and DHR Family Services are discussing future goals for initiation of Safety Roundtables. An initial meeting planned in Jefferson County on April 26, 2013 for interested partners. Jefferson County and neighboring Shelby County have already expressed interest in this project. The initial meeting will be used to strategize the vision for the Safety Round Tables.

Heart Gallery of Alabama

Alabama DHR continues to enjoy a partnership with Heart Gallery of Alabama (HGA). HGA is a private non-profit organization that works in arranging professional photographs for waiting children. In addition to photographs, HGA also conducts interviews that are captured on video and posted on the web site www.heartgalleryalabama.com. As of March 2012, Heart Gallery of Alabama held one major exhibit at each the capitol building in Montgomery, the Governor’s Mansion and the Montgomery Airport. They had two mini exhibits, one in Slocomb, AL and one in Dothan, AL. Heart Gallery responded to 881 inquiries including phone and online. They also photographed and videotaped 54 available children. Since the last update to this report Heart Gallery Alabama had held 17 exhibits. The exhibits have been in the following counties: Houston (x2), Montgomery, DeKalb, Madison (x2), Calhoun, Jefferson (x3), Macon, Marengo, Tuscaloosa (x2), Tallapoosa, Shelby and Mobile. Four of these exhibits were funded with money from Casey Family Programs. During this time period they have responded to approximately 3,500 inquiries from families expressing interest in various children. Through a partnership with Casey Family Programs and an agreement from the Office of Permanency funding has been made available to increase opportunities for portrait exhibits with a specific focus for recruitment in rural areas. . Additionally, Heart Gallery of Alabama partners in recruitment events and recognition of National Adoption and Foster Care months. In February 2012 DHR entered into a contract with Heart Gallery Alabama to provide funding that will allow them expand their recruitment service to all of the children with TPR and on the Department’s ANIR waiting list. The funding also allowed them to hire an additional staff person to respond to the inquiries that result from the web site photo listing hosted by Heart Gallery of Alabama. This contract was renewed in FY 2013.

APAC (Alabama Pre/Post Adoption Connections)

APAC is a collaborative effort between the Office of Permanency and Children’s Aid Society to promote adoption. Its specific post adoption mission is to support, strengthen, and empower adoptive families. APAC post-adoption services continue to grow in visibility and use by adoptive families. The Pre-Adoption service component was added in 2008, and has increasingly provided adoptive family resources for waiting children. The State’s contract for services was last renewed in 2012 to provide additional support for both adoptive families and the professionals working with them. Quantitative QA Reports from APAC noted the following services and trends regarding consumers served through the contract over the last few years.

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

09-10	3,476 consumers served	10,118 service units
10-11	3,652 consumers served	10,236 service units
11-12	5740 consumers served	12,598 service units

The counseling services initiated under the contract dating back to 2005 have grown each year, helping adoptive families with adjustment issues and crisis times throughout their adoption journey. In FY 09-10, a total of 232 adoptive family members received APAC's counseling services. In FY10-11, 287 adoptive family members received a total of 1,344 APAC counseling sessions. In FY 11-12, 363 adoptive family members received a total of 1,307 counseling sessions. APAC's Adoptive Family Counseling is recognized as a valuable and critical service to stabilize adoptive families and improve their general well-being. As adoption from foster care has hit record highs in Alabama, it has become clear that more intensive counseling services were needed to reduce the increased risks of adoption disruptions. Subsequently, APAC counseling services were increased to include more intensive in-home family services and to provide more than just brief, short-term therapy. Counseling support has been expanded to include more counseling services to PRE-adoption families when a family is the identified resource for a waiting child and the child is in the home. This pre-adoption work is increasingly utilized by DHR staff, both county and state levels, to assure both child and family are well prepared for the transition into adoption. The original intent was to improve early communications within the family, increase parent confidence in parenting children with difficult behaviors, and decrease the risk of adoption disruption, and it appears this is helping.

The APAC contract expanded several years ago to include education of the Alabama clinical community to increase the knowledge and skills of social workers, counselors and other professionals who work with the population of foster and adopted children and families. This service referred to as the Trained Therapist Network, has resulted in multiple all day workshops by well-known authors and adoption experts: Bryan Post spoke on "Healing the Hurt Child", Dr. Bruce Perry spoke on "The Impact of Trauma and Neglect on the Developing Child"; and Dr. Gregory Keck presented "Working with Adopted Adolescents". These workshops have been attended by approximately 500 professionals per speaker, which is laying an amazing foundation for the clinical community to understand issues related to adoption. The intent is for this clinical community to provide more appropriate services to adoptive family members based on their increased understanding of adoption issues. These services are free to participants, which include social workers, counselors, probation officers, residential/therapeutic providers, and other interested professionals. DHR staff also attend through slots approved for mileage support by DHR. In addition, Dr. Brent Wilson, MD, is scheduled to provide trainings in four major cities in Alabama, speaking on the use of psychotropic medications within the foster and adoption population. In addition to these workshops, the annual APAC hosted Permanency Conference continues to provide training on permanency topics to approximately 200 DHR direct staff and approximately 75 non-DHR clinicians. This Permanency Conference is provided after DHR County Directors meetings and the DHR Supervisor Conference, assuring that similar overviews and targeted trainings are provided to leadership and direct line staff providing up to 13 professional CEUs for participants. The more recent use of computer webinar trainings has been another successful method of educating the professional community on adoption topics. The use of webinars has provided easier access for many clinicians (and parents) who may have otherwise faced time or travel barriers to attend an onsite workshop. Examples of APAC webinar topics have been "Bullying", "Parenting the 'Net' Generation", Child Development; Stress Management; Understanding Sexualized Behaviors in Foster/Adopted Children; Sibling Rivalry; The Voice of the Adopted Child; Sleep Disturbances in Foster/Adopted Children; and Lying, Cheating and Stealing. Several thousand have now "attended" and benefitted from these webinar trainings. APAC continues to provide onsite adoption related trainings around the state to DHR staff, foster and adoptive parent groups, residential/therapeutic staff, school and medical personnel, etc. In 2010-2011, APAC provided a total of 2033 training services. In FY 2011-2012, APAC provided a total of 4,610 training services.

APAC's adoptive family support groups continue to provide a valuable support and networking opportunity for a growing number of adoptive family members. These adoptive family groups provide educational and emotional support for adoptive family groups to reduce the risk of disruption and maintain permanency. While some of these adoptive families also participate in APAC's Adoptive Family Counseling, the vast majority of the support group participants receive the support they want/need in these monthly group meetings and do not feel the need for more individualized, intensive family therapy.

FY 08-09	671 adoptive family members attended APAC support groups
FY 09-10	902 adoptive family members attended APAC support groups.
FY 10-11	1008 adoptive family members attended APAC support groups.
FY 11-12	1208 adoptive family members attended APAC support groups.

The informal networking that is facilitated through participation in Adoptive Family Groups is invaluable. One way of increasing the friendships and support gained through these relationships outside of group sessions, is to provide occasional special events for these groups that will lead to increased interaction and friendships outside of the group

setting. In FY 2011-2012 710 special event services were provided to 598 adoptive family members coming from a total of 178 adoptive families.

A Lending Library on adoption related topics continues to be available for both foster and adoptive families and the professionals who work with this population. Books, DVDs, Videos, Audiotapes, journals, etc. are available for free loan and are even mailed (and returned) to clients without postage charges incurred to them. Consumer feedback continues to guide the resource topics and format that APAC selects for the library. In FY 2011-2012, 758 check-out sessions were made to 432 clients who came from 779 families (note: a "session" may have provided up to 4 resources per client but only recorded as one session). In 2011, APAC developed a library software program with L4U and in April 2012 began utilizing the L4U software for client use. This software allows a more comprehensive listing and view of the APAC library resources, and allows client check-out requests on-line. Clients can continue to visit the APAC libraries in the 3 regional offices or can call or email an APAC staff person to discuss their library interests, but it is believed that the vast majority of families and professionals will gain access to the library resources via website, which will be more efficient for all. APAC continues to provide Information and Referral Support to anyone who desires information about adoption related issues. In FY 2011-2012, APAC provided 602 units of Information and Referral to 508 individuals coming from 340 families.

Another significant service historically provided under this contract is the recruitment and preparation of potential families interested in adopting children with special needs ("waiting children"). This service began in 2008 and the outcomes continue to be effective in reducing the numbers of waiting children in Alabama. In December 2012, the PRE services are officially offered under a separate contract with the Department, but are provided under the APAC program of Children's Aid society. Hundreds of families have now been recruited by APAC, trained in 10 week GPS (Group Preparation and Selection classes), home studies are prepared, and assistance is provided to DHR adoption placement consultants for the matching of waiting children with these waiting families. GPS classes are 10 week 3 hour training sessions to prepare families interested in adoption. Once training is completed, the families who do not select out are then assessed as potential adoptive family resources. The completed 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	2185 inquiries on fostering/adoption were provided information 128 consumers (71 families) completed APAC GPS classes 44 APAC home studies were approved as adoptive resources 13 children were matched with "APAC" families
FY 09-10	2051 inquiries on fostering/adoption were provided information 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	2121 inquiries on fostering/adoption were provided information 228 consumers received APAC orientation recruitment services 161 consumers (91 families) participated in APAC GPS classes 50 APAC home studies were approved as adoptive resources 43 children were matched with 29 APAC families
FY 11-12	1802 inquiries on fostering/adoption were provided information 377 consumers received APAC orientation recruitment services 229 individuals attended GPS classes (123 families) 90 individuals (54 families) were approved as adoptive resources 49 children were matched with 31 "APAC" families

The Department began contracting with Children's Aid Society in 2008 for pre-adoption services. From FY 2008 to FY 2012, 198 adoptive family resources had been trained, studied and approved, and 124 children had been matched into these homes (see breakout on page 51 of this document).

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 in 2011 to provide for up to 144 slots. At least ninety percent of the campers are members of DHR connected adoptive families, and support of these adoptive families is invaluable. This adoption camp experience creates lifelong friendships and connections for the campers, supports their adoption experience, and also provides a 4 day respite for the adoptive parents. Year after year,

100% of the parents with youth attending Camp APAC share that the camp experience provided support related to the adoption experience.

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. In 2011 APAC was nominated for an Adoption Excellence Award at the national Adoption Managers Conference in Washington, DC. In 2012, APAC has joined in partnership with Heart Gallery Alabama to share the hiring and supervision of an AmeriCorps member to assist in the pre-adoption services recruitment of adoptive families for waiting children. APAC consumers are asked to respond to a "Consumer Outcome Survey" each year 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. In addition, APAC's Pre-Adoption Services team distribute surveys after families attend GPS classes, and also Post Placement surveys to APAC families that have had a child placed in their home. 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 have resulted in active on-line library viewing and check-out.
2. Trainings – The topics selected for trainings are a direct result of consumer feedback. Webinars have been expanded to reach more families and professionals. Nationally known experts are being brought in for training the professionals working with the foster and adoption population.
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. (5) Some families that would like the support available through Adoptive Family Support Groups live in areas that do not have sufficient numbers of other adoptive families interested in consistently attending the groups. Office of Permanency staff expressed a desire for an Adoption Mentor service to be available, which was ultimately placed into the RFP and made effective with the Post Adoption Service contract to begin December 2012. Priority will be made for families who do not have Adoptive Family Groups easily accessible.
- 4.) Camp APAC – (1) Some consumers expressed concern regarding lengthy and time-consuming camper application process. The application process is now simplified through online registration and computer feedback is positive. This process is also more efficient in terms of staff resources. (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 in 2011 to give priority consideration to all campers who had applied the previous year but had been placed on a waiting list. Also, based on Office of Permanency feedback into the contract RFP process, in 2013 priority will be given to ALL DHR connected camper applicants that have not yet been to camp. Camper slots were also increased from 100 to 140 based on consumer request and feedback on value of camp for the children and families.
4. 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, and problems in timely criminal history checks is now almost nonexistent. (2) Lack of support by APAC after GPS – based on consumer feedback a Post GPS class was created after the GPS class ended.

In these post-GPS classes further information on the special needs of the waiting children, as well as support while the family was undergoing the home study process is provided. 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. With the creation of the new PRE adoption services contract, the pre-adoption specialist who has actually recruited the family and facilitated the training and home study, will now be the person supporting the family through monthly contact, as opposed to a different person in the Post-Adoption Services area. It is believed the prospective adoptive parents will feel better supported with this plan. (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 Office of Permanency has asked to be notified when APAC staff learn that a county has not made their initial visit with the family within 30 days so that follow-up with the county can occur. The county DHR staff are invited to the APAC GPS classes to meet the families, during the training and study process, rather than waiting until the family is approved by SDHR before meeting the family. It is noted that county staff do not always come to those meetings. At a minimum the Office of Permanency would like for county staff to attend week 9 panel night. The Office of Permanency has examined possible reasons for staff not attending and determined it may be in the timing of the invitation. In the past APAC staff have notified county staff when a GPS class is about to start and has not always provided reminders related to the panel night presentation. The Office of Permanency has asked that APAC Pre-adoption Specialists send additional reminder e-mails to the applicable county resource workers and supervisors and copy the Office of Permanency on these so that we can better monitor and encourage county participation. 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. However, prior to DHR making an offer of any child to a potential family, placement staff review with the family a non-identifying background summary. At the time of placement, a copy of the NIBS is given to the family for their records. More recent Post Placement Surveys indicated progress in this area. The increased use of APAC counseling PRE-placement will also hopefully provide better support during this vulnerable time for new adoptive resources.

PQI Benchmark Goals and Numbers - APAC Oct 2012- March 2013

Library	We have provided 294 units to 200 clients; Benchmark is 700 units to 400 clients
Training	We have provided 1598 units of training; Benchmark is 2000 units to 1500 clients
TTN	We have provided 494 units to 494 clients; Benchmark is 1000 units to 650 Professionals
I & R	We have provided 217 units to 211 clients; Benchmark is 600 units to 500 clients
AFG	We have provided 1415 units of AFG; Benchmark is 2500 to 1000 clients
Sp Events	We have provided 302 special event services; Benchmark is 400 special events
Counseling	1160 counseling sessions to 209 clients; Benchmark is 1000 sessions to 250 clients

(Note: Crisis counseling was included instead of being counted separately. No benchmarks were set for crisis due to unknown needs. Also error lack of uniformity in counting services).

Beginning with this most recent contract year (2013) for Pre and Post Adoption services, regular meetings have been established between DHR administrative staff, as well as Children’s Aid Society staff, to continuously monitor outcomes and review areas of concern.

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, 2012, and 2013 Alabama hosted 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 are collected yearly to ensure that the needs of older youth are considered to achieve goals provided in the program improvement plan. As a result, training around permanent connections and the needs of older youth in care continues to be provided at the Annual AFAPA Conference. 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. For their 2011-2012 and 2012-2013 contract with Alabama DHR, requirements were added concerning recruitment activities. AFAPA has developed a recruitment plan. The plan includes a list of the recruitment items they will expend contract dollars on as well as recruitment and public awareness activities they plan to implement.

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 was passed June 2011 bringing Alabama into compliance with Federal policy. An Adoption PIP has been implemented which includes the development of policies, training and supports for the legislation. The Office of Permanency and Office of Policy initiated a workgroup to begin revising policy to be in line with the new law. Policy has been developed with input from stakeholders and Regional Office and was released effective February 2012. Training has been developed, via LETs, to assure that county staff implementing the policy will have a greater understanding. A brief training was provided at the May 2012 County Directors Meeting. Workshops were presented at the Supervisors Conference in April 2012 and the Permanency Conference in August 2012. The workshops will be presented again this year in the conferences. Applications for subsidy have recently been developed for those children who meet special needs criteria and are being adopted independently or through an licensed child placing agency (LCPA) and once approved by the Office of Legal Affairs will be added. The Adoption Subsidy Brochure and the subsidy information on the DHR website were updated.

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.

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 www.AdoptUSKids.org, www.heartgalleryalabama.com, www.adoption.com and www.dhr.alabama.gov sites 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. When a child is potentially matched with an out-of-state family, placements are made through the public or private adoption agency working with the family. When a resource is identified, the consultant and the child’s planning team determines the number of pre-placement visits necessary for the child and the out of state resource to feel comfortable in making the transition 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.

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’s SACWIS system which is interfaced with the Administrative Office of Courts aids 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, training and emphasis has been provided to judges and court personnel on the importance of TPR cases being given priority over other nonjury cases pursuant to Rule 16(D), Alabama Rules of Judicial Administration. Recently, “The Best Interests of the Child Act,”

Alabama Act 2013-157 (SB 307), was signed into law by the Governor effective immediately. This legislation requires the Department to file a petition to terminate parental rights of a parent(s) of a child who has been in foster care for 12 of the last 22 months instead of the current 15 out of 22 months in statute unless there is a compelling reason(s) identified. The legislation also gives judges a maximum of 90 days to hear a termination of parental rights petition case once service of process has been perfected and final TPR orders must be entered within 30 days of completion the trial.

Court Improvement Program

DHR staff works closely with the AOC staff 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 PIP 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, DHR staff continues to partner with AOC staff to monitor the timeliness of permanency hearings and other timeframes in the dependency and TPR case process 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, and representatives from State DHR and a county DHR were invited to attend the Annual CIP Conferences during FY 2012 and FY 2013. In late 2011 DHR collaborated with AOC to purchase Alabama Code Books to be distributed to all 67 counties and Court staff. Caseload reunion workshops were also held in November 2011. DHR staff continues to represent the Department on the Probate/Juvenile Subcommittee of the Court Improvement Program, which was formed to bring juvenile and probate court judges together to discuss issues that may arise in processing adoption cases. This committee has recently started to plan a Legal Aspects of Adoption Conference for May of 2014. DHR staff including county and state staff and DHR attorneys, judges from both Probate and Juvenile Courts, and GALs and adoption attorneys will be invited to attend.

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. Placement 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 Staffing Team Review process that has been in place for several years allows the placing consultant to receive input from at least two other peers and a supervisor 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. The adoption placement consultant staff has remained stable and all are seasoned professionals who have been trained on MEPA compliance in their practice.

Adult Adoptees

Adult adoptees are served each year by providing non-identifying background information on their birth families and the reasons for their placement. Searches for birth parents are initiated if the Department is appointed as an intermediary by the court or if birth parents have previously written the Department and given consent to be contacted. In cases where siblings were placed for adoption by the Department in separate adoptive homes, a search for siblings is initiated at the adoptee's request without a court referral and a reunion facilitated if a sibling is located. A permanency consultant is assigned to serve and respond to inquiries from adult adoptees. Since 2000, adult adoptees born in the state of Alabama are permitted to obtain a non-certified copy of their original birth certificate through the State Department of Public Health. Birth parents are also permitted to complete a contact Preference Form to be filed with the original birth certificate that can be forwarded to an adoptee if he requests his original certificate. (This form can be completed years after the adoptee's birth). The permanency consultant for the Department often refers both adoptees and birth parents to the Department of Public Health to utilize this service.

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 via LETS 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. The Department has produced a brochure on the Putative Father Registry that is believed to be 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. The DHR website has a link to Putative Father Brochure and all forms associated with registering.

9.1 Reduce the number children legally free and awaiting adoption finalization 3% each year, FY 2010-2014.

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 \$1,668,000 and notice was recently received that Alabama will be awarded \$1,391,849 for FY 2010. 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. Alabama received more good news the first week in June 2012. A letter dated 5/29/2012 was received stating that Alabama has been awarded an additional \$476,151 in Adoption Incentive Funds for FY 2011.

Finalized Adoptions:

FY02	321
FY03	329
FY04	396
FY05	326
FY06	386
FY07	328
FY08	412
FY09	676
FY10	549
FY11	428
FY12	587 (as of 03/31/13)
FY13	234 (as of 03/31/13)

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. It should be noted as Alabama has experience more success with placing older children for adoption, the average length of stay may not decrease as many of these children once had a plan of APPLA. The outcome of finding forever homes for older children who have been in care for a long time should be recognized as a very positive outcome. Recently, a 20 year old dependent, disabled child with Cerebral Palsy was matched with an in-state adoptive home through recruitment efforts. She has been in care since 2004. Her adoption is now final and she is thriving in her new home. Through the continued work of our Wendy's Wonderful Kids recruiters we are matching and placing children with more significant physical and developmental disabilities. We recently matched a child with microcephaly and profound developmental disabilities with a potential adoptive resource who is also a teacher's aid at the special school he attends.

The Department's general recruitment effort, **Open Your Heart, Open Your Home**, 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 FY2012 Alabama continued a significant statewide recruitment effort utilizing statewide and local media outlets participation in the Alabama Broadcaster's Association's Public Education Program for recruitment advertising in and effort to identify additional potential adoptive resources. Due to the success of

Alabama we once again received an Adoption Incentive Award of \$1.4 Million. For the period 8/30/11 – 9/30/13 the Department has over \$1.8 million in Adoption Incentive Funds.

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

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. 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 16 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 number of children re-negotiated annually with the DTFA as the grants are renewed. The WWK project in southwest Alabama renews each year in January and for 2012 had a match goal of 12 children with a finalized adoption goal of 6. From January 2012 through December 2012 11 matches were made and six adoptions finalized. The WWK project serving Jefferson and surrounding counties renews in July each year. The current Jefferson County WWK grant was renewed in July 2012 with a match goal of six and an adoption goal of 3. Through the April 2013 both of these goals have exceeded for this project. There have been nine (9) matches thus far (with an expectation that two more children will be matched prior to the end of June 2013). Four children in this WWK caseload have experienced finalized adoptions. 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 CFPSR, 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. With the assistance of an adoptive parent of Hispanic heritage, one of our radio public service announcements was recorded in Spanish language this year and distributed to Spanish language radio stations through the Alabama Broadcaster’s Association’s Public Education Program.

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.

During the 2010-2011 fiscal year, the approval policies for foster family homes were released and later revised to provide for dual approval of foster family homes/adoptive resources. The intention is to expedite permanency through adoption by current foster parents so that foster family studies no longer have to be converted to adoption studies in order for adoption by foster parents to move forward. As a result of this change, those children placed with families approved by child-placing agencies that provide traditional foster care (AGAPE, Alabama Baptist Children's Home, etc.) can move their adoptions forward more quickly.

Since January 2012, we have had an agency approved for adoption services, namely Lifeline Family Services, express interest in offering GPS and home studies to potential adoptive families interested in adopting from the foster care system. Alabama DHR Offices of Child Welfare Training and Permanency worked with Lifeline to train GPS co-leaders and Lifeline offered a staff to be approved to conduct co-leader training and this helps DHR by having an additional trainer to turn to for this service. In the summer, 2012 the Department released an RFP for pre-adoption services, separate from the previous contract for pre & post adoption services. Children's Aid Society/APAC was awarded the contract. The contract is for the development of up to 75 adoptive families willing and able to parent children that meet the Department's special needs definition. The contract includes recruitment, training and assessment services. Twenty-five (25) of these homes are to be recruited through child-focused recruitment efforts (similar to the recruitment model utilized in our Wendy's Wonderful Kids programs).

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. As a result of the Department receiving significant Adoption Incentive Funds additional adoption support services were written into the FY2011-2012 contract, with a budget of \$1,794,801. In December 2012, APAC services were split into two separate contracts. Pre-Adoption support services were increased and the combined Pre/Post fiscal year budget totals \$1,974,454.

APAC services are statewide, free to eligible consumers and include: Adoptive Family Support Groups; Adoptive Family Mentoring; Adoptive Family Adjustment Counseling; Adoptive Family Crisis Counseling; Educational Trainings on adoption-related topics for foster and adoptive families and professionals, including onsite group trainings, an annual Permanency Conference and monthly statewide webinar trainings; regional Adoption Resource Lending Libraries, Information and Referral Support Services, including a Statewide Resource Directory; a 4 day Camp for 140 adopted children and siblings; Special Events for adoptive family members for networking purposes; recruitment and screening of adoptive families for children waiting in foster care with no identified forever family; 30 hour training series and home study development for prospective adoptive families; matching support for connecting adoptive family resources with Alabama's "waiting children"; and, ongoing family support at least until three months post finalization.

The increase of state adoptions these past few years 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 increased to include capacities related to Camp APAC, recruitment of adoptive families, adoption counseling, and professional development of the therapeutic community working with adopted children and their families. These additional supports were provided through the federal adoption incentive monies received by Alabama. During FY 2011-2012, APAC provided 12,598 services to 5,740 individuals, which included 2143 adoptive or foster families, through the resource library, training, counseling, parent/child groups and activities, and pre-adoption services. In addition APAC's AdopUsKids Recruitment

Retention support responded to 2021 inquiries (these are reported separate from the other APAC consumer totals). Pre-Adoption Recruitment support served 229 individuals (123 families) through the Group Preparation and Selection process with completion of 54 approved home studies. Through Camp APAC 134 children were served and participated in the camp in FY 2012.

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 camper slots over the past several years. 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 2010 - 2011 contract included increasing the capacity from 100 to 140 children, allowing more children to receive the service and provide more specialized services for some of the older youth in attendance. The camp continues to 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 2011-2012, 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 continues 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. In addition, APAC creates and/or is involved in hundreds of other outreach activities throughout the state to increase awareness of post adoption services to all adoptive families, regardless of method of adoption. Examples of activities are providing display tables and staff at professional conferences and public events; use of social media to publicize adoption information and APAC (Facebook, Twitter, Children's Aid Society website); staff participation in TV and radio talk shows or interviews; placement of APAC Brochures and other literature in DHR offices, libraries, doctor offices, church fliers, presentations at community group meetings, newspaper and magazine articles and ads, National Adoption Month celebrations, etc. Collaborative partnerships with other groups such as Heart Gallery, Alabama Foster and Adoptive Parents Association, DHR staff, and other CAS programs such as Independent Living Services, also result in effective and efficient outreach efforts. This marketing is a critical piece of getting the word out to new and existing adoptive families who could benefit from the APAC's pre and post adoption services.

9.7 To provide ongoing support to the Alabama Foster and Adoptive Parent Association (AFAPA).

For a number of years the Department has had a contractual agreement 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. **2012 Update:** Some components of Training, AS 2, were renegotiated in July 2011. **2013 Update:** See Appendix 11, **Program Improvement Plan Steps "Carried Over" to the CFSP / APSR**, 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. **2013 Update: See 7.1**

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.

Discussions have been held with AOC and internal Legal staff regarding training. At this time, AOC has not provided the frequency of training they have in the past and there has not been a statewide forum for capacity-building in the area of

adoptions. However, local onsite trainings have occurred in some counties, and the State Legal Office has been closely involved with adoption cases throughout the state; conducting onsite reviews, having discussions with local attorneys and have met with some judges. The Legal Office has been a significant source of support and action for the counties around permanency in general and adoption in particular.

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, in 2011 Children's Aid Society and APAC were 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. **2012 update:** The contract services referred to earlier in this paragraph were continued and as a result APAC has coordinated training sessions featuring Dr. Bruce Perry, a nationally renowned expert on Attachment Issue and Bryan Post who spoke about parenting child victims of trauma. Casey did provide financial support for CAS to complete adoptive recruitment bios and recruitment profiles for children in and around Jefferson County DHR. Through this project CAS prepared recruitment profiles on 13 children. Because of lack of demand during the time frame they had to complete their work with Casey, the balance of the funds were transferred to allow CAS to assist in completion of Multi-Dimensional Assessment Tools for children in or entering Therapeutic Foster Care. **2013 Update:** In the APAC contract effective December 2012, APAC counseling capacity more than doubled, and pre-adoption counseling became readily available upon the request of the Department or client. Having the APAC counselors review background summaries with prospective families and helping them to understand how various issues/behaviors are exhibited in waiting children has been extremely helpful prior to placement, during pre-placement visitation, and post placement.

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. In FY 2010-2011, 1344 counseling services were provided to 287 consumers. In FY 2011-2012, 1307 counseling sessions were provided to 363 individuals that came from 169 families. Based on client and staff feedback on the impact of counselor services, the Office of Permanency adjusted the Post Adoption Service contract to increase counseling capacity to have four full time counselors as opposed to one full time and three part time. This increased capacity is allowing more families to receive pre-adoption counseling, post placement counseling, as well as allows for more in-home counseling which better reaches those in outlying areas further away from the APAC regional offices. An additional support was the onset of Behavioral Crisis Intervention that now provides 24 hour access through counselor on-call rotation and behavioral crisis intervention. Over the past few years, between 20-24 APAC Adoptive Family Support Group locations have been provided for monthly support group sessions for adoptive family members. These included parent support groups, separate child/teen support groups, and also child care so parents could easily attend the sessions. However it was determined that some families had limited access to these valuable support groups when they lived in sparsely populated areas that could not support a viable group. Consequently, the Office of Permanency included an Adoption Mentor service in the APAC contract effective December 2012, so families that could not geographically access support groups or just preferred individual support instead of support groups, could be supported and strengthened during the adjustment phase or as needed throughout the adoption journey. Also, effective December 2012, the Pre-Adoption contract now includes support to adoptive families from recruitment, through training and home study development, home study approval, waiting for a match, pre and post placement and all the way until three months post adoption finalization.

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.

The Department continues to utilize Model Approaches in Partnerships in Parenting curriculum Group Preparation and Selection, as our method of preparation for potential foster/adoptive parents. GPS is a process of mutual selection. The Adoption Policy Manual contains a section on "DHR placements". The decision to place a child for adoption is considered in various ways. If the goal for a particular child is to be adopted by their current foster parent, the policies outline things to consider in determining if it is in the child's best interest to be adopted by their current foster parent or to have a goal of ANIR (Adoption No Identified Resource) and to be referred for recruitment. This decision is made by the child/family service planning team. If the child is not going to be adopted by their current foster parent and have a goal of ANIR, then

they are referred for recruitment. Home studies for both in and out of state families are considered. If the placement specialist for a particular child/sib group identified a potential family, information on the family (home study document) and the child (non-identifying background summary) are reviewed by a state-level adoption staffing team. A team staffing meeting is held, which include the county/agency worker for both the child/sib group and the family. Strengths and needs of the potential placement are identified and weighed and a decision regarding how (or if) to move forward is made. After the team staffing meeting, the family's resource worker and the adoption placement specialist will provide additional information to the family and a mutual decision is made regarding how to move forward with pre-placement activities. If the family needs help processing the information they are given, a referral to APAC for pre-adoptive services can be made.

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.

The contract for post-adoption services with Children's Aid Society/Alabama Pre & Post Adoption Connection continued through FY 2011-2012. An update RFP for post-adoption services was released for competitive proposals in August 2012. The RFP includes refinement around the counseling and pre & post adoption services that we hope will help us make better matches and prevent disruptions. The initial RFP was for pre and post adoption services in a combined request. In order to give greater emphasis to both pre and post adoption service the RFP was re-released as separate requests. Children's Aid Society/APAC was awarded both contracts. The post-adoption services contract saw the greatest degree of modification and provides for more opportunities for counseling and other post-adoption services. These services are described elsewhere in this document under the section about Alabama Post-Adoption Connections (APAC).

9.22 Continue to explore ways for the timely achievement of permanency for children who have the permanency goal of adoption with no identified resource. New Goal, FY 2013.

The Department continues with this focus. On BOE reports, the ADPT090A provides a summary of characteristics of children pending final adoption. The report breaks the adoption process into steps and reports the time frame in between each step. The data currently being report is not reliable and both the 90A and 90B are on the list of reports to be corrected. There has been a strong effort to place all children with a plan of Adoption – No Identified Resource, on recruitment websites. Also, Wendy's Wonderful Kids is assisting in the Mobile and Jefferson County areas to move children to permanency through the use of child specific recruitment activities. The success we have seen in matching and placing children in Jefferson and other counties seems to have served as an incentive for county staff to make referrals to SDHR more quickly following TPR. This includes providing recruitment profile packets, making arrangements for recruitment photos and videos through Heart Gallery and when appropriate referring them to Kids to Love for recruitment features.

9.23 Explore methods for tracking and documenting adoption disruptions, and strengthen the assessment and addressing of contributing factors to adoption disruptions. New Goal, FY 2013.

The Office of Permanency (within Family Services) agrees that this needs to be tracked, and presently staff within that office maintain a manual count of disruptions (for those children placed by that office). Currently there is no mechanism for tracking foster parent adoptions that experience a disruption, as this would require a FACTS enhancement. The Office of Permanency is currently engaged in discussion with the FACTS staff as to how best to track this. As a consideration, it would be easier to track dissolutions, as a dissolution could be any adoption (related, independent, another licensed child placing agency adoption, or DHR), where the child comes into DHR custody. In regard to assessment, the Office of Permanency continues to focus on being very purposeful in the transition process from foster care to adoptive placement.

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. Alabama received \$1,668,000 in Adoption Incentive Funds for this outcome. In August 2011 notification was received that Alabama will received \$1,391,849 in Adoption Incentive monies for adoptions completed in FY 2010. Alabama received more good news the first week in June 2012. A letter dated 5/29/2012 was received stating that Alabama has been awarded an additional \$476,151 in Adoption Incentive Funds for FY 2011. For 2012 we received a letter dated 8/16/2012 that the Alabama has been awarded \$313,406 in Adoption Incentive Funds. 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.) Continue to increase post adoptive services 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.
- 2.) All counties received an allotment of Adoption Incentive funds to use for local adoption recruitment and training efforts. Additionally, county and state office staff have used the funds to remove child/case specific barriers to permanency through adoption including but not limited to counseling, diagnostic testing that could not be paid for through other avenues, behavioral management services, items to help the child integrate into placement, etc. Once the county’s allotment was exhausted or obligated, the counties were able to secure more funds through the Office of Permanency.

Item 10. Other planned living arrangement

CFSR Rating:	ANI
CFSR Percent:	50%
QA Benchmark:	44%
5 Year Goal:	75%
QA Measurement:	25% Remains the same
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. Report data on percentages of APPLA goals and update around PRT implementation.

This is point in time data for number of children (all ages) in FC with the plan of APPLA at the end of each FY.
 9/30/2010 – Approximately 1,155 children
 9/30/2011 – Approximately 1,055 children
 9/30/2012 – Approximately 1,015 children

Permanency Roundtable expansion started in 2012, with a plan to expand the permanency roundtables into 56 counties. State DHR, with the Support of Casey Family Programs funding, determined that the best approach to this expansion would be to utilize a regional model to hold permanency summits and then begin the necessary trainings to facilitate permanency roundtables statewide.

A significant effort went toward the initiative of developing the capacities across the state for social workers, supervisors, and County Directors to understand the purpose and intended outcomes of the process. With assistance from Casey Family Programs, the following trainings and roundtables have occurred since the beginning of the year:

- Jan 23 (Skills training) and January 29-31; 3 teams of roundtables were conducted at Shelby county DHR
- February 5 (Skills training) and February 12-14; One team of roundtables were conducted at Etowah County DHR with Dekalb, Etowah and Cherokee Counties participating
- February 19-21; Calhoun County DHR completed one team of roundtables.
- March 5,(Skills training) and March 12-14, two teams of permanency roundtables were held at the Talladega County DHR for the following counties: Clay, St. Clair, Cleburne and Talladega
- April 2 (Skills training) and April 9-11 (two teams of Permanency roundtables were conducted)
- April 16, (Skills training) and April 17-18 (one team of permanency roundtables was conducted) with the following counties: Marengo, Hale, Greene, and Perry at the Tuscaloosa County DHR

- April 29, Permanency Values training was held for the following counties: Bullock, Coosa, Chambers, Lee and Tallapoosa(Grand Marriott Hotel)
- May 9, Permanency Values Training was held at the Ashburg hotel and suites for the following counties: Clarke, Choctaw, Escambia and Monroe
- May 14 (skills training) and May 15 and 16, one team of permanency roundtables were conducted with Walker County at the Walker County DHR
- Butler, Conecuh, Crenshaw, Dallas and Wilcox(waiting on dates to be confirmed for May or June)

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. The Roundtable goals are to:

- Expedite legal permanency for the child
- Stimulate thinking and learning about ways to accelerate permanency
- Identify and address systemic barriers to expedited permanency

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, and has since gone statewide. As of December 31, 2012, a total of 1716 youth have had their cases reviewed through the PRT process. Social workers across the state have embraced this model, and have given consistent feedback that they feel this is, for example, “realistic and do-able”; they appreciate the expanded perspectives proffered by all at the meeting, and they “feel supported” locally and from Family Services to accomplish the implementation. Local capacity development has been a large part of the Division’s focus relative to field work and training in 2012-2013.

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.

Completed. See PIP (EOC) submissions for Older Youth AS: 2.1 & 2.2 (Q-5); 2.3 (Q-3); **2.4 (Q-8)**; 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.

The comprehensive approach to address the issues impacting foster youth in Alabama continued in FY2012. Enhancing the Youth movement, continued support of the staff through Independent Living training and developing partnerships to increase support and continue success have been a focus of the Independent Living Program. Increased support for our young people is crucial to our success. Continued staff development and improved communication are vital to this mission. To that end, 17 ILP staff representing 14 counties and our partners with Children’s Aid Society convened in March 2012 to develop a strategic plan. That plan helped to craft the Program’s efforts to enhance the experience and improve the outcomes for foster youth in Alabama.

The Youth Movement is the driving force behind any successful Independent Living Program. Several youth applied to become leaders of Alabama's Youth movement, known as the DREAM Council, (Dedicated, Responsible, Empowered and Motivated). Eighteen young people were selected to represent the youth in foster care as DREAM Council Leaders. The selected leaders participated in a three-day Leadership Training July 31 through August 2, 2012. They were trained in setting goals, team building and public speaking. The Team began a service framework to include community service, promoting youth involvement and providing training for youth in foster care around the state. The Team began their two year service commitment by participating in the annual Independent Living Camps designed to provide independent living skills in a wilderness camp setting. The Camps were held in September and October 2012, and provided training on Banking and Fiscal Management, Education and Training Vouchers, Health Education and Support and the National Youth in Transition Database.

Our DREAM Council Leaders meet monthly inviting Youth from across the State, and specifically in the area where they are training, to participate. They continue focusing on their goals and to deliver training on the National Youth in Transition Database, public speaking, improving communication skills and succeeding educationally. DREAM Council Officers were elected in December 2012. The Team has set a goal of increasing membership to 300 and committing 1000 hours of community service during their two-year term. They have completed community service projects in the counties where their meetings are held. The DREAM Council Leaders work in partnership with the two youth consultants with Children's Aid Society to develop the agenda for the monthly meetings and plan service projects. They worked with the Program to develop the NYTD brochure which is shared with youth across the State at the monthly meetings. They also provide content to the ILP website, <http://www.ilconnect.org/> related to youth topics. The Youth continue to have opportunities to realize their dreams related to higher education. The National Social Work Enrichment Program (NSEP) completed it's fourth year in FY2012. The program geared to rising juniors and seniors interested in the social work field has had a tremendous impact on college entrance and success in the State. Twenty-six young people participated in the six-week on campus program, which extended to the campus of Alabama State University, as a second location to the University of Alabama in summer 2012. The young people in the programs lived on campus, participated in a college course and worked as interns in social service facilities. The program will continue in FY2013 with the capacity to serve 40 youth; 20 at each of the campus locations.

Continued training of staff is yielding tangible results. The Program developed a regional training and began delivering that training model in January 2012. The Program added a consultant in May 2012 with a strong training background. The Independent Living Consultants and our Children's Aid Society partners coordinated the trainings with counties on a regional basis to deliver specific material geared to support the county level work. In the small group setting the staff is able to safely share struggles and successes and develop strategies by which to address barriers. There has been increased emphasis on proper ISP development. By the end of FY 2013, all counties in the State will have had an opportunity to participate in the training. There was also an Independent Living Conference held for our community providers and county staff held in January, 2013. Community providers and staff developed specific networking techniques in order to improve services to our young people no matter where they reside in the state. Information regarding new innovations, such as Transition Roundtables, was also shared.

The Transition or Youth Centered Roundtable will enhance the success of the Permanency Roundtables which the State is currently employing to improve permanency outcomes for older youth. The Independent Living Program will be working with Casey Family Programs and Children's Aid Society to deliver Transition or Youth Centered Roundtables to the youth and staff in the counties to enhance permanency outcomes. Mobile and Jefferson Counties had staff trained in Youth Centered Roundtables in Georgia in May 2012. In May 2013 the two youth consultants with Children's Aid Society will be "trained as trainer" for Youth Centered Roundtables by Casey Family Programs. The Independent Living Program staff will follow by becoming trained in August 2013. Introduction of this permanency model will begin in earnest in FY2014 with support from Casey Family Programs. There was also continued focus on sharing real-time information with staff, as the dissemination of information has been a challenge. The Independent Living Program website, <http://www.ilconnect.org/> launched in May 2012. The website has a Twitter, Facebook and YouTube application facilitating ease of use by youth, foster parents, professionals and interested community members. Visitors can access the site at all times receiving information regarding available policy, scholarships, internships, training opportunities, information on innovations in the field and upcoming events.

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

CFSR Rating: Strength
CFSR Percent: 97%
QA Benchmark: 94%
5 Year Goal: 98%
QA Measurement: 99%

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. A case review process occurs statewide with support from the Office of Child Welfare Consultation; either through routine review or special assignment. This is an area of note that they include in the review process.

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. Completed. See EOC, Training, AS 1.4, Q-10 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. 2012 Update: Some components of Training, AS 2, were renegotiated in July 2011. 2013 Update: See Appendix 11, Program Improvement Plan Steps "Carried Over" to the CFSP / APSR, 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. 2013 Update: See Appendix 11, Program Improvement Plan Steps "Carried Over" to the CFSP / APSR, for more information / details.

Item 12. Placement with siblings

CFSR Rating: ANI
CFSR Percent: 80%
QA Benchmark: 94%
5 Year Goal: 98%
QA Measurement: 95%

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 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 supports 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 was featured in July and August, 2012 as part of the AFAPA Conferences, and Supervisory Conferences and Permanency Conferences. This goal will be presented as well at the 2013 sessions of those same learning opportunities. In addition, the curriculum was 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.

13.3 Strengthen the attention given to visits of children with their birth parents and siblings, to ensure that qualitative visits are occurring, that have a focus of addressing ISP goals. New Goal, FY 2013.

OCWC is still providing MOTIVATE training through the Behavior Analysts to line staff and OCWC is including Meaningful CW visit information in CFA/ISP training. A couple of counties are to receive the training before the end of the fiscal year. **2013 Update:** Over the period of time of between March 2010 and October 2012, a total of 22 counties and 287 participants completed the MOTIVATE training. Also, during FY 2013, several counties received training from the OCWC staff on the CFA and/or ISP.

Item 14. Preserving connections

CFSR Rating:	ANI
CFSR Percent:	79%
QA Benchmark:	80%
5 Year Goal:	85%
QA Measurement:	78%
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. **2012 Update:** Permanency roundtable summits were conducted during June and July 2012. The June, permanency roundtable summit was held in Bessemer at the county DHR office and the other training was held in Montgomery at the Gordon Person's Building. During these two trainings, Casey and State DHR staff provided an overview of the permanency roundtable model and counties had group sessions within their regions to plan the expansion of permanency roundtables in their regions. DHR county offices are in the process of planning values and skills training for their regions beginning September 2012 through March 2013; these trainings must take place prior to initiating permanency roundtables. Since there is a strong need for facilitators to assist with the upcoming permanency roundtables, a permanency values and skills training is scheduled for state and county staff at the end of August 2012. **2013 Update:** State DHR staff from the Office of Consultation, Child Protective Services and Office of Permanency (ILP) will have the opportunity to receive train the trainer sessions on Permanency Values and Skills Training (two-day training) from May –November 2013 with funding provided by Casey Family Programs. These train the trainer sessions will assist Family Services in our goals to initiate safety roundtables and youth roundtables in the fall. Casey Family Programs will offer these trainings in other states. For other updates on the permanency roundtable process, please review section 7.1.

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
2013 Update – See 7.1

Item 15. Relative placement

CFSR Rating:	ANI
CFSR Percent:	66%
QA Benchmark:	85%
5 Year Goal:	90%
QA Measurement:	86%
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.

In Alabama, social workers are led by policy dictating that, when out-of-home care becomes necessary, children should be placed in the least restrictive setting possible. This means the most family-like setting that can provide the environment and services needed to serve the child's best interest and special needs. Policy and ongoing training

regarding Individualized Service Planning emphasizes that *relative placement should always be given first consideration* after which foster family care, group home care, and institutional care, are to be considered in that order. If the Department places children in foster family homes/unrelated homes, group homes and child care institutions; these placement resources are required to be in approved/licensed status except as otherwise ordered by a court of law. Kinship guardianship will continue to be a focus of training and emphasis from Family Services. Policy is clear in Alabama that a kinship guardian has the same rights, responsibilities and authority relating to the child as a parent. The presence and clarity of these rights and responsibilities assists with empowering families as they care for the children to whom they're related.

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. **2012 Update:** All components of Court Collaboration, AS 6, that were to be completed during the PIP and/or extended PIP, have been completed. See the following PIP submissions: Q-1, Q-3, and Q-10. **2013 Update:** See Appendix 11, **Program Improvement Plan Steps "Carried Over" to the CFSP / APSR**, 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
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CFSR Rating:	ANI
CFSR Percent:	55%
QA Benchmark:	40%
5 Year Goal:	45%
QA Measurement:	62%
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 ongoing agency training and as workshops at annual conferences. 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

Practice Model and Permanency

In the PIP two action steps were 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 is comprehensive, the core principles and desired outcomes are 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 was designed to contribute to practice advancement across all areas of child welfare was 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. In the CSFR 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:	18%
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 are set for July and August, 2013. The agenda includes some nationally recognized speakers. Workshops were presented at the AFAPA Conference (May 2013) 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. Skill building has continued with additional MOTIVATE classes in other counties during 2011 and 2012. The Permanency Conference was held in April 2012 and the evaluations of the workshop presenters at the conference were favorable and beneficial to the work of both staff and Providers. Two sessions of the Supervisory Conference are scheduled for July and August 2013. The AFAPA Conference in May 2013 offered additional information around the youth population and their needs. The Tools of Choice Curriculum for Teens is being trained again with the youth. Workshops were presented at the ILP Conferences in 2013.

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. Some counties have added the Tools of Choice curriculum as ongoing training for foster parents.

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. Completed. See EOC, Training, AS 1.4, Q-10 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. **2012 Update:** Some components of Training, AS 2, were renegotiated in July 2011. **2013 Update:** See Appendix 11, Program Improvement Plan Steps “Carried Over” to the CFSP / APSR, 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. **2012 Update:** Some components of Supervision, AS 1, were renegotiated in July 2011. **2013 Update:** See Appendix 11, Program Improvement Plan Steps “Carried Over” to the CFSP/APSAR, 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. Additional record reviews were conducted in 2012 and 2013 by the OCWC unit. There continues to be feedback around ISP’s and what is needed to strengthen the planning in the cases reviewed. Some consultant support has been provided to counties with some specific cases and additional training has been provided to several counties. Additional training has been held in several counties in 2013.
1. In 112 survey ratings completed by county QA committee members, on a scale of 1-6 (6 being optimal), the average rating for ISPs, was 4.69 (the 2012 average was 4.80). County QA committee comments reflect that ISPs are often held in a timely manner and improvements in the ISP process were noted. Based on a number of comments, it will be important to continue to give attention to having input/involvement from all relevant stakeholders, including school personnel. Intense workshops to build capacities around Individualized Service Planning will be conducted at the 2013 Supervisory Conferences to be held in July and August.
 2. On 5/24/13, a webinar was conducted for the purpose of obtaining input from the State QA Committee (SQAC) membership and the Child Welfare Collaborative Initiative (CWCI) Team for the 2013 2013 Annual Progress and Services Report (APSR). Members of the Family Services Division (State DHR) Management Team (FSD) were also invited to participate. This webinar also served the purpose of obtaining input from the SQAC membership for its annual report, which will be provided to the Department, and also included in the 2013 APSR. The content that follows is designed to highlight key areas of discussion, and also provide ideas for future collaboration between the Department and the State QA Committee and/or the CWCI Team.
- Describe the strengths and needs of DHR and the local/state system of care to:
1. Individualize the following: assessment of (physical, emotional, and educational) needs; conducting of ISPs; and, the provision of services, in a way that emphasizes meaningful caseworker visits (with children, birth/foster families) and family involvement in the ISP process.

- Collaborate effectively with birth families and each other as community partners, to assess/address the impact of emotional trauma (caused by maltreatment/placement) on children.

Areas/Examples of Strengths:

- Conferences conducted for DHR staff during CY 2013 will address effective use of case worker visits.
- Number of children graduating from High School, and those going to college.
- The tracking of older youth who have left care through the NYTD surveys.
- The REACH Program at the University of Alabama (financial / interpersonal supports provided to current/former foster youth).
- Partnership with Children's Aid Society to provide (through APAC contract) educational trainings to families and professionals working with children in out of home care, ilconnect.org website for increased communication for/among teens in foster care and families and professionals working with that population.

Areas of Concern/Question/Strengthening:

- Strengthening the involvement of, and connection/relationship of children with, incarcerated fathers.
- Continuing emphasis on search for/finding birth fathers and paternal relatives.
- Discharge planning for children/youth returning to DHR custody from DYS, including review of the already-established protocol.
- Exploring ways in which observed keys to successful well-being outcomes can be replicated: e.g. consistent DHR Caseworker; consistent foster care provider; and, viable connection with birth family.
- Creating resources to promote successful transitions of youth leaving care to adulthood, e.g. "survival kits", information, etc.
- Expansion of the REACH Program to other colleges/universities in Alabama.

17.10 Continue to focus on the identifying the relevant stakeholders, including SAIL staff, who will be for representing 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 2013.

The Office of Child Welfare Consultation has continued work with the Permanency Roundtable Process for Ancillary training. Some counties were mistakenly seeing the Roundtable as an activity outside of the ISP. OCWC Staff and others have worked to assist counties with greater understanding of the PRT as being a tool to strengthen the awareness of the case; strategies used in the past that were or weren't successful, and agreement as much as possible about long term plan for the youngster in question. Through case reviews, intake case consultation, and QA reviews, feedback is continually provided around strengthening ISP participation and the need for relevant stakeholders to be a part of the ISP team.

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. 2012 Update: The OCWC staff have continued to work with the county staff around how to best use the system to individualize the plan for the family so that the cases do not all look the same. This has included working with FACTS staff in refresher training and how to use the Other selection for more individualization in service delivery and etc. . 2013 Update: FACTS continues to become more meaningful and useful to the counties relative to documentation, particularly around ISP's. Since counties have had training and received examples of ways to use FACTS to denote service delivery, the ISP component has more detail and is more accurate regarding service.

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:	62%

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). Each member of the OCWC unit reviews records from across the state and provides verbal and written feedback about the specific case as well as a summary report of findings that is formally shared with Commissioner Buckner and other state administrators as well as the local County Administration and staff. Supervisors have received training and skills-building at the Supervisory Conferences in 2012 and more is planned for the 2013 sessions.

Item 19. Worker visits with child
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CFSR Rating:	ANI
CFSR Percent:	75%
QA Benchmark:	75%
5 Year Goal:	85%
QA Measurement:	85%
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, i.e. 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 to Child; Worker to Parent/Relative; and Child to 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 who 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%	Over 50%
2011 Actual	78%	96%
2012 Target	90%	Over 50%
2012 Actual	95%	97%

* Alabama continues to report caseworker visits data based on sample data provided by the Children's Bureau taken from the fiscal year AFCRS submissions.

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;

- Enhancement of 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, i.e. 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 or more often if directed by the ISP. 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 at 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.

At the "County Director Training Seminar" held in 2nd quarter FY 2012 and in December 2012, Caseworker Visit data was shared and discussed to stress the importance of caseworker visits being monitored at the local level and timely data input (see also Item 19.3).

Meetings of the supervision work group, who have been tasked with developing a strategic supervision plan that is designed to enhance the capacities of/supports for line child welfare supervisors, have also been paid out of Caseworker grant funds. Two Supervisory Conferences are held every year and are planned for the Summer 2013. County and state staff attend, as well as external professionals who present important workshops that have included very specific information about the importance of caseworker visits with our children. Caseworker Visit funds are used to conduct these conferences, and agendas are specific to best practice. Hundreds of supervisors benefit from these conference opportunities and evaluations have routinely been very positive for the refreshment or development of capacities around better serving children and their families in their own homes or in other settings.

Consultation is provided to local staff by Office of Permanency consultants who routinely give feedback regarding the ISP for visitation plans and their outcomes. There have been county-specific trainings also provided on Caseworker Visits and how crucial they are to improved outcomes. The Office of Child Welfare Consultation staff also consider Caseworker Visits in all their reviews of county records and give feedback/suggestions per actual case, and they recently received refresher training around Caseworker Visits. Data shows a continual improvement over the past four fiscal years, as staff become more proficient in data entry of our new SACWIS and continue a 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. A workshop on meaningful caseworker visits, pre and post-adoption is planned for the 2013 Permanency Conference.

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. Regional meetings have not been conducted in 2012 or 2013 due to priority assignments. However, the Supervisory Initiative Workgroup members have been representative of this population and have had great opportunities in the last four years to not only share their perspectives but to learn more about best practice.

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.

A special training opportunity was provided for the entire state's local Child Welfare Administrators (County Directors) in December, 2012. Caseworker visitation was the focus of the presentation, conducted by Paul Vincent of Child Welfare Policy and Practice Group. In addition to the population of Directors, state management team staff from Family Services also had an opportunity to learn from the excellent information shared. Further, this same curriculum has been selectively shared with some counties based on need in an onsite setting. At both the Directors Training Seminar in May 2012 and the Supervisor's Conference in July and August 2012, presentations were made on the Caseworker Visit Federal Requirements, which stresses meaningful caseworker visits, monitoring and timely documentation. FACTS Report FC370 was released in August 2012 on BOE to provide county/statewide data on monthly caseworker visits with foster children. Along with this, a detailed design document was provided, which gives clear guidelines on documentation. This was made available to every FACTS User. The Department has a Memorandum of Agreement with Auburn University and the University of South Alabama for behavioral analysts who support a specific population of children identified through the ISP process as being at risk of removal if services aren't provided to assist with behaviors that are of concern. These two universities, in partnership with our agency, will continue to provide the Practicum Program in Lee County and One

Fellowship student to be placed in Montgomery County; one fellowship student also placed in Mobile County. These behavioral analysts use the "Tools of Choice" curriculum in their work with families and were, as seen elsewhere in the report, recently published in a practice journal (**Please see separate attachment: "Franks Mata Wofford Briggs LeBlanc Carr Lazarte (2013).pdf" for a copy of this article**). This MOTIVATE Training (using Behavior Analysts), focuses on making caseworker visits more productive and meaningful, has been offered in additional counties, with plans to continue through 2013.

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. At the 2012 Permanency Conference, at least two workshops were presented that included an emphasis on visits. One was entitled "Safe At Home", and the other was: "Making Visits Matter". **2013 Update:** It should be noted that one of the QSR items used to measure PIP progress was that of caseworker visits with children. This item was measured across all statewide reviews conducted by the State Office of Quality Assurances. The PIP goal was 82.2%, and for the reporting period of 10/01/11 – 03/31/12, the state achieved a measure of 84.6%, thus exceeding the PIP goal that had been established (Note: while this rating is consistent with that noted as the QA Measurement, the time frames were different).

See also APSR Posting Attachment Document, pages 80 – 81.

Item 20. Worker visits with parents

CFSR Rating:	ANI
CFSR Percent:	41%
QA Benchmark:	50%
5 Year Goal:	60%
QA Measurement:	61%
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 CSFR 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:	69%
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 – FY12.

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. An Educational Summit is being held in Fall, 2013 with focus on DHR staff, Juvenile Court Judges, Educators, and Guardians-ad Litem. Educational success is recognized as an important factor in the lives and well-being of the children served by each of our organizations and how we should work together to ensure this success is the focus of this year's summit. Multiple agencies including The State Department of Education; The Department of Children's Affairs, The Department of Human Resources; and The Administrative Office of Courts are working to finalize the agenda. Casey Family Programs is supporting the Summit as well through provision of funding and speakers.

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.

21.3 Explore whether there are any ways in which the number of foster children involved in high school Career Tech Programs can be tracked. New Goal, FY 2013.

The National Youth in Transition Database assists with tracking certain information about our young people in care; however, at this time there is no capacity in our SACWIS system. Currently the Program Supervisor of the state's Independent Living Program has plans to meet with SACWIS representatives to research the needs we have and possibilities that might exist to support the tracking even before enhancements could possibly be needed.

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:	93%
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

CFSR Rating:	ANI
CFSR Percent:	83%
QA Benchmark:	70%
5 Year Goal:	85%
QA Measurement:	63%

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, including the trauma informed assessment of children, along with treatment and monitoring outcomes. Revised Goal, FY 2013.

Over the past year, a clinical, stand-alone trauma workshop was conducted in Birmingham by a national expert; then additional workshops and other information were shared at the 2012 Permanency and Supervisory Conferences. Staff from the State Department of Mental Health; public education; DHR and others were present for the Birmingham training, which received extremely high evaluation scores. There will also be Trauma-informed Practice workshops/training presented at the Supervisory Conferences in July and August, 2013. 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/Developmental Disabilities 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 Mental Health-Developmental 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 2012 Supervisor’s Conferences had workshops that addressed children with serious emotional and behavioral disturbances and the impact of psychotropic medications on this population. The Supervisory Conferences for 2013 will also provide workshops in this topic area. In addition, the “Alabama Children’s Summit”, slated for Fall, 2013, will have workshop tracks available for training around emotional and behavioral concerns for our children.

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 has continued to work 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 has expanded the relationship with the University of South Alabama to use a doctoral student 20 hours a week in Mobile County where the University of South Alabama is located. The department began the effort with USA last August with a doctoral student. The plan for continuing the program at Auburn and USA have been submitted for approval for the 2013-2014 school year.

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.

Mentors are possible resources to children through their Individualized Service Planning process; whether they are formally noted as mentors or not. Our children's opportunities for support often come through educators or family resources who can serve as mentors. In addition, resources like "The Boys and Girls Club" are available in many counties and our youngsters are matched with someone from the organization for greater opportunities to learn and experience general well-being.

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. The AFCARS Review followed in March 2011.

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 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 in conjunction with FACTS staff 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 goal, with progress made on the initial data environment, training and testing, occurring in March 2013.
- 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.** FACTS became compliant with the reporting of NYTD with the initial submission made timely in May 2011 and subsequent submissions in November 2011, May 2012, November 2012 and May 2013. Initial Assistance was provided by the National Resource Center.

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. **Completed – See EOC, Court Collaboration, AS 4.4, Q-9 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. 2012 Update: Completed. See EOC / PIP Report, Court Collaboration, AS 4.4, Q-9 PIP Submission.

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 caseload 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.

Specific training around this action has not formally occurred in 2012. However, as seen above, discussions have been held with AOC and internal Legal staff regarding training for judges. There may be an initiative with Casey Family Programs later in 2013 or early 2014 for training for our own attorneys, Guardians-ad-litem and judges. This has been discussed with our Legal Office, and Family Services is eager to support this in partnership with them

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. **Completed – See EOC, Court Collaboration, AS 4.4, Q-9 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. **2012 Update:** Completed. See EOC / PIP Report, Court Collaboration, AS 4.4, Q-9 PIP Submission.

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.**
2012 & 2013 Update: While OCWC staff were not involved in the GAL training sessions conducted over the past year, they remain available to assist as needed in future training sessions that are held, and have communicated this availability to AOC staff. Deputy Director Freida Baker continues to be an active participant in the state's Court Improvement Project and addresses these issues frequently and informally with that group of judges from across the State. She has also provided training statewide to DHR attorneys; guardians-ad-litem and judges regarding permanency; IV-E eligibility; ISP's and fair expectations they may have of our local agencies.

Item 28. Process ensuring TPR proceedings

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. Completed – See EOC, Court Collaboration, AS 4.4, Q-9 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. **2012 Update:** Completed. See EOC / PIP Report, Court Collaboration, AS 4.4, Q-9 PIP Submission.

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. **2012 Update:** All components of Court Collaboration, AS 6, that were to be completed during the PIP and/or extended PIP, have been completed. See the following PIP submissions: Q-1, Q-3, and Q-10. **2013 Update:** See Appendix 11 Program Improvement Plan Steps "Carried Over" to the CFSP / APSR, 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. **2012 Update:** All components of Court Collaboration, AS 6, that were to be completed during the PIP and/or extended PIP, have been completed. See the following PIP submissions: Q-1, Q-3, and Q-10. **2013 Update:** See Appendix 11 Program Improvement Plan Steps "Carried Over" to the CFSP / APSR, for more information / details.

Systemic Factor: Quality Assurance System/Continuous Quality Improvement

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. 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. 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 or county self assessment and other areas as needed. Duties of State QA consultants include preparing counties for and assisting in the conducting of state onsite reviews, completing reports on findings and recommendations, reviewing and providing feedback on quality service reviews completed by county QA committees, reviewing and providing feedback on biannual reports, and in supporting counties in developing and monitoring their County Improvement Plans. The Office of Quality Assurance is responsible for conducting onsite reviews in county offices. Pre-assessments are completed around the indicators of best case practice and include data from the four quarters preceding the onsite review, information obtained from the county's biannual report, information from the quality service reviews completed by the county QA committee during the previous year, and other information provided by the county on practice issues at the time of the review (e.g., the number of children in foster care, the number of pending assessments, the number of approved foster homes, etc.). Review team members are staff from the Office of Quality Assurance, trained adjunct reviewers, and staff members from other State Offices with expertise in the areas of safety, permanency and foster care resources. The onsite review consists of stakeholder interviews (both internal and external to the county department), completion of quality service reviews (with the number of reviews dependent on the size of the caseload in any given county) a safety assessment, a resource record review and a permanency assessment in counties with more than 25 children in foster care. The information is compiled and by the review team in a final debriefing and provides the basis for the determinations that made concerning the strengths of the county's service delivery system as well as the areas needing improvement and recommendations for the necessary corrective actions.

A three year review schedule is in place for the completion statewide onsite reviews. Quality service reviews are completed quarterly are completed in Jefferson, Calhoun and Cullman counties to provide data for PIP reporting

purposes. These three counties are the target counties identified for improvement in the PIP. Twice a year, county departments complete a biannual report which looks at information from county 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. The biannual report is intended to be a self-assessment and monitoring tool case practice and system performance. The reports provide data and narrative that aids in making determinations of the status of a number of indicators relative to the state onsite reviews. 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 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 is responsible for receiving and tracking information on child deaths in the state due to maltreatment. When a child death occurs due to maltreatment and the agency has been involved with the family within the preceding 12 months, a child death review is required. The committee responsible for conducting the review includes a the county QA committee member, the county QA coordinator, the county director or a child welfare administrator, the QA consultant, and adjunct members as needed (e.g., staff from another county, licensing worker, etc.). Findings and recommendations as a result of child death reviews are provided to the State Department and are also 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.

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 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, individual 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. QSR write-ups are sent to the targeted counties (for PIP purposes) of Calhoun, Cullman and Jefferson counties after each quarterly review for PIP monitoring. Issues identified with service provision are addressed in these reports.

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.

State QA consultants provide written feedback to county management and staff after onsite reviews, each quarterly review for PIP monitoring in Jefferson, Calhoun and Cullman counties, after review of QSRs completed by county QA

committees, and after the review of each biannual report. Feedback includes affirmation of strengths as well as recommendations for strengthening practice.

31.5 Identify needs and recommend corrective actions necessary to improve services, capacity, outcomes and conformity with Federal, State and Department program requirements.

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.

31.6 Help identify (and at times, provide) necessary training, consultation and technical assistance needed by DHR staff.

Some training needs are identified through the review of quality service reviews completed by county QA committees. 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 is to develop a county improvement plan based on the areas of need identified in the review. 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. Write-ups from QSRs completed by county QA committees are sent to the QA Consultant who provides the county feedback on the information provided in QSR write-up and ratings. Information from the QSR write-up is entered into a data base. QSR rating averages are utilized during the county's on-site state QA review. Data is also provided to the State QA Committee and personnel from SDHR is available at the quarterly meetings to answer questions and provide information to the Committee membership.

31.10 In collaboration with The Office of Data Analysis continue to support improved data analysis capacity in SDHR and County Departments.

The Office of Data Analysis provides safety and permanency data profiles to the Office of Quality Assurance for use in county onsite reviews.

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 county QA coordinators as well as county QA committee members 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.

County QA committees periodically complete special studies to examine issues of particular concern. Completed special studies with any resulting recommendations are reported on in county biannual reports.

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, provide training to county QA committee members, and review and provide feedback to local QA committee quality service reviews.

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.

Beginning in January 2013, adjunct reviewer training is provided on an individual basis by State QA staff during onsite reviews. Specific instruction on the QSR process, review tool, debriefing responsibility and report completion is provided during the 4-5 day onsite review experience.

31.17 Maintain the QA Guide, in terms of providing necessary updates, additions and revisions.

The QA Guide was updated in December 2011 and distributed to all county QA Coordinators in February 2012.

31.18 Serve as a liaison with the state QA Committee through supporting their functions, provision of information, etc.

The Office of Quality Assurance is the primary point of contact for the State QA Committee for requested information needed to assess and monitor the performance of the state's service delivery system. A representative from the Office of Quality Assurance is present at each State QA Committee meeting.

31.19 Improve capacity of state QA Consultants to provide support to counties and to local committees by increasing consulting skills and abilities.

Periodic supervisory feedback is provided on consultant reports. A number of training opportunities were provided through the LETS system to increase knowledge and skills.

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 information for PIP reporting purposes as well as other inquiries.

31.21 Improve the quality of information received from local committees.

QA Consultants review the QSRs completed by local QA committees and submitted by the QA coordinator. Feedback is provided to the QA coordinator which is then in turn shared with the committee. Training needs are often identified through the review of QSRs and are either addressed by the QA coordinator or the QA consultant for the county.

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 a requirement of biannual reports.

31.23 Ensure that county QA committees are consistently receiving updated information on county/state resource family recruitment plans / activities

The Office of Quality Assurance will explore with the Office of Permanency (Recruitment and Retention) strategies to insure this information is consistently shared with county QA committees.

Systemic Factor: Training

CFSR Determination: Not in Substantial Conformity

In the CF SR 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

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 OCWT continues to explore methods to enhance the current ACT I curriculum by including information pertaining to:

- ICWA policy and other tribal information
- Meaningful Caseworker Visits With Families and Children
- Cultural Sensitivity/Competence

Completed - See EOC, Practice Model, AS 1.6, Updated, Q-6 PIP Submission. The Office of Child Welfare Training has included and 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 (OCWT) is currently using a Learning Management System (LMS) called LETS (Learning, Education, and Training System) as a means to register prospective training participants, provide contact hours, and certification of completion of training. The current ACT I (Alabama Child Welfare Training) curriculum requires participants to complete prerequisite work through LETS. In order for training participants to successfully complete ACT I training, it is an expectation that the prerequisite work is completed prior to their attending the first classroom session. OCWT will continue to explore ways to enhance training using a blended learning approach.

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.

LETS 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. Please see 32.3. This blended learning approach will attempt to use technology to assist staff in developing/enhancing their skills in their office at their own computer. 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. Completed. See EOC, Training, AS 1.4, Q-10 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. 2012 Update: Some components of Training, AS 2, were renegotiated in July 2011. 2013 Update: See Appendix 11, Program Improvement Plan Steps “Carried Over” to the CFSP / APSR, 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.

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. A newly developed Domestic Violence training, funded by the Alabama Children’s Trust Task Force, will be provided to staff 3-4 times a year. OCWT will collaborate with the Office of Child Protection Services to determine techniques that could be adapted from the Domestic Violence curriculum to enhance current ACT I and ACT II training sessions.

Meaningful Caseworker Visits

Although child welfare experts have always known that caseworker visits are important, evidence now shows the extent to which such visits may be linked to positive outcomes for children and families. It has been determined that one of the most important ways to promote outcomes for children and their families is to ensure the quality and frequency of caseworker visits with families and children in care. 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. **2012 Update:** In September 2011, the Foster Family Home/Adoptive Resources Approval Policies and Procedures training was conducted/completed. Representatives from the Office of Policy, Office of Child Welfare Training and Office of Permanency presented the training using the Department’s distance training equipment. **2013 Update: See Item 44.**

Systemic Factor: Service Array

CFSR Determination: Substantial Conformity

Therapeutic/Specialized / Therapeutic with Enhanced Services Foster Care

There are currently 14 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. TFC slots are 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. All children must have an entry behavioral assessment by the use of the Multi-dimensional Assessment Tool (MAT) before they can receive TFC services.

Therapeutic with Enhanced Services Foster Care placements are for intellectually disabled children under the age of 11 who according to the Department of Mental Health/Alabama Medicaid guidelines cannot be placed on the waiver list or receive an ID waiver, and for children that have a serious mental health or medical/emotional need that would otherwise require a specialized out of state placement. Children served in a TFC with Enhanced Services home must meet the same criteria with the children specified in the TFC home but they require additional services that vary from behavioral aid

services, to specifically equipped rooms, intensive treatment services from children's hospitals, severe emotional problems that may be suicidal in nature, and younger children that have intellectual disabilities or suffer from autism. The Division of Resource Management is responsible for sending statewide notices to the contract vendors when a TFC with Enhanced Service home is needed but the DHR County Offices will be responsible for selecting the home that the County thinks best meets the needs of their child. The Division of Resource Management will work with providers, Family Services Division and county offices to determine the rate needed for each child throughout their placement. These placements are a coordinated effort between the two Divisions of DHR, county offices, and the providers to assess the child, and provide the support and needs of the child. The counties and State DHR, Division of Resource Management receive a monthly summary from the provider and the rates are reviewed on a quarterly basis.

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*, which was last updated in July 2010 is currently being revised to include any new TFC/TFC with Enhanced Services, and the new Federal Psychotropic Drug Monitoring protocol. The current TFC contracts focus on services to work with biological family to encourage quicker step-down and/or return to family as a part of the core services. The protocol allows for a child to step-down within a TFC program with reduced services and rates. All children in therapeutic foster care placements will be evaluated every 9 months to determine if step-down to a lower level of care is appropriate. 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 for this purpose. Due to the entry gatekeeping, and the monitoring of the children in TFC placements and the work with the biological families, we have been able to reduce the number of children receiving therapeutic foster care services. The Online Residential Placement Directory is maintained by the Division of Resource Management. 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. The assessment tool MAT is used in moderate and intensive residential facilities to assist in the placement and step-down process of children. A new service, Rehab Intervention Service Enhancement (RISE) program was introduced to the counties. The program serves children that are in need of an intensive placement with enhanced residential services. These children must have denials from or have been previously served without success in our Intensive residential facilities, or are currently being served out of state. The goal of the service approach is to provide a safe environment that facilitates behavioral stabilization, positive relationship building, and new learning experiences so children can be reunited with their families or moved to a less restrictive community setting. Children meeting the need of this service must have prior permission before placement by the State DHR Division of Resource Management and Division of Family Services. This program began at the end of FY2012. In 2006 we began completing the MAT in moderate and intensive residential facilities to assist in the placement and step-down process of children. The Department contracts 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. In 2011 a new contract was initiated with the University of South Alabama for a doctoral fellowship student in Mobile County. The graduate student provides 20 hours of work with children and families in Mobile County. The student works with the Behavior Analyst based in Mobile County. 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. The focus in the individual cases is to stabilize placements and avoid disruptions for the child/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. This legislation is for children who need services from two or more agencies and who are at risk of out of home placement or movement into a more restrictive environment. The needs of these children often require intensive collaborative efforts and service coordination from the child care agencies. The state team is comprised of the Department of Youth Services, the Department of Education, the Department of Mental Health and the Department of Human Resources, and the Chief Probation Officers Association. The Departments may share in funding services for these children. Additionally, the state team receives funding from the Tobacco Settlement, which is split between the state and county multiple needs teams. County teams funding may pay for services such as, outpatient mental health therapy/evaluations, behavioral aides, respite, in-home services or residential 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 serving children in the least restrictive setting possible to address their special needs. In FY 2010 the Department supported funding for 31 children through the Multiple Needs process. Funding was approved for 21 children in FY 2011. In FY 2012 DHR authorized funding for 42 children at the SCSFT level.

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. 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. The Division of 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. 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. The programs are not required to use a prescribed specific model identified by the Department in the provision of services but must indicate in their proposals what national recognized, evidence-based model will be used as a basis for service delivery. In 2011 the Department deemed it necessary to make changes to the service requirements for the Continuum of Care procurement. All award vendors are required to serve permanency/re-unification cases in the specified counties/regions. Continuum of care programs offers re-unification for children and their families in Jefferson, Mobile, Lee, Montgomery, Madison, Calhoun, Cherokee, DeKalb, Etowah, Jackson, Marshall, Morgan, Lauderdale, Limestone and Cullman county.

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 through the Intensive Psy-21 programs. 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. The Division of Resource Management collaborates with the Department of Mental Health-Developmental Disability Division to place children with Intellectual Disabilities on the ID waiver waiting list and then work closely with DMH-DD to acquire children that are close to aging out or cannot be managed in a home to find a group home placement. Once a child receives a waiver, it follows the child through adulthood, and is permanency for the child. They are placed in the Region from which they reside and the County DHR and Regional DMH office make sure the child is close to family.

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. During FY11, twenty two (22) children exited DHR custody to DYS. **2013 Update:** In FY2012, 9 youth were committed to DYS, with one child having two commitments during the reporting period. 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.
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Item 36. Accessibility of service array
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CFSR Rating:	ANI
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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. **2012 Update:** A number of counties have developed local resources to call upon if the Translator services are not available. For example, using the approved court translator.

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. Some counties have developed local community resources that they use if FLS is not immediately available during a crisis or an emergency.

Item 37. Individualization of services

CFSR Rating:	Strength
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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

Adoption Promotion and Support Funds are used primarily to support two staff positions assigned to provide consultation to counties. Through the post-adoption services contract with Children's Aid Society/APAC, training costs have 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. For FY 2011 and 2012, Alabama has expenditures of 20% for the Adoption Portion of the Safe and Stable Family Grant. Alabama Pre/Post Adoption Connections (APAC) currently provides pre and post adoption support 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. This continues to have a positive impact on moving children without an identified resource (foster parent) to a permanent family. Adoption Promotion and Support Funds along with Incentive funds were also utilized to increase APAC's counseling capacity to support pre-adoptive families as well as existing adoptive families. This change was based on client and DHR feedback. 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.

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 continued with its process for community consultation through its quality assurance operations. Each county Department of Human Resources has an independently functioning county quality assurance committee with Jefferson County having an additional committee for their Bessemer region. Committee membership is encouraged to be reflective of the county population and generally consists of representatives of service providers, other public and private agencies, allied professionals, the courts, and community stakeholders. While each county QA committee completes quality service reviews to measure and monitor outcomes for children and families, it is an expectation each committee also complete stakeholder interviews annually to measure and monitor systemic issues. Stakeholders generally interviewed are juvenile court judges, juvenile probation officers, foster parents, law enforcement, education personnel, service providers (including mental health and child advocacy centers), attorneys and Guardians ad litem, and agency staff. Information and any resulting recommendations from QSRs and stakeholder interviews are provided to each county department to strengthen their practices. The completion of QSRs and stakeholder interviews are required reporting elements of county biannual reports which are reviewed by State Quality Assurance staff. It is an expectation State QA staff review and provide feedback to county departments on their biannual reports. The Office of Quality Assurance routinely conducts onsite reviews to evaluate the quality of services and the outcomes achieved by children and families. One component of onsite reviews is the completion of stakeholder interviews to evaluate systemic functioning. The same community stakeholder groups are interviewed as noted above with the addition of an interview with the county QA committee. Information gained from these interviews is used in conjunction with the completion

quality service reviews, a safety assessment, a resource record review, and a permanency assessment in counties with a foster care population greater than 25 to determine the status of the county department's functioning on each indicator of best case practice. These indicators provide the framework for providing feedback to each county department on strengths and needs in the provision of child welfare services. Three of those indicators are directly linked to the partnership with others including departmental participation in mandated interagency forums as well as collaboration with community stakeholders in meeting the needs of children and families. From June 1, 2012 through May 31, 2013 the Office of Quality Assurance conducted 14 onsite reviews.

The State Quality Assurance Committee is an independent body of statewide representatives of the child and family service delivery system whose functions include monitoring outcomes and agency performance from a statewide perspective; serving as a link between the community and the State Department of Human Resources; promoting an effective child welfare system that supports positive outcomes for children and families served by the Department; and issuing reports as a part of its Citizen Review Panel responsibilities or for any other purpose.

Other Ongoing Involvement/Consultation in Planning

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 staff, the policy may be sent out for review and comment to county directors/child welfare supervisors, select community stakeholders and others prior to the final release. 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 groups such as the following: 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 staff has a strong relationship with staff of the Administrative Office of Courts (AOC), especially with the staff of the Court Improvement Program, designed to improve the processing of dependency and termination of parental rights 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 staff 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 and legally sufficient, Title IV-E compliant orders. Cross training (involving both offices) 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. DHR staff continues to be represented on a Probate/Juvenile Subcommittee of the Court Improvement Program, which was formed to bring juvenile and probate court judges together to discuss issues that may arise in processing adoption cases. Staff from both offices also have attended National Summits relating to addressing the educational needs of foster children, and an Alabama Educational Summit was held on November 8, 2010, to develop strategies that will remove organizational barriers to the successful education of children in foster care. 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. This committee has recently started to plan a Legal Aspects of Adoption Conference for May of 2014. DHR staff including county and state staff and DHR attorneys, judges from both Probate and Juvenile Courts, and GALs and adoption attorneys will be invited to attend.

Alabama Pre and Post Adoption Connections

The Department's pre and post adoption services program, Alabama Pre and Post Adoption Connections (APAC), participates in its' agency's (Children's Aid Society) Statewide Consumer Focus Group consisting of adoptive parents and children that support all aspects of the resource center including planning, feedback on the quality, appropriateness, and accessibility of services, liaison with other adoptive families and publicity. An independent facilitator is used to increase open and candid feedback. A summary of the focus group feedback is provided to Children's Aid staff for consumer-

focused program planning. In addition, feedback is solicited by APAC staff from stakeholders in each of the three regions across the state. These stakeholders include but are not limited to include foster and adoptive family members, social workers and counselors, 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 also incorporates consumer feedback in all their individual service area deliveries regarding the provision and access to services as well as quality. The Family Service Division works closely with APAC staff to process staff and consumer feedback to determine gaps and make programmatic changes for more effective services.

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. 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

During FY2013 the leadership of this coalition has not been as organized as hoped. Contact has been made with the leadership and they are planning to regroup again. Staff from the Office of Permanency plan to represent the Department on this Coalition, which is an association of licensed child placing agencies throughout the state. The Coalitions focus is education, advocacy and promotion of adoptions.

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." House Bill 519 (Regular Session 2010) Act No.2010-517 created the Commission on Girls and Women in the Criminal Justice System. Representative Barbara Boyd is the chairperson for the group. The Commission was formed to examine how communities could better serve this population. The committee prepares a status report each year on the recommendations including expanding the range of interventions to include education, substance abuse treatment, family assistance, housing, crises interventions and mental health services for girls and women. Five meetings were held during this fiscal year.

Multiple Needs

The Multiple Needs Child process has created an opportunity to plan for youth in the least restrictive environments, to address their special treatment needs. 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 will be better served with 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. Family Services Director represents the Commissioner on the State Team. A Program Specialist with the Office of Child Welfare Consultation represents the department on the CRC.

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. See 2.1, 2.2 and 4.17.

Alabama's Comprehensive Assessment Process Project (CAP)

See information provided under Safety, 4.1.

Special Education Advisory Panel

The Special Education Advisory Panel continues to meet twice a year in June and December to review the State Plan for Special Education Services and review progress on meeting goals established. Additionally the Panel has had the opportunity to participate in several webinars to help members be more meaningful participants. The Webinars were so successful the first year that they have continued and will be ongoing.

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 past 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. One of the Behavior Analysts on staff at the State Office represents the Commissioner on this Council.

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 group reviews plans, budgets and projects and provides recommendations. A Program Manager from Family Services represents the department on this Council.

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. One of the Behavior Analysts on staff in Family Services represents the department on this committee.

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. The focus of the Council has changed to Adults with Disabilities. Therefore, Adult Services is now attending this Council rather than Family Services.

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 2013 Update.

Department of Child Abuse Prevention (DCAP)

As of February 2013, two staff representatives from DCAP serve as members of the Alabama Child Welfare Collaborative Initiative (ACWCI). In 2011, due to staff changes at DCAP, a change was made in the staff person representing the agency. The previous DCAP staff person that had a role in discussing the re-instituting of meetings for this group began employment with DHR in June 2011. It should also be noted that (as of February 2013) 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. We continue to utilize the market segmentation information as well as the county demographic information provided by Tapestry to work with counties in the development of targeted recruitment plans. Since the last APSR submission we have worked with Lauderdale County (9/22/2011) and Calhoun County (1/10/2012). Most recently Jackson and Barbour Counties have contacted the Recruitment & Retention Program Supervisor to present targeted recruitment strategies formulated jointly with child welfare staff and their local foster parent associations. Offers have been made to establish dates for the R&R Supervisor to come to those counties and do more extensive work on development of targeted strategies with these counties. There have been no additional meetings of the Recruitment & Retention Task Force this year. However, two foster/adoptive parent representatives from this task force have participated in the development of the Foster Parent Mentor Project description. This project was a strong recommendation of the task force when the PIP was initially being developed. Upon the conclusion of the foster parent mentoring pilot period, we will gather applicable stakeholders from this group to help us examine feedback and make necessary changes.

Alabama Child Welfare Collaborative Initiative (ACWCI)

The Alabama Child Welfare Collaborative Initiative (ACWCI) continues to meet on a quarterly basis. As of 06/30/13 two meetings have been conducted thus far in CY 2013. The core group of the ACWCI consists of identified staff from the Alabama Administrative Office of Courts (AOC), the Alabama Coalition Against Domestic Violence, the Alabama Department of Rehabilitation Services, the Alabama Foster and Adoptive Parent Association, the Alabama Network of Child Advocacy Centers, the Alabama Department of Youth Services, the Alabama Community-Based Child Abuse Prevention Program (CBCAP), the Family Services Department with the Poarch Band of Creek Indian Tribe (PBCI), a member of the State QA Committee (i.e. Citizen Review Panel) and DHR staff from the Family Assistance, Resource Management and the Family Services Divisions. An action plan for 2013 is in place and the definition of Prevention Services established in CY 2010 continues in effect (see Appendix 16).

38.2 The Department's goals in regards to work with the Poarch Band of Creek Indian Tribe (PBCI) and other federally recognized tribes located outside 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, Martha Gookin, the 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.

Update 2012: The Annual Planning Meeting between the Department of Human Resources and the Poarch Creek Indian Tribe was held on June 13 at the Department of Human Resources, Montgomery, Alabama. In attendance was Martha Gookin with PCI; Paul Butler, Director Family Services (FS); Freida Baker, Deputy Director FS; John James, Deputy Director, FS; Donna Spear, Training FS; Madgelyon Johnson, Child Welfare Eligibility FS; Margaret Livingston, Policy FS; Larry Dean Federal Reporting Officer; Felicia Brooks, Legal; and Carolyn B. Lapsley, Deputy Commissioner for Child and Family Services.

Update 2013: The Annual Planning meeting between the Department of Human Resources and the Poarch Band of Creek Indians (PBCI) was held on May 28, 2013, at the PBCI Office in Atmore, Alabama. Follow-up on the 2013 updates that follow will occur via communication between PBCI and SDHR (and others as needed), and additionally may be reported on in the 2014 APSR.

In attendance were Martha Gookin, Director of Family Services with PBCI; Michealine Deese, Child/Family Welfare Coordinator with PBCI; Felicia Brooks, SDHR Legal; and the following DHR, Family Services staff: John James, Deputy Director; Freida Baker, Deputy Director; Kanoschu Campbell, ILP; Madgelyon Johnson, Office of Child Welfare Eligibility; Beth Schaffer, Office of Child Welfare Consultation; Debbie Green, Office of Policy, and Larry Dean, CFPSR Coordinator.

Martha Gookin updated the participants on a couple of matters. The Tribe did not receive subpart II of IV-B funding and those funds will have to be replaced by Tribal monies for those services. Several building projects are occurring/planned, including a new building that will house the Tribal Health Department and Family Services staff. A new Day Care facility is being considered and would serve Tribal and possibly non-Tribal families. Also, a drive through tour was provided of the Tribal "Magnolia Branch", which is the Tribal Wildlife Preserve. The present accommodations, current expansion plans, and future vision were all discussed. This resource is available for non-Tribal activities, and could serve as a resource for ILP activities in the future. Finally, a tour was provided of the Cultural Center, which had not been completed the last time a meeting took place at the PBCI Offices.

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. **Update 2012:** When approved by the Children's Bureau, the respective APSR/CFPSR reports will be exchanged between PCI and the Department. **Update 2013:** FSD and PBCI have exchanged their respective 2012 APSR's. Upon approval of the 2013 APSR's, a similar exchange will occur.
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. **Update 2012:** Continues in effect. **Update 2013:** 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. **Update 2012:** Continues in effect. **Update 2013:** 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. **Update 2012:** Continues in effect. **Update 2013:** 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. **Update 2012:** This continues. **Update 2013:** 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. **Update 2012:** Continues in effect. **Update 2013:** 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. **Update 2012:** Continues in effect. **Update 2013:** 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. **Update 2012:** Continues in effect. **Update 2013:** 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. **Update 2012:** Continues in effect. **Update 2013:** 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.

Update 2012: Training was discussed during the annual meeting to discover what trainings may be available for this reporting year. The training done by Legal is now on an “as needed” basis. When Legal has a training session for county DHR offices in the Tribal coverage area, members of the Tribal Family Services will be invited to the training. Family Services, Office of Training will be conducting two sessions in Mobile in July and August 2012 on “Concurrent and Permanency Planning” for supervisors and workers. Staff of the tribe will be asked to attend this. Currently, at this writing, there is no Alabama Child Welfare Training scheduled, but ACT I is expected to resume in fiscal 2013. The Tribe will be provided with a schedule of attending. On October 18, 2012, PCI will conduct training with a focus on “Family Violence.” Family Services staff has an open invitation to attend this training. PCI has also offered their facility at the PCI Administrative Office at no cost for DHR Alabama Child Welfare Training. **Update 2013:** see #6 under CFSP Goals for 2010 – 2014.

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. **Update 2012:** Accessing CFCIP and ETV funds will be addressed in the agreement between the Department and PCI. During the June 2012 meeting, it was felt that a conference call with RO is needed to discuss this. The Tribe has confirmed that Indian children who are Medicaid eligible are 100% Medicaid reimbursable with no state or tribal match. **Update 2013:** Any ILP-eligible Indian youth in the state’s foster care system will have access to CFCIP and ETV funds as any other youth in foster care. Additionally, Indian youth that have a high school diploma or GED, have access to Tribal monies (through the Tribal Trust Fund) to assist in paying for college expenses. Finally, SDHR and PBCI staff agreed that if a specific Indian youth in the state’s foster care system was in need of particular services, collaboration would occur around assessing/addressing those needs, as they would for any other (non-Indian) youth in foster care.
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 ETV 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. **Update 2012:** This is continued. The Department’s Legal staff is taking the lead on this. **Update 2013:** It was agreed that by June 30, 2013, a conference call would occur between SDHR, PBCI and Leadership in Escambia County DHR. Included in this discussion would be deciding upon a means by which PBCI could collaborate with Escambia County DHR, in providing SDHR with the needed information to make decisions relative to IV-E determinations. In turn by July 30, 2013, a conference call will take place between PBCI, SDHR and the Atlanta

Regional Office, to determine the means by which the Tribal receipt of IV-E funding could best occur (upon determinations being made of IV-E eligibility).

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. **Update 2013:** There continues to be concurrence that (presently) this goal has been achieved.
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. **Update 2012:** During the June 2012 meeting, it was again agreed that since accessing of CAN information involves confidentiality issues, it will be addressed in the agreement for which Legal has lead responsibility. **Update 2013:** While the usefulness of Tribal access to the Child Abuse/Neglect (CAN) registry is recognized, and that future discussions within SDHR may include this consideration, it may be two years (or more) before final decisions are made. Any SDHR consideration would also entail discussions as to the legal ramifications related to possibly allowing direct access to the central registry by a third party. Tribal Leadership can already request CAN clearance as deemed necessary regarding any prospective employee and this process has worked well on the times it has been used.

PBCI currently has Telemedicine equipment that it hopes to begin using once the building is completed in which new Tribal Health Department will be located. PBCI has a Nurse that is trained in the use of the equipment, and it is available for use by non-Tribal staff as assessments are conducted of alleged sexual abuse/assault.

The letter to Mandatory Reporters (when PBCI staff have reported alleged child maltreatment) is not consistently being received from DHR offices in surrounding counties. By July 30, 2013, a memo will be sent to adjacent counties, that reminds child welfare staff of the importance of doing so.

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. **Update 2012:** This goal will continue and at the end of the five year period, it will be evaluated. **Update 2013:** This topic will be included on the agenda of the conference call that is scheduled to take place by July 30, 2013, between SDHR, PBCI and the Atlanta Regional Office.
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 Child Welfare 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. **Update 2012:** Family Services, Office of Child Welfare Training (OCWT) will be conducting two sessions in Mobile in July and August 2012 on "Concurrent and Permanency Planning" for supervisors and workers. Staff of the Tribe will be asked to attend this. Currently, at this writing, there is no Alabama Child Welfare Training scheduled, but OCWT is expected to resume in 2013. The Tribe will be provided with a schedule of attending. **Update 2013:** By June 30, 2013 a listing of the known dates/locations of approved ACT I and ACT II sessions will be sent to PBCI. As future sessions are approved, the relevant information will be sent to PBCI. There is a GPS training session scheduled for Mobile later this calendar year, and as decisions are made on dates and locations, the specific information will be sent to PBCI. PBCI staff once again extended an invitation to SDHR to host a future training event (e.g. ACT I, an ACT II module, or GPS). The PBCI meeting room and parking availability would easily accommodate training needs in this regard.
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.

Update 2012: PCI will make a contact with RO to determine if there are national instruments used to evaluate ICWA compliance. **Update 2013:** There is nothing further to report in this regard at the present time. While the Children's Bureau has not yet released any final program instructions on round 3 of the CFRS process, this matter can be discussed with the Regional Office in the call that is to occur by July 30, 2013.

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. **Update 2012:** This goal is continued. . **Update 2013:** This topic will also be included on the agenda of the conference call that is scheduled to take place by July 30, 2013, between SDHR, PBCI and the Atlanta Regional Office.
9. **2013 New Goal** – It was agreed that that the two agencies will provide to each other a resource listing as follows: 1.) SDHR will provide information to PBCI on substance abuse treatment centers in the state, though the names of Hillcrest (Birmingham) and The Bridge (Gadsden) were given to PBCI staff on 5/28/13. Prior to June 30, 2013, SDHR will arrange for a call to take place between PBCI and selected SDHR staff in other Divisions, to discuss these/other treatment centers; 2.) PBCI will provide to SDHR information for possible distribution to all county DHR offices, the available Tribal resources for individuals enrolled (eligible for enrollment) in the Tribe, as well as those individuals of 1st Generation descent.
10. **Interagency Agreement (IA)** – Attorneys for both PBCI and SDHR had communicated prior to the meeting and updated drafts of the IA were distributed to attendees. It was agreed that by August 30, 2013, a new agreement would be signed by the necessary representatives from both agencies.

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. The Emergency Management Agency reports to Family services that during 2012, Alabama experienced tornado activity in January and March 2012 and recent June 2012 flooding in South Alabama due to the tropical storm Debby. An informal disaster response was activated by Family Services in the January 2012 tornado activity by contacting those counties impacted by each weather outbreak to make sure that all foster children were accounted for and safe. When disasters occur on a localized basis and involve only a few counties, SDHR Family Services will use an informal disaster response to involved counties. **2013 Update:** There were no reported disasters in this reporting period. No changes are needed. Continues in effect as stated.

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.

The membership of both the Alabama Child Welfare Collaborative Initiative Team (see Appendix 12), as well as the State QA Committee (see listing of membership in Appendix 2), were invited to participate in a webinar on 5/24/13, which included a time for the provision of input to the APSR. The draft summary of the notes from the webinar was also circulated among the two groups in order to obtain any corrections/further input. A synopsis of the webinar outcomes can be found elsewhere in the APSR under items 4.1, 7.1, and 17.9. Additionally feedback was sought from all 67 county QA committees, with a number of them providing comments (see Appendix 2 for number of counties responding/surveys returned). The rating averages/brief synopsis from the returned surveys can also be found under items 4.1, 7.1, and 17.9.

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. **2012 UPDATE:** Minimum Standards for Foster Family Homes remain in place and no changes have been made to the document. During FY 2011-2012 a policy manual for approval of foster family homes/adoptive resource was released and revised. This manual was created by pulling together information from the Minimum Standards for Foster Family Homes, the agency's Adoption Policy Manual (application & home study section) and related memoranda and administrative letters dealing with training, assessing and approving foster family applicants. **2013 UPDATE:** The Minimum Standards for Foster Family Homes remain in place. No changes have been made to the standards during this reporting period. Additionally, the Foster Family Home/Adoptive Resource Approval Policies are in place. Staff in the Office of Child Welfare Policy are available to help counties with information about the policies contained and staff in the Office of Permanency consult around interpretation and implementation of the same.

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. **2012 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. **2013 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. **2012 UPDATE:** No change has been made in this requirement. **2013 UPDATE:** No change has been made in this requirement.

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	Dec. 2010	Jan. 2011	Feb. 2011	Mar. 2011	Apr. 2011	Apr. 2012	March 2013
TOTAL HISPANIC	21	19	18	20	21	22	20
TOTAL # FFH	3,695	3,636	3,633	3,693	3,664	3,654	3537
% OF TOTAL FFH POPULATION	.57	.52	.50	.54	.57	.60	.57

*The total number of foster family homes from the PVDR 230 includes the homes recorded as provisionally approved: it also includes homes approved by licensed child-placing agencies throughout the state. Generally, when a TFC home is entered by the Office of Resource Management, the home is also licensed as a traditional foster family home because the plan is to move children in TFC down to regular foster care without actually moving the child from the home.

As of April 30, 2012 there were 3,654 total approved homes on the PVDR230. Of these, 1,809 are registered by the Office of Resource Management. The total number of homes approved by County Departments throughout the state is 1,845. Of the 22 homes listed on the PVDR230 as Hispanic, 7 are approved by child-placing agencies. The number of homes approved by counties registered as Hispanic is 15. Base on this number, the percentage for county-approved Hispanic homes is .81. Of the 3,654 homes captured on this report, ethnicity was not completed for 152 families and unable to determine on two. As of March 30, 2013 there were a total of 3537 approved and provisionally approved homes. Whether or not these homes are of Hispanic ethnicity was not completed or unable to determine on 133 homes. Of the 3,537 homes, 1,817 are assigned to the State Office (Resource Management) for monitoring, including four Hispanic homes. Leaving 1,720 as the total number of homes approved by County Departments, 16 of these are Hispanic. This represents an increase of 1 Hispanic foster family home.

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. **2012 UPDATE:** The PVDR230 *Characteristics of Approved/Provisional Foster Homes* does now have the capacity to capture families "Willing to Accept" teens. However, the report for April 2012 indicates only one family is willing to accept teens. We are exploring with FACTS functional staff if there is a defect in the report or if the issue is related to data entry. **2013 UPDATE:** A query has been conducted to serve as a baseline indicator of how many foster parents are willing to accept teens. The query included a report families approved at the end of the 2012 fiscal year a report of those approved 5/1/2013. There was no difference in the total numbers. The total for both was 908 families. There was some duplication which can be attributed to some families being approved for both TFC and traditional foster care (if they have stepped down with a child. Completing this field in the provider module when registering or updating a provider is not a required field. The results of the query appear to indicate that staff responsible for registering and/or updating TFC parents is more diligent about completing this field. County departments report 49 families willing/able to accept teens. The remaining 859 families were registered in the system by the Office of Resource Management. Further exploration is needed and a plan for improving the quality of data needs to be developed. Some of this was discussed as the FSD management team met recently to examine and discuss continuous quality improvement. Once further examination is conducted and a plan is developed we will decide with what frequency to run this query.

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. However, research conducted by FACTS functional staff indicates the report is pulling information on families with a medically fragile child in their home (not a willingness to accept). 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. **2012 UPDATE;** The PVDR230 Characteristics of Approved/Provisional Foster Homes report continues to capture only one family statewide with a medically fragile child in their home. The resource directory in the provider module of FACTS has been modified to capture a family's willingness to accept a child with medically fragile needs. However, the enhancement to pull this information into the PVDR230 has not been completed. Regarding families that have been approved to accept children with medically fragile needs: if one conducts a search in FACTS for both contract and non-contract, for medically fragile services, the result is a two screen list comprised of 50 families. **2013 UPDATE:** No changes to the report referenced above. The search of FACTS for both contract and non contract providers, for medically fragile services, still nets a result of 50 homes.

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	FY2012	FY2013 As of 3/2013
Provider Request	465	425	431	408	203
Adoption	34	58	37	56	26
Family Circumstances	36	45	57	38	20
Approval/Licensure Permit Issue	100	125	110	105	63
TOTAL ALL REASONS	645	653	635	607	312

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. For **fiscal year 2011** the total number of homes that closed is ten (1.6%) less than the total for the baseline year of 2009, but is 18 less than the year before (2.8%). The number of homes that closed in 2010 actually saw an increase over 2009 figures. For **fiscal year 2012** we saw another decrease in the total number of home that close. The baseline of homes closed for reason of provider request in 2009 was 465. For 2012 the total is 408 a decrease of 57 (12.25%). It is unclear if the reason for this is better data entry, since we have also had an increase in the number of homes that close for the reason of adoption. However, we have also seen a decrease in the number of cases reviewed by the conflict resolution team, so we suspect relationships between the department and the providers is improving.

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. On May 29, 2012, a request was sent to the applicable staff with FACTS about how to best obtain the names and addresses of those families whose homes close. **2013 update:** The request referred to in last year's update was not located on the log. Program staff have spoken to staff in the Office of Data Analysis and we will work on a query and then develop plans for conducting a survey.

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, and annually, thereafter, county offices were instructed to develop plans for general recruitment/media campaigns to be implemented during the month of February. FACTS/BOE has no report that provides data on any number of inquiries that may have resulted from this campaign. The PVDR295A, Count of Foster Care Providers by Provider 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 outcomes of the annual recruitment campaign was designed, Counties were asked to manually report the general recruitment efforts. We continue to assess ways to thoroughly capture our efforts toward recruitment and retention. Alabama's SACWIS System (FACTS) generates reports from 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; however we have greater confidence in the PVDR230 report than before. We have felt like the numbers were inflated but were uncertain of the source of the inflated numbers. However, we recently learned that when the Office of Resource Management enters a TFC provider in the system, they also license the same home for traditional foster care. This facilitates step down of children from TFC to traditional foster care without having to move the child. However, this does result in duplication in some of the numbers. The total number of approved and provisionally approved homes for FY 2012 and thus far in FY 2013 is reflected on the chart below. The most significant change noted is the decrease in the number of related foster family homes since FY 2011. There has been a decrease in 79 related foster family homes since that time. This may coincide with the passage of Kinship-Guardianship laws and assistance payment program for these families. The KIN002 report shows the number of providers current receiving kinship guardianship payments. The report began running with data from 2/1/2011. Since that time a total of 32 providers are now receiving kinship-guardianship payments.

TYPE	FY 2009	FY 2010	FY 2011	FY 2012	FY 2013 As of 4/30/2013	FY 2014
Boarding	2562 / 79	2,535/90	2,573/76	2,549/44	2529/44	
Related	216 / 8	174/21	171/17	94/3	92/8	
Free	17 / 1	13/0	16/1	10/0	11/0	
Therapeutic	1015 / 11	925/0	833/3	856/0	858/2	
TOTAL	*3810 / 99	3,647/90	3,593/97	3,509/47	3490/54	

*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. The training for these policies and procedures was conducted on 9/14/2012. There were some technical issues with sound in the remote transmission sites. The Office of Child Welfare Policy collected questions from participants following the training and answers to the same are posted in our on-line documents system. Additionally, a power point of the training content is under development and will be loaded on to LETS for staff to watch.

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.

Step 4.4, Implementation of Foster Parent mentoring program was renegotiated and included in Q-11 of the PIP. The training curriculum for mentors was completed in May 2012. Confirmation of pilot counties and implementation of the program will occur prior to June 30, 2012. Step 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. Progress will be reported on this step in the next annual update of the CFSP/APSR. Four counties were identified to participate in the pilot of the Foster Parent Mentoring Program. These counties included: Marshall, Morgan, Tuscaloosa and the Bessemer Regional Office of the Jefferson County DHR. By the end of June 2012 each of the four pilot counties identified mentors and by the end of September the mentor training curriculum was complete. These mentors along with resource, supervisory and management staff from these counties participated in training for the mentors in October 2012. Following this training, as each of the four counties completed their next GPS class, they began the four monthly mentor meetings with newly graduated foster parents. A cursory review of assessments and feedback forms indicates that one county was extremely successful, one was mostly successful (with a few issues) and one county struggled. A meeting will be held prior to the end of June with the staff and mentors from these three pilot to discuss the feedback in more detail and to address the need for revising the program. At the time of the mentor training in October, one pilot county (Bessemer) reported they were not scheduled to begin their next GPS class until January 2013. We learned shortly after January 2013 that there were organizational changes at this regional office and the resource supervisor and one of the resource workers were no longer in place. We engaged with the management and administration of this regional office to decide how to move forward. In May 2013 a conference call was held with the assistant director of child welfare for Jefferson County and the Bessemer region as well as the resource supervisor and the program manager for child welfare. The purpose of the call was to discuss their interest in offering the mentor training to the entire county. All were in agreement that Jefferson wants to participate. During this call there was some discussion about possible changes in this pilot as a result of the feedback already received from the three initial pilots.

Item 45. Process in place for effective use of cross jurisdictional resources

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. **2012 Update:** This reporting period, the Department has issued new or revised policies on Adoption Subsidy; Out-of-Home-Care Policies and Procedures revision requiring credit reports on children age sixteen and older; a revision to Minimum Standards for Foster Family Homes; new policy for Foster Family Home/Adoptive Resource Approval Policies and Procedures, and a revision to Child Protective Services Policies and Procedures. **2013 Update:** During this reporting period, policy has been revised in Out-of-Home Care Policies and Procedures: (1) clarifying SSI and Medically Fragile payments;(2) educational stability; (3) new code allowing the Department to give permission for medical care; and (4) revisions were made were to the conflict resolution policy. Policy has not yet been completed regarding Alabama's practices and procedures around Psychotropic Medications. There have been significant discussions within Family Services and with the Resource Management Division of SDHR. As noted elsewhere, a pilot has been designed and we will have the four counties trained and ready to begin the monitoring/notification process by September 1, 2013. This pilot will no doubt inform policy, and while the county work has not been initiated, there is a plan being assessed by the Commissioner at this time. Our concern is that, without the data and demonstration to guide decision-making around policy based on outcomes in the pilot counties, we could be premature or mis-directed by creating new policy. We are committed to serving this population of children, and have already, as seen below, gathered data that has identified where our efforts will begin. A revision was made to the Adoption Policy and Out-of-Home Care Policy regarding the continuation of Title IV-E payments for foster care, adoption subsidy and kinship guardianship for children age 18 up to 21 years of age. Legislation passed during the 2013 session requiring the Department to file for termination of parental rights at 12 months instead of 15 months. Policy is being revised in Out-of-Home policy and Adoption Policy to reflect the new legislation.

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. **2012 Update:** The Department continues to struggle with updates to the APA for Family Services. Legal Office points out that attorneys seeking to bring lawsuits against the Department use the APA to do so but have found that the APA and the current policy is not in sync. In this reporting period, a revision was finalized for Minimum Standards for Foster Family Homes. The APA for Adoption Subsidy Policy is about three-fourths complete and work is continuing on the Out-of-Home Care APA. This goal is a formidable goal and will require staff whose time is dedicated to this project. **2013 Update:** Minimum Standards APA was submitted but repealed. This is ongoing and goals will continue for APA completion.

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. **2012 Update:** This goal will be dropped because the Department is no longer working under the Conceptual Framework for developing policies.

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. **2012 Update:** The policies of approving foster family homes and adoptive homes was collapsed into one policy titled "Foster Family Home/Adoptive Resources Approval Policies and Procedures" and released in March 2012. The policies had already been trained in September 2011. A PowerPoint training piece is in the process of being added to the Department's electronic training system to allow resource workers to view. **2013 Update:** The power point training piece was completed and added to the electronic training system. A revision was also made to the Minimum Standards regarding marital status.

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 (CAP) is under consideration and until a decision is made on whether this will be implemented statewide, policy for ongoing protective services is on hold. **2012 Update:** In this reporting period, the decision was made that the CAP program would not go statewide as the grant for this was not renewed. Policy is needed for ongoing child protective services and the goal is continued. **2013 Update:** In this reporting period, the status will be determined if policy revision is needed.

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. **2012 Update:** Several revisions have been made to the Child Protective Services Policies and Procedures during this reporting period: (1) defining a school employee; incorporates recent legislation that consent cannot be given when the sex act occurs between a student and a teacher; extends age to "under 19" for student to give consent for a sex act between student and school employee; and adds policy for adjudicated juvenile sex offenders; (2) establish a protocol for suspension of CA/N Referrals in FACTS; (3) revision of Administrative Record Reviews. **2013 Update:** Revisions have been made to the Child Protective Services Policy during this reporting period: (1) after hours on call procedures (2) CA/N reports involving other states (3) confidentiality. CA/N Assessment policy is being looked at for revision. Legislation passed during the 2013 session regarding mandatory reporters to include physical therapist and employees defined in the public and private post-secondary education. Policy will be revised to reflect this legislation.

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. **2012 Update:** Because there appears to be a need on the part of counties for broad based policy on financial procedures, this goal is carried forward. **2013 Update:** These goals will be carried forward.

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. **Update 2012:** This is carried forward. **2013 Update:** The objective will continue and be carried forward.

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. **Update 2012:** This is carried forward. **2013 Update:** A revision was made to the Individualized Service Plan Policy – Guardian-ad-litem are invited to the ISP meetings.

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. **Update 2012:** This is ongoing. **2013 Update:** FACTS updates continue to be made in the policies released and revised during this reporting period.

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. **Update 2012:** We are able to review policies that are sections of larger policies and update the section. **2013 Update:** Policies are reviewed as needed. The objective continues.

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. Changes have been made in FACTS to determine IV-E eligibility for children ages 18 up to 21. 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. A memorandum was sent to all counties and child-placing agencies in July 2011 and the required compliance statements was submitted to OCWE by September 30, 2011 stating that the homes and agencies were reviewed.
- 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.

FINDINGS OF LAST IV-E REVIEW – August 13-17, 2012

During August 13-17, 2012, the Administration for Children and Families (ACF) staff from the Central and Regional Offices, Consultant Reviewers and State of Alabama staff conducted a primary review of Alabama's Title IV-E Foster Care Program. The purposes of the Title IV-E Foster Care Primary Review were to determine if Alabama was in compliance with the child and provider eligibility requirements as outlined in 45 CFR 1356.71 and Section 472 of the Social Security Act and to validate the basis of Alabama's financial claims to ensure that appropriate payments were made on behalf of eligible children and to eligible homes and institutions. The Alabama Title IV-E Foster Care Primary Review encompassed a sample of all the Title IV-E foster care cases that received a foster care maintenance payment during the period of October 1, 2011 to March 31, 2012. A computerized statistical sample of 100 cases (80 cases plus 20 oversample cases) was drawn from State AFCARS data submission using a probability sampling methodology which was transmitted by ACF to the State agency for the period under review (PUR). Eighty (80) of these cases were reviewed by a team comprised of Federal and State staff to determine the Alabama's level of compliance in meeting the Federal eligibility requirements. Each child's case file was reviewed for the determination of Title IV-E eligibility, and the provider's file was reviewed to ensure that the foster home or child care institution in which the child was placed was licensed or approved for the period of the review. The review team determined that 76 of the 80 cases met eligibility requirements for the PUR. Four (4) cases were found to be in error and two (2) non-error cases were ineligible for Federal funding for a period for which payments were claimed. The Children's Bureau determined that Alabama Department of Human

Resources was in substantial compliance with Federal eligibility requirements for the PUR. The Bureau noted areas listed below in need of improvement:

Issue #1 - Initial Determinations Regarding Aid to Families with Dependent (AFDC)

Two of the error cases were found to not have the required initial determinations for AFDC. Training will be held in May 2013 with specialists utilizing the new version of the Title IV-E Foster Care Eligibility On-Site Review Instrument and Instructions developed in December 2012. We will also incorporate in the training examples of AFDC living with and removal from that we will discuss with our ACF Regional counterpart. A turnaround document is in the process of being completed in FACTS that will summarize the points of eligibility for IV-E. The State is now utilizing income and eligibility verification as well as information imported in FACTS by county staff.

Issue #2 – Judicial Finding of Contrary to the Welfare

One case was found in error because the required Contrary to the Welfare finding was not made in first court order regarding the removal. We will continue to work closely with Administrative Office of Courts to train the judiciary and other court officials. Administrative Office of Courts has conducted or will conduct the following trainings that encompass judicial requirements. On September 12, 2012 training entitled “Juvenile Court Judges Seminar” was completed. A conference was held January 24-25, 2013 entitled “Circuit and District Judges Winter Conference which included the topics regarding the legal requirements for IV-E eligibility. GAL certification was held on April 17, 2013 and will continue in August and November 2013. GAL recertification began April 18, 2013 and continuing throughout 2013 calendar year. Finally, “New Juvenile Court Judges Orientation” was conducted on November 30, 2012 and another orientation was held on January 25, 2013. Eligibility specialists will continue to utilize the list of court hearing module in FACTS to assist in verifying that counties are submitting the first order addressing contrary welfare.

Issue #3 – Voluntary Placement Agreements

One case was in error because the judicial finding of continuation of the placement of the child was not addressed within the 180 days. Enhancements have been made to FACTS to alleviate this issue. The county receives an automatic notice in FACTS when a child has been in care 60 days informing the county that this child is approaching the 180 days and to petition for temporary legal custody if return to home is not appropriate. FACTS also automatically calculate the 180 days. FACTS will automatically start to stamp payments as state if a hearing has not been held timely addressing best interest of a child.

Issue #4 – Court Orders

ACF expressed some concerns regarding written court orders such as court orders were not individualized to child specific circumstances of the case, template orders that included optional language such as “have/have not” or “did/did not” and neither option was selected. Some petitions and court hearings did not list the dates. Removal home on some orders were not clear. We will continue to work with Administrative Office of Courts to train court officials regarding these concerns (see issue 2 above). We also continue to stress these issues with county staff including county directors and district administrative specialists when opportunities emerge such as at conferences and training.

Issue #5 – Eligibility Related to Underpayments

There were 38 cases of eligible periods of underpayments that the State could have claimed title IV-E payment but did not. We have completed these underpayments. Now the turnaround time in determining a child’s eligibility for IV-E is approximately less than one week from the date of submission of a referral from a county office. The state will continue to explore the development and use of an automated claiming system in FACTS.

Issue #6 – Information Systems and Fiscal Processes

We will continue to explore ways to alleviate these problems within the Department.

Issue #7 – Safety of Children in Residential Facilities

We are still discussing these concerns and resolutions. The Bureau noted positive practices and processes of the title IV-E foster care eligibility program such as the improvements in the area of timely and frequent judicial reviews to obtain permanency for children in care and the process that we have in place to regularly monitor residential facilities for compliance with staff criminal history and safety requirements. The next IV-E Foster Care Primary Review will be held in 2015.

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 FY2012, 549 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 FY2012, 503 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 2012, 123 social workers 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 and/or (relevant) Annual Progress and Services Reports for FY's 2010 – 2012, for signed copies of required Assurances.

IX. FINANCIAL REPORT

CFS 101

2013 APSR Finance:

Cover letter from Commissioner Buckner – 2014 Annual Budget Requests

See APSR Posting Attachment Document, page 1

See APSR Posting Attachment Document, pages 60-65 for FY 2014 Estimates/Requests and pages noted below for 2013.

- **CFS 101, Part I**
- **CFS 101, Part II**
- **CFS 101, Part III**

See APSR Posting Attachment Document, pages 9-11

- **Payment Limitation Information / CFS-101 application for funds**
- **Grant Spending**

See APSR Posting Attachment Document, page 12

- **Family Options/Preservation Expenditures**

See APSR Posting Attachment Document, page 13

NOTE: The Alabama Department of Human Resources submits the electronic SF-425, Financial Status Report for the IV-B programs, CAPTA, CFCIP and ETV through the ACF Online Data Collection (OLDC) system.

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. Through community partnerships, services and benefits are provided to assist the recipients to find solutions to the barriers; with a focus on self-sufficiency.

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 21,015 families receiving this assistance representing about 36,625 children and 13,799 adults. Adult 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 **Family Assistance and Child Support Divisions** of DHR and 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.

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. 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. Services are provided through 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. During FY2012, 3,633 referrals were made to the SAIL Project. Referrals came from every DHR program with most coming from FA eligibility workers as a result of a domestic violence screening tool. Approximately \$142,993 was spent assisting families with relocation expenses including rent and utility assistance, repairs to cars damaged by the abuser, and replacement documents such as birth certificates and Social Security cards. For more information, contact Carol Gundlach, Executive Director, at (334) 832-4842.

Job Access and Reverse Commute (JARC) - The JARC Program was created by the federal government as a discretionary grant funding stream called Job Access and Reverse Commute or JARC to address issues of transportation for low-income people seeking to obtain and maintain employment. The JARC funding required a 50/50 match and TANF is an allowable match source. The Family Assistance Division funds JARC projects through the Alabama Department of Transportation.

Teen Pregnancy Prevention Projects – TANF funds are provided through an RFP process to the Alabama Campaign to Prevent Teen Pregnancy (ACPTP); their mission statement is "to lead Alabama on adolescent reproductive health and teen pregnancy prevention with an emphasis on positive youth development." ACPTP assists other groups working on this issue by providing technical assistance and training statewide. TANF funds are also provided to the Alabama Department of Public Health to provide access to birth control for low-income women.

APPENDIX 2

2013 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. Felicia Brooks, SDHR Legal
5. Beth Dykes, SDHR Finance
6. Melody Griffin, Field Administration
7. Elizabeth King, Resource Management Division
8. Brian Kolander, SDHR Finance
9. Nancy Schlich, SDHR Finance
10. Susan Ward, Resource Management Division
11. Debby Wood, Family Assistance Division

State Department of Human Resources – Family Services Division

12. Paul Butler, Director, Family Services Division (FSD)
13. Freida Baker, Deputy Director, FSD
14. John James, Deputy Director, FSD
15. Tonya Allen, Program Specialist – Office of Child Welfare Consultation (OCWC)
16. Sue Ash, Program Manager – Office of Child Protective Services
17. Connie Byrne, Program Supervisor - OCWC
18. Kanoschu Campbell, Program Supervisor – Office of Permanency
19. Deborah Carter, Program Supervisor – Office of Financial Resource Management
20. Linda Cassity, Program Supervisor - FACTS
21. Vicki Cooper-Robinson, Program Supervisor – Office of Permanency
22. Valencia Curry, Program Specialist - OCWC
23. Jeanette Davis, Program Supervisor – Office of Child Welfare Eligibility
24. Larry Dean, Program Manager – CFSR Coordinator
25. Lisa Diaz, Program Supervisor – Office of **QA**
26. Veronica Elder, OCWT
27. Brian Etheredge, Office of Permanency
28. Tracie Faison, Program Specialist – Office of Permanency
29. Jeff Fowler, Program Specialist – Office of QA
30. Paula Freeman, OCWT
31. Tammy Fuller, Office of Permanency (ILP)
32. Renee Garrett, Program Specialist – OCWT
33. Debbie Green, Program Specialist – Office of Policy
34. Leslie Henderson, Program Specialist - OCWC
35. Mason Hobbie, Program Specialist – Office of QA
36. Madgelyon Johnson, Program Manager – Office of Child Welfare Eligibility
37. Deborah Langham, Program Manager - FACTS
38. Cassandra Lee, Program Specialist - OCWC
39. Kem Leonard-Jamar, Program Specialist – OCWT
40. Jennifer Lindsay, Program Specialist – Office of QA
41. Mike Lucas, OCWT
42. Melanie Manzella, Program Specialist – Office of Permanency
43. Phyllis Matthews, Program Manager – Office of Interstate Compact on Placement of Children
44. Alice May, Program Manager – Office of Financial Resource Management
45. Cris Moody, Program Manager - OCWT
46. Cindy Perry, Program Supervisor – OCWC
47. Gloria Perry, Program Specialist - OCWT
48. Pete Reese, Office of Policy
49. Connie Rogers, Program Supervisor – Office of Permanency
50. Beth Schaffer, Program Supervisor - OCWC
51. Hope Skelton, Program Manager - Office of QA
52. Andrea Smith, Program Specialist – Office of QA
53. Medridget Smith, Program Specialist - OCWT
54. Donna Spear, Program Supervisor – OCWT
55. Lori Wade, Program Specialist – Office of QA
56. Cathy Walker, Program Specialist - OCWC
57. Sandra Ward, Program Specialist – OCWC

- 58. Mark Williams, Program Specialist - OCWC
- 59. Faye Wilson, Program Supervisor – Office of Permanency
- 60. Janet Winningham, Program – Office of Data Analysis

State Quality Assurance Committee

- 61. Sue Adams, Retired, State Department of Education
- 62. Kelley Parris-Barnes, Director, Department of Child Abuse Prevention
- 63. Gloria Boyd, Alabama Department of Public Health / CHIP
- 64. Johnna Breland, Foster/Adoptive Parent
- 65. Powell Brewton, Houston County QA Committee
- 66. Richard Burleson, Director, Alabama Child Death Review System / Alabama Department of Public Health
- 67. Angie Burke, School of Social Work – Auburn University
- 68. Debra Finley, Program Director - Alabama Post Adoption Connections
- 69. Gina Harris, Jefferson County QA Committee
- 70. Buddy Hooper, President – Alabama Foster and Adoptive Parent Association and Adoptive Parent
- 71. Monica Grammer, Children’s Rehab Services
- 72. Steve LaFreniere, Department of Mental Health/Mental Retardation – Children’s Services
- 73. Melissa McNeil, Alabama Coalition Against Domestic Violence – Chair, State QA Committee
- 74. Honorable Alice Martin, Calhoun County District Judge
- 75. Christy Mehaffey, Children’s First Foundation
- 76. Andrea Mixon , Alabama Disabilities Advocacy Program (ADAP)
- 77. Gina South, Director of Operations – Alabama Network of Child Advocacy Centers, Inc.
- 78. Betsy Prince, Director of Early Intervention Services – Alabama Department of Rehabilitation Services
- 79. Helen Rivas, Alabama/Guatemala Partners of Americas
- 80. Mollie Rowe, QA Coordinator – Greene County DHR
- 81. Misty Samya, West Alabama Mental Health
- 82. Mary Smith – Foster Parent
- 83. Sarah Ellen Thompson, Director – Alabama Family Ties
- 84. James Tucker, (ADAP)
- 85. Gayle Watts. Executive Director Children’s Aid Society
- 86. Charlotte Webb, QA Coordinator – Marengo County DHR

Other External Stakeholders

- 87. Martha Gookin, Family Services Director, Poarch Band of Creek Indians
- 88. Michealine Deese, Child/Family Welfare Coordinator Poarch Band of Creek Indians
- 89. Bob Maddox, Legal Advisor, Family Court Division – AOC

Alabama CWCI Team (See Appendix 12)

Casey Family Programs (Permanency Roundtables)

Surveys (results are selectively incorporated into the body of the report)

- County QA Committee (approximate # of counties represented / # of surveys): 37/112
- Alabama Post Adoption Connections (APAC) Surveys See pages 52 & following

DHR Staff and Foster Parents from the Following Counties Participated in the Foster Parent Mentor Pilot

- Marshall County: 1 staff and 5 foster parents
- Morgan County: 3 staff and 4 foster parents
- Tuscaloosa County: 3 staff and 2 foster parents
- Jefferson (Bessemer): 3 staff and 1 foster parent (training participation only)

See also Appendix 4 Regarding Youth Involvement

* 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 (related to carry over activities) or other purpose; 4.) involvement in one or more meetings and/or activities related to the PIP Action Steps (related to carry over activities) and/or PIP measurements. Involvement in one or more activities discussed/described in the APSR (e.g. permanency roundtable process, etc 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.

APPENDIX 3

FOCUS REPORTS

In accordance with the Program Instructions for the 2013 APSR, these documents are among those separately attached to the transmittal e-mail.

See separate attachments:

- 1.) **2013 Permanency:** **ReUnification Report March 2013 APSR (Cumulative through 3/31/2013)**
See APSR Posting Attachment Document, pages 14-15

- 2.) **2013 Intensive In-Home Services:** **Intensive In-home Services Monthly Report APSR (Cumulative through 4/30/2013)**
See APSR Posting Attachment Document, pages 15-16

- 3.) **2013 Continuum Report:** **Continuum report 2013 (Cumulative through April 2013)**
See APSR Posting Attachment Document, pages 16-17

APPENDIX 4

**CHAFEE FOSTER CARE
INDEPENDENCE PROGRAM
Program Report and Data Collection
FY 2013**

**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 2 Specialists 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 has been strengthened in that 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, recently renamed Foster Care to Success. 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 second program specialist has been added to the IL Program. With two program specialists, the Program's capacity to provide training to line staff, youth and foster parents has significantly improved. A regional training model was employed and all regions of the state have had the opportunity to participate in the Regional training. Although additional staff would enable the Program to provide more individualized supports to youth in the counties and increase the level of consultation training and capacity, the consultants have been able to offer targeted consultation to their assigned counties, provide training upon request and begin to conduct site visits beginning June 2013. 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. Our TL and IL providers participated in our annual ILP Networking Conference in January 2013. Providers and staff were able to share information to improve communication and services. Site visits to all of our TL/ILP providers began June, 2013 as a continuing effort to assess and improve services to our young people. We will use the information gathered to enhance services in the next Request for Proposal cycle in Spring 2014.

See information on the Resource Management Division and Offices within that Division. The Office of Permanency previously explored with the Resource Management Division 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. This is still a project we want to explore, but have not formally researched or written the RFP as of this date. The Office of Permanency will continue working closely with the Adoption Program Supervisors and agency partners to develop plans to launch an advertising campaign and other recruitment tools to recruit foster and adoptive homes for older youth.

In an effort to continue to improve and support permanency in the youth age 14 to 21, the youth were trained on developing Permanent Connections at the Fall 2012 Youth Camps. Work on bringing Youth Centered Roundtables to the State started in Fall 2012 with Casey Family Programs. ILP staff were trained on the permanency model at the ILP conference held in January 2013. The two Youth Consultants will lead in this process and have participated in a Train the Trainer model to support this effort. The Office of Permanency, ILP Staff and the ILP Coordinators for the four largest counties will also participate in the Train the Trainer model in Winter 2013.

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 identified the strengths, needs, and 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 will sign Senior Certificates for our graduating high school seniors. 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. The Office of Permanency is working with Job Corps to strengthen our partnership and provide educational opportunities for our youth.

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. The mentor model has not been explored this year as we have had very little success with this initiative. The Program has instead shifted to a combination of services and service models which will improve permanency outcomes and foster long-term success. The model currently being employed involves empowering youth to identify, enhance and improve relationships; their permanent connections through the Roundtable process; the coming Youth Centered Roundtables; and relationship training provided by the Alabama Department of Public Health. The "Orange Duffel Bag" Initiative, in partnership with the Alabama Department of Youth Services and the Boys and Girls Clubs of America is a mentoring project through which we will partner to serve those young people who are involved with both the Department of Human Resources and the Department of Youth Services. That initiative will match participants with educational/ life coaches, and has seen steady, positive outcomes in other sites.

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 Resource Management Division 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.

A primary focus of the Independent Living Program has been to enhance the leadership and self-advocacy abilities of our young people. The DREAM Council is key to the development of services for our young people. The Council has been instrumental in advocating for safe and stable foster homes; improved services while in transitional and independent living programs; and how to enhance the youths' ability to succeed in post-secondary education settings and post foster care. To that end, over the last 12 months we have met and enhanced our partnership with our foster parents through the Alabama Foster and Adoptive Parent Association; our residential providers; Casey Family Programs; Job Corps; the Alabama Department of Public Health; and Alabama REACH, and we have expanded the services provided by the National Social Work Enrichment Program. As noted above, The Independent Living Program is currently developing a process with the Department of Youth Services and the "Orange Duffel Bag" Initiative to improve our outcomes with regard to our young people who are involved with both child welfare and Juvenile Justice. The Pilot project with that organization is set to begin Fall 2013. The "Orange Duffel Bag" Initiative provides 12 weeks of life coaching and lifetime mentors for young people who are, again, involved with the Department of Human Resources and Alabama's Department of Youth Services.

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) now known as **Foster Care to Success** 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. For further ETV information, see **Annual Reporting of State Education and Training Vouchers Awarded (Al 11-12 001.pdf)**, and **Alabama ETV Annual Report for Academic Year 2011 – 2012: “AL Final Report Part 1.pdf” and “AL Final Report Part 2.pdf. (on the APSR Posting Attachment Document, pages 21-49).**

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.

Foster Care to Success 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
- Foster Care to Success has post-program information regarding the student's status and contact information regarding employment stability.
- The percentage of participant students pursuing graduate studies

While we have received helpful information through NYTD and anecdotal reports, Alabama has not formally established a baseline against which to measure future progress using the indicators above. This will be explored and strengthened over the next year.

Services To Be Provided:

Foster Care to Success will provide all administrative services to implement the Alabama Education Training Voucher Program (AL ETV). In this capacity, Foster Care to Success 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.

Foster Care to Success 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. Foster Care to Success 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:

Foster Care to Success 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 Foster Care to Success 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 Foster Care to Success' 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.

An important service available now to young people in foster care who attend the University of Alabama is "REACH". The program exists in other states and has accomplished excellent outcomes relative to youngsters in foster care from across the country who attend a REACH university. Alabama will assess the utilization and successful outcomes to, in partnership with REACH, determine if other campuses across the state could become REACH colleges/universities. This is a threefold program, named in respect to REACH Back (future students) REACH Up (current students) and REACH Out (community members), bridging high school to post-secondary to community. REACH serves as a resource hub to help students access the needed services on campus as well as cultivate meaningful relationships off campus. REACH's programmatic goal is to graduate individuals who will be successful personally and professionally. The mission of Alabama REACH is to empower current & former foster youth, orphans, emancipated minors, wards of the State, and homeless youth in a supportive environment that allows students the freedom to pursue higher education and successfully matriculate and graduate from college.

Youth Involvement:

Youth Development is the most integral part of the success of the Independent Living Program. It is our goal that our youth are sufficiently trained and prepared to deliver the message that all children in foster care want, need and deserve all the best the Child Welfare system can offer them with regard to permanency options, education, health care services and placement stability. 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 being designed 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. The State has hired two Youth Consultants who are Foster Care Alumni through a contract with Children's Aid Society. These young people act as liaisons to the youth in foster care. 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. Eighteen youth identified as DREAM Council Leaders participated in a three-day DREAM Council Leadership Training in July 2012. These young people have received additional trainings in goal setting, public speaking, developing agendas, engaging speakers and community leaders to join in partnership to improve services and outcomes to all youth in foster care. The DREAM Council Leaders have conducted monthly meeting in Montgomery, Madison, Dallas, Jefferson and Cullman counties. They have participated on Foster Care panels and presented to the statewide County Director's Association meetings. These young people have set a goal to provide 300 hours of community service and increase involvement in the DREAM Council with a goal of recruiting 300 members by the end of 2014. These young people assisted in the development of the NYTD brochure which is used as a training aid as they travel across the state.

Report on the specific accomplishment achieved to-date in FY 2013 (and planned) 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%	FY2012 (as of 5/31/12) - @ 18.6%*
	FY2013 (as of 5/31/2013)-18.8%

FY2009 – No reliable data due to conversion to FACTS * Excludes children placed in own home, relative home or court ordered non-relative homes.

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:

See chart below. The program’s goal is to help students attend, succeed, and graduate from post-secondary ready to enter the workforce (Source Foster Care to Success). Alabama had 166 high school graduates from foster care in 2011.

3. Help youth prepare for and enter post-secondary training and educational institutions:

ETV Statistical Information (See APSR Posting Attachment Document, page 20)			
Awarded	Total ETV's	Returning Students	Number of New Students
Final Number: 2010-2011 School Year (July 1, 2010 to June 30, 2011)	198		103
2011-2012 School Year* (July 1, 2011 to June 30, 2012)	188	95	93
2012-2013 School Year	185	94	91

NSEP (**National Social Work Enrichment Program**) 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. The program is in its third and has been expanded to include another site. In 2010, ten youth completed the NSEP program and have confirmed that seven of them are currently attending college while in care or after leaving care. Last year 19 graduates and several of those young people are attending college. The NSEP Program expanded to support 25 young people in the Summer of 2012. The program was on two campuses: 13 participated at the University of Alabama and 12 at Alabama State University. Two of the young people were rising juniors in high school, three were working on GEDs and the remaining were rising seniors. We are so gratified to report that all of the seniors successfully completed high school in May,2012. The 2012 NSEP graduates report that they will be pursuing higher education in the fall of 2013 at the two and four year levels. Two of the young men will be joining the Armed Forces. Further, all of the young people pursuing their GEDs received them. The program will begin its fifth year summer 2013 serving a total of 35 youth at the two campuses.

The Alabama ETV is a comprehensive student support system developed to help youth attend and succeed in post-secondary education. The program recognizes that funding to attend school must be coupled with the consistent and specific help and guidance that young people need to navigate the college experience and mature into confident, well-rounded young adults.

Care Packages:

In addition to ETV funding, AL ETV students receive three care packages during the school year, the packages are themed: Fall/Back to School, Valentine’s Day, End of the Year/Exams. Receiving Care Packages not only tells the students they are cared about but it sends a tangible message that the community recognizes them as hard working and deserving college students.

Toolkits

All AL ETV students receive ASP toolkits. These materials are specifically written to help foster youth manage and thrive in independent living specific to college life. Money management for college students includes understanding and managing student loans and grants, time management, health and nutrition, etc. Students leaving foster care may not understand the college culture, so the toolkits were developed to help them navigate in their new world.

4. Provide personal and emotional support to youth aging out of foster care through mentors and the promotion of interactions with dedicated adults: Attending and making academic progress towards completing a degree or certificate is the goal of the AL ETV Program. To help students progress academically, FC2S developed its Academic Success Program (ASP) so vMentors can provide targeted and specific academic and career guidance to students. The tiered program was developed to meet the needs of all students by recognizing that they range from struggling with basics to academically gifted, are incoming freshmen, through graduating seniors. ASP offers students

mentors who provide moral support and consistently focus on the students' academic goals, progress and success. Students receive resources based on their individual profile, parenting, test-taking, time management, career planning, employment readiness, accessing on-campus resources, etc., are some of ASP content areas. By reviewing each students' academic transcript, ASP identifies those who are failing classes or are in remedial classes and works with them throughout the semester to help them develop the skills and means to pass and progress academically.

InternAmerica - 2012 is a career readiness program that invites AL ETV students to apply for a six week intern program in our nation's capital each summer. The program provides transportation, housing and a stipend to ensure that eligible applicants can afford to participate. The program focuses on work-place success and includes a series of professionally-led seminars that help youth prepare for the transition from student to young professional – HR issues, working with colleagues and supervisors, managing workplace expectations, financial decision making, networking, personal empowerment and communications training. Interns also benefit from the vast array of cultural experiences available only in our nation's capital, and perhaps most important, from the chance to build confidence and self-esteem as a cohort of outstanding foster youth. Additionally, ASP mentors work with their students on finding employment and internships using InternAmerica materials and best practices. In the summer of 2012, three AL students are in Washington, DC for InternAmerica. In Summer 2013, two Alabama students are in Washington D. C. to participate in InternAmerica.

Scholarships – In 2011-12 seven Alabama students received a total of \$25,500 in funding.

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 May 31, 2013, there were 1833 young people in foster care aged 14 to 21 years old. That number represents an 8% decrease for the same time period in FY2012. As our foster care numbers have decreased, the number of youth residing in TLP and ILP placements has declined from 78 to 45 young people residing in transitional and independent living placements. Young people whose ages are 18 to 21 receive services to meet their needs and to enhance their ability to successfully leave care. Additional emphasis on establishing permanent connections and safely returning to their biological families, when appropriate, are highlighted during the Permanency Roundtable process. Youth are encouraged to participate in the supportive services provided by Job Corps, Alabama REACH and the National Social Work Enrichment Program. Assistance is provided for intensive services to be provided to our youth at age 21. Madison and Montgomery counties have identified staff to work specifically with those youth at age 20, providing intensive transition services to include monthly contact with the youth to keep them on target with their personal, educational, and even professional goals. The Program is also working with all our community providers and partners to begin permanency and transition services starting at age 14 to improve our youths' potential for successful outcomes.

6. Make available vouchers for education and training, including postsecondary education, to youth who have aged out of foster care: See chart under #3, page 130.

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 two Program Specialists serving 67 counties. With the addition of a new ILP Consultant and two youth consultants, the Office of Permanency has developed an ILP training model and began delivering to ILP and other interested county staff using a regional training approach. Initially, this training was delivered to all 67 counties by October 1, 2012; however there were some postponements. These will be completed by July 31, 2013.

The ILP consultant responsible for delivering the training is conducting training assessments and evaluations to assess current practices and programs provided to older youth served by the site. Written feedback will be provided to the county sites to include recommendations and strategies to improve outcomes through the IL program. Ongoing training throughout the state for staff on Permanency Connections for Older Youth is provided by one of the ILP staff. The ILP Program staff is consulting with the Office of Resource Management to develop a similar training model for the staff and management providing IL and TL services to our youth. The Program will offer group training to our partners and begin conducting site visits in September 2012 to assess current services.

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 we can do as a system 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. In 2012, the Independent Living Program focused on improving worker competence regarding the services to Independent Living Youth, improved tracking and reporting of the service provision, strengthening youth leadership, improving communication and information sharing. Those objectives were accomplished through Regional ILP trainings, a strong collaboration and development of additional services through our contract with Children's Aid Society, a new interactive website, forming new collaborations with Alabama REACH, the National Social Enrichment Program, the Alabama Department of Public Health and Job Corps.

Our work with Children's Aid Society was expanded in 2012. The addition of a second Youth Consultant and expansion of the Independent Living Youth Camps to two camps, one to serve youth 14-16 and a second to serve youth ages 17-20 were held with tremendous success. The youth were able to participate in trainings, receiving information on ETV, developing leadership skills, financial and household management in an outdoor setting. Those camps will continue in 2013. The Program worked more efficiently with county staff with the expansion and continuation of the regional training approach. By the end of FY2013, all 67 counties will have been afforded the opportunity to participate in Independent Living training. The ILConnect website, www.ilconnect.org, weekly and bi-weekly alerts to the counties enable us to provide real time information to all of the county ILP staff.

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 in nearby counties. Members of local committees will be encouraged to also participate in the State Youth Advisory Council. Cultural Diversity will be encouraged and monitored to support the needs of all youth.

The State IL Coordinator and Program Specialist(s) 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 Officers 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. The State IL Coordinator, Program Specialists and Children's Aid Society worked with ILP coordinators representing 16 counties to revamp the current Youth Advisory and DREAM Council Leadership models. 25 youth and foster care alumni will apply and be selected to participate in a Youth Leadership Camp July 31 through August 2, 2012. The Youth Leadership Camp is designed to assist our youth in learning to advocate for themselves, set goals for themselves, and to become the faces and voices representing the IL youth of Alabama. The identified Youth will elect statewide leadership, develop a meeting calendar of events and set goals for the functions of the leadership body with the support of CAS and Office of Permanency staff. Trainings are being developed to support these youth to continue to enhance the capacity of the Youth Speakers Bureau, to keep youth across the State connected to available services regarding education, training and employment opportunities, health care services and to assist them in continually developing the skills to enhance their capacities to be successful, contributing community members.

25 Young people were selected and participated in Leadership training July 31 through August 2, 2012. These DREAM (Dedicated, Responsible, Empowered and Motivated) youth have since committed themselves to increasing the number of young people who participate in the DREAM Council. This dynamic group of young people meets once monthly to share the message of youth empowerment. They assisted the Program with developing the NYTD brochure that is shared with youth during their monthly meetings. They have also committed 300 hours of volunteer community service and have completed three service projects. They will reconvene in July 2013 to receive additional leadership training and will plan and host a conference for 100 youth leaders in July 2014.

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 Department has recently developed an ILP website, (www.ilconnect.org) which provides information on Alabama's Independent Living Program to social workers as well as teens in foster care and those who have exited 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 interests and needs of youth 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. This handbook is being developed currently as part of the new contract with CAS. Plan is to complete and distribute first handbooks by January 1, 2014. As a part of a contract expansion, Children's Aid Society launched ILConnect in June 2012. ILConnect, is a web page and blog portal for ILP staff, providers and youth. This site will provide users with information regarding training opportunities for staff, foster parents, IL and TL provider and most importantly youth across the state. Teens are advised to access the new ILConnect website which has both Twitter and Facebook access. The traffic to the site is being monitored by the provider and traffic to the site has increased monthly since its launch in May 2012. <https://www.facebook.com/ILConnect>.

National Social Work Enrichment Program (NSEP)

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.

In an effort to improve educational outcomes for youth in foster care, the Program has developed and expanded programs related to employment and education success. The National Social Work Enrichment program expanded to two university campuses and served 35 young people during the Summer of 2012. Currently, in June 2013, we are again supporting two programs at the University of Alabama and Alabama State University. Young people from all across the state have arrived on campus and have begun the six-week program designed to give them 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. During this time, youth experience many aspects of college life such as obtaining information on financial aid, Greek organizations, Institutional advancement, workshops on different learning styles as well as recreational activities on campus. The youth also complete a field work experience in a social service agency. Thus far, this has been a very successful experience for these youth.

A partnership has also been developed with Alabama REACH, currently housed at the University of Alabama. The REACH project serves foster care and alumni youth with comprehensive support to enhance their ability not just to remain in college, but to graduate. We will continue that work and work to expand to other colleges and universities.

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 2012 annual statewide “teen conferences” were used to provide workshops and forums on issues facing older youth. This conference was 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’s Aid Society was awarded the contract. They coordinated three one-day youth conferences which were held in the Northern, Central and Southern parts of the state.

Information obtained through surveys conducted with youth and providers was 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. The Office of Permanency conducted two, three day IL Youth Camps in fall 2012. One camp served the youth 14-15 and a second for youth ages 16-21. ILP Consultants provide ILP specific training to foster parents at the State’s Annual Foster Parent Association Conference. Foster parents were advised regarding access to the ILConnect website and are encouraged to share information there.

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 ILP Consultant reviews the following reports: NYTD Baseline (generated on the 1st of each month containing youth who will have a birthday in the next month); NYTD Delta (generated 1 week after the baseline report and every week thereafter containing changes to youth who may not be a part of the baseline or youth who came into care and are now part of the baseline; and NYTD Tracking (generated weekly during the month of the youth's birthday and tracks whether or not the youth submitted the survey). The findings are incorporated into discussions, trainings, and consultations ongoing. In efforts for counties to comply with NYTD timeframes, consultant emphasizes timeliness and accuracy of the surveys, in addition to the value of engaging with youth and maintaining connections once they've exited the system.

Alabama set benchmarks for compliance with our initial NYTD submission. Targeted work in this effort focused on early notification of the baseline youth. There are concerns with our continued accessibility to those youth who exit care and wish to avoid contact with the Agency. We have participated in webinars provided by Children's Bureau and are collaborating with other states to ensure that we employ all methods necessary to maintain connections with our transitioning youth.

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 2014

REPORT DATE: June 30, 2013

APPLICANT: Alabama Department of Human Resources
Family Services Division
Gordon Persons Building
50 North Ripley Street
Montgomery, AL 36130

GRANT PERIOD: October 1, 2013 through September 30, 2014

FUNDING AMOUNT: Federal Funds Requested Per Year \$ 1,749,078 See Below
State Match \$ 437,270 See Below

FUNDING SOURCE: Administration for Children, Youth and Families
Mandatory Grants
370 L'Enfant Promenade, SW
4th Floor East
Washington, D.C. 20447

CONTACT PERSON: Kanoschu Campbell, Program Supervisor
Independent Living Program
Office of Permanency
Family Services Division
State Department of Human Resources
50 Ripley Street
Montgomery, AL 36130
(334) 242-9500

See APSR Posting Attachment Document, pages 18-19

EDUCATION TRAINING VOUCHER APPLICATION FY 2014

REPORT DATE: June 30, 2013

APPLICANT: Alabama Department of Human Resources
Family Services Division
Gordon Persons Building
50 North Ripley Street
Montgomery, AL 36130

GRANT PERIOD: October 1, 2013 through September 30, 2014

FUNDING AMOUNT:

Federal Funds Requested Per Year	\$ 583,215	See Below
State Match	\$ 145,804	See Below

FUNDING SOURCE: Administration for Children, Youth and Families
Mandatory Grants
370 L'Enfant Promenade, SW
4th Floor East
Washington, D.C. 20447

CONTACT PERSON: Kanoschu Campbell, Program Supervisor
Independent Living Program
Office of Permanency
Family Services Division
State Department of Human Resources
50 Ripley Street
Montgomery, AL 36130
(334) 242-9500

See APSR Posting Attachment Document, pages 18-19

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 4/1/13.

AGE	
14	263
15	294
16	320
17	363
18	302
19	182
20	103
21	8
Total	1835
GENDER	
Male	928
Female	907
RACE/ETHNICITY	
White	834
Black	918
American Indian	4
Asian	4
Pacific Islander	1
Hispanic	60
Unknown	14
LIVING ARRANGEMENTS	
Related Home	90
Foster Family Boarding Home	349
Adoptive Home	9
Foster Family Related Home	16
Group Home	283
Shelter	9
Child Care Institution	336
Own Home	29
DYS Operated or Licensed Facility	11
MH Operated or Licensed Facility	47
Respite	51
Nursing Home	9
Runaway Status	5
Out of State Residential Treatment Center	5
Hospital	10
Visiting Resource	3
Independent Living	57
Therapeutic Foster Home	281
Unrelated Home (Court Ordered)	3
Psychiatric Hospital	26
Transitional Living	36
Other	21
SPECIAL NEEDS	
Mental Retardation	118
Diagnosed Emotionally Disturbed	363

Physically Handicapped	16
Behavioral Disorder	0
Visually/Hearing Impaired	14
Other Diagnosed Conditions	53
ADMISSION REASON	
Alleged Abuse	241
Alleged Neglect	348
Adoption Disruption	0
Relinquishment	375
Alleged Sexual Abuse	145
Alleged Emotional Abuse	47
Parent/Caretaker/Child Alcohol Abuse	144
Parent/Caretaker/Child Drug Abuse	237
Child's Disability	36
Child Behavior Problem	429
Death of Parent/CT	26
Incarceration of Parent/CT	84
Parent/Caretaker Cannot Cope	144
Abandonment	104
Inadequate Housing	105
Safe Haven	0
Other	116
CUSTODY STATUS	
Temporary – County	1,399
Permanent – State	365
Agreement for Foster Care	28
Summary Removal	38
Department Youth Services	1
Total	1835
* 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 a percentage of the 2057 youth served and is a result of the counties who completed the questionnaire. Please note that the breakdowns given may not be consistent with the total. .

PARENTAL STATUS	
Without Child	1730
With Child	105
Pregnant	12
Father of Unborn	3
MARITAL STATUS	
Single	1835
Married	0
DURATION OF FOSTER CARE *	
Less than 6 months	240
6 months to 1 year	218
1 year to 3 years	538
3 years to 5 years	288
5 years to 10 years	373
More than 10 years	178
EDUCATIONAL STATUS	
Middle School	271
In HS/GED	739
Finished HS/GED	128
In Vocational Training	17
In College	85
SPECIAL NEEDS	
Yes	592
No	0
EMPLOYED	
Total Number Unemployed	1137
Total Number Employed	75
Part Time	55
Full Time	20
PARTICIPATION IN ILP SKILLS	
Budgeting	568
Securing Housing	201
Maintaining Housing	188
Roommate Selection	33
Other Homelessness Issues	292
Nutrition	460
Career Planning	353
Job Seeking	348
Job Retention	267
Training Collaboration	153
First Aid and Safety	230
Sexuality	192
Prenatal Care	200
Child Development	204

Discipline	162
ILP Teen Conference	81
Regional Workshop	156
ILP Teen Group	351
ILP Teen Advisory Board	143
Educational Attainment	493
High Risk	451
DISCHARGES	
Total Discharges	285

DEMOGRAPHIC INFORMATION ON RESULTS OF PROGRAM

The following information is based on January 2012 through December 2012 responses received after discharge. The information is provided through the mail by youth and social workers after youth are discharged. Twelve summaries were completed.

AGE AT DISCHARGE	
14	2
15	0
16	1
17	1
18	3
19	1
20	1
21	3
Total Responses	12
EDUCATIONAL ACCOMPLISHMENTS AT DISCHARGE	
High School Drop Out with no GED	1
High School Graduate	3
Attending High School	7
Some College	1
Vocational/Technical School Completed	0
Other	0
JOB STATUS AT DISCHARGE	
No job	11
Part Time Job (32 hours or less)	1
Full Time Job	0
ANTICIPATED AFTERCARE SERVICES	
Mentoring	0
Crisis Counseling	1
Information & Referral	3
Employment Counseling	0
Housing	0
Aftercare Stipend	3
Transportation to College	0
ILP Teen Group	0
Education/Training	0
None	8

APPENDIX 5

OTHER PROGRAM TRAINING

Other Program Training*

Office of Permanency

- ILP Youth Camps occurred in September 2012 (14-15 year olds) and October 2012 (16-20 year olds).
- ILP Network Meeting - November 2011 and scheduled for January 2013.
- Ongoing training throughout the state for staff on Permanency Connections for Older Youth
- Ongoing Heart Gallery Exhibits throughout the state.
- State ILP Youth Advisory Council (Dream Council) Meetings.
- Local ILP Youth Advisory Committee Meetings.
- Permanency Roundtables Values and Skills Training occurred in Montgomery in August 2012 and throughout regions of the state (based on permanency roundtable expansion plans) from September 2012 – February 2013.
- 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.
- AFAPA Mini-Conferences (DHR staff are invited)
- AFAPA Regional Meeting @ Tuscaloosa County DHR 1/26/2013 – Program Supervisor did two-hour presentation on Communications Skills
- Wendy's Wonderful Kids Summit sponsored by Dave Thomas Foundation for Adoption – Columbus, Oh (two WWK recruiters attended) May 13-15, 2013
- Through contract with APAC
 - National Adoption Month Mini-Conferences
 - Mobile, November 7 – Topics:
 - Effective Behavior Management Techniques for Children with Special Needs
 - Effects of Domestic Violence on Children
 - Understanding the Link between Early Childhood Trauma and Brain Development
 - Montgomery November 9 – Topics:
 - Special Education Advocacy
 - Cyber Safety
 - Adoption Triad Panel
 - Webinar/ December 18, 2012 – “Sibling Rivalry”
 - Webinar/ January 15, 2013 – “Voice of the Adopted Child”
 - Webinar/ February 19, 2013 – “Sleep Difficulties and Adopted Kids”
 - Greg Keck, March 13 (Montgomery) and March 14 (Birmingham), “Working with Adopted Adolescents”
 - Webinar/ April 23, 2013 – “Lying, Cheating & Stealing”
 - Adoption Program Managers Meeting – (Washington, D.C.) October 9-12, 2012. Attended by Deputy Director and Program Supervisor from Office of Permanency.
 - Symposium on Human Trafficking and implications for Foster Care – January 17, 2013 (Atlanta, GA) attended by Deputy Director
 - “Caseworker Visit” Training conducted by Deputy Director in Chambers County on March 6, 2013
 - Deputy Director Trained Foster and Adoptive Parents as well as DHR staff on April 5, 2013 in Talladega, AL. “Building Strong Partnerships with D.H.R.”
 - Deputy Director attended AFAPA Conference May 9-11, 2013 in Shocco Springs, AL. Presented training: “Alabama Permanency Roundtables”.
 - In addition, through its contract with State DHR APAC affords training opportunities to DHR county staff, foster parents, etc. at the request of the county. Reviewing APAC's training records reveals training has been provided to a number of counties on the following topics throughout the year:
 1. Childhood Disorders
 2. Working with Adolescents
 3. The Importance of Attachment
 4. Lifebooks
 5. Secondhand Trauma
 6. Transitions: Impact on Foster & Adopted Children
 7. Play Techniques for Oppositional Children
 8. Anger Management
 9. Effects of Transitions and Trauma on Child Development

Office of ICPC

- An Adoption SDHR Program Specialist attended the 2013 Annual AAICPC Business Meeting Training Workshop and Child welfare conference In Denver, Colorado May 3-6, 2013.

Office of CPS

- The Program Manager in the Office of CPS attended the “Preventing Child Maltreatment and Promoting Well-Being Network for Action” and the State Liaison Officers Meeting in Alexandria, VA, on April 23-25, 2013.
- Alabama Children’s Justice Task Force and DHR have developed a training on Domestic Violence and Child Welfare – this is a two-day training with the first session scheduled for August 2013. Plans are to offer it quarterly.
- The Department in Conjunction with Alabama’s Children’s Justice Force has provided one training session of Investigative and Forensic Interview Training earlier in FY13, and plans to conduct one more during FY13. .
- The Program Manager went to Tampa, FL in June 2013 to observe Florida’s Safety Round Table process.
- The Program Manager and a Program Specialist attended the Family Values Training in January 2013.
- Several counties used/plan to use Children’s Justice funds for the purpose of planning a local training.
- In March 2013, 153 DHR staff and multidisciplinary partners attended the 29th National Symposium on Child Abuse and Neglect in Huntsville, AL.

Office of Child Welfare Consultation (OCWC)

- Training by FSD Consultant Staff to county staff as needed/requested on various practice issues, such as the ISP process, assessments and safety plans.
- A Program Supervisor in the OCWC completed the National Child Welfare Workforce Institute, Leadership Academy for Middle Managers in October 2012.
- A consultant in OCWC developed a Domestic Violence Training for the Birmingham Police Department’s Domestic Violence Conference in April 2013.

Field Administration

- Contingent on funding Consortium Workshops and the Fall Conference are planned for FY 2014
- 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. In June, we will begin the process of renewing this agreement for FY 2014. The Department also continues to offer BSW/MSW Educational Leave for eligible, approved employees pursuing a social work degree.
- Alabama Higher Education Consortium on Child Welfare Summer 2013 - Workshops on Professional Communication Skills for Child Welfare Workers and Supervisors (currently being planned).
- The 12th Annual Fall Social Work Conference – August 2013.

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.
- Adjunct Reviewer Training is provided individually by FSD (QA) Consultants through a shadow experience during an onsite review.

Office of Data Analysis

- The Program Supervisor in the Office of Data Analysis attended the National Child Abuse and Neglect Data Systems (NCANDS) State Technical Assistance Meeting in Rockville, MD in January 2013.
- The Program Supervisor in the Office of Data Analysis will present on the Topic, “DHR Data Management” at the Supervisors’ Conference in July and August 2013
- The Program Supervisor of the Office of Data Analysis and the Program Manager for the FACTS Helpdesk attended the Fostering Court Improvement Grantee Meeting in Bethesda, MD in May 2013.

Office of Financial Resource Management

- Training of providers by OFRM regarding Medicaid Rehab Services and billing is ongoing throughout FY 13.

Office of Policy

- A Program Specialist in the Office of Policy plans to attend the Alabama Department of Public Health’s 2013 Volunteer Symposia on “Understanding the Challenges Facing First Responders” – June 2013, Montgomery, Alabama.

Resource Management Division

- Multi-dimensional Assessment Tool training (via distance training methodologies).

DHR Learning Education and Training System (LETS) – October 1, 2012 – June 1, 2013

- Active Shooter Preparedness Training
- Confidentiality in the Workplace
- Language Assistance
- Making Timely Child Care Referrals
- Performance Appraisal Basics for Supervisors
- Domestic Violence and Child Welfare: Maximizing Family and Worker Safety

Other:

- State QA Committee Meetings.
- Alabama CWCI Meetings.
- County Director's Training Institute, December 2012
- County Director's Training Institute, August 2013
- Statewide Supervisor Conferences (two sessions) – Birmingham, AL, July 22-23 and August 5-6, 2013
- Statewide Permanency Conference – Birmingham, AL, July 2013
- Alabama Association of County DHR (AACDHR) District Director (and/or Committee) Meetings and Conference calls.
- A Program Specialist in the Office of Policy and a Program Supervisor in OCWC, attended the Domestic Violence / Animal Abuse Training in April 2013 (some material may subsequently be shared with FSD OCWC consultants and/or county staff).
- The Poarch Band of Creek Indians sponsored a one-day conference in May 2013, entitled: "Stopping Abuse, Assault & Violence – Identification and Prevention Conference", that was attended by 25 state/county DHR staff.
- State QA Onsite Reviews and QSR Activities (PIP Monitoring).

* Training, conferences, meetings conducted, attended, and/or planned, for the time period FY 2013 and 2014 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, including LETS modules).

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 2013. 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, Progressive Discipline, and Read-Act Leadership Skills.	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 it includes general information on legal issues, including DHR advanced discipline procedures and specific techniques to conduct the lower levels of discipline effectively and provide the employee an opportunity to improve. Read-Act Leadership Skills involves building knowledge about the Read-Act model for discussing interpersonal skills for supervisors in the social work environment. It focuses on assessing each employee in their capacity to perform work tasks and, then, responding with behavior that fosters employee growth toward success, production, and teamwork. These courses include 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

NOTE: See also APSR Posting Attachment Document, pages 83 – 85.

"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	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			25	Total Cost	\$1,000.00
<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. 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 planned to be held during the reporting period covered by this update)

Provide a one paragraph brief syllabus of the training activity

Progressive discipline. 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	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		25	Total Cost	\$1,000.00	
<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. Employees use their own Program Effort Codes to cost out their training. Most will be service workers whose cost is distributed/based on

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 planned to be held during the reporting period covered by this update)

Provide a one paragraph brief syllabus of the training activity

Read - Act Leadership Skills. 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		<i>Specify</i>
<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	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			25	Total Cost	\$1,000.00
<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. Employees use their own Program Effort Codes to cost out their training. Most will be service workers whose cost is distributed/based on

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 planned 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"/>	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 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

<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	\$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

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)	<input type="checkbox"/>	4 Days
<input type="checkbox"/> Long Term (Eight or more consecutive work weeks)	<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.)	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 type="checkbox"/> Cost per class/training function	Estim. no. of trainees in class			150	Total Cost	\$49,200.00
<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

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	
Hours per day	
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

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)	<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"/>	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		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		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	\$27,000.00
<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

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

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"/>	6 Days
<input type="checkbox"/> Long Term (Eight or more consecutive work weeks)	<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

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			150	Total Cost	\$71,000.00
<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

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

<input checked="" type="checkbox"/> 3 Days	
<input type="checkbox"/> Hours per day	
<input type="checkbox"/> 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

<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 type="checkbox"/> Continuing In-Service (On-going training for existing employees)
<input type="checkbox"/> Conference/workshop

Indicate proposed provider of training activity

<input type="checkbox"/> In-house agency training staff	<input type="checkbox"/>	
<input checked="" type="checkbox"/> Public university ----->	<input type="checkbox"/>	UA-College of Cont Studies
<input type="checkbox"/> Private university ----->	<input type="checkbox"/>	
<input type="checkbox"/> Other ----->	<input type="checkbox"/>	

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"/> 5 Days	<input type="checkbox"/>	
<input type="checkbox"/> Hours per day	<input type="checkbox"/>	
<input checked="" type="checkbox"/> Credit hours 3.0 CEU CREDITS	<input type="checkbox"/>	

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 checked="" type="checkbox"/> Cost per class/training function
<input type="checkbox"/> Other (specify)

Estimated total cost

Unit cost	\$0.00	No. Trainees	0	Total Cost	\$0.00
Estim. no. of trainees in class		140	Total Cost	\$7,893.00	

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 & 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)	<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 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		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		580		Total Cost	\$1,000.00
<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 & 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	Specify
<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 checked="" 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 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	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 ----->	

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 7.5 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"/> 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

<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	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 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"/> 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	\$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"/> 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 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.)
	<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			30	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	<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		240	<input type="checkbox"/> 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

"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

MOTIVATE is a curriculum based training, created and presented by the Behavior Analyst staff/interns. The goal is to improve outcomes through evidence based strategies by addressing caseworker communication, to ensure meaningful visits with the child and family and to improve all contacts related to the child and family. Classes are offered to all 60 counties and recommended for service line staff. There are 6 modules that make up the training and usually presented in two 1/2 day sessions.

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 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 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 - Two 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)	<input type="checkbox"/> Days
<input type="checkbox"/> Long Term (Eight or more consecutive work weeks)	<input type="checkbox"/> 6 Hours Two 1/2 day sessions
	<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		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		250		Total Cost	\$1,000.00
<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 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 (mark only if other than non-Fed match)
<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

TOPIC is a curriculum based training adapted from TOOLS OF CHOICE for YOUTH, focusing on communication, life skills and independence through their own behavior. Outcomes are based on skills learned in the class and when used with adults they interact with. The modules were piloted at Brantwood with IL age youth. The program is offered in 4 areas of the state, - one is served through AU contract; 2 areas are served by the department; and another is jointly served by a contract and state employee..

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 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 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 Two 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)	<input type="checkbox"/> Days
<input type="checkbox"/> Long Term (Eight or more consecutive work weeks)	<input type="checkbox"/> 6 Hours Two 1/2 days
	<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			240	<input type="checkbox"/> Total Cost	\$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 (supplies, printing, notebooks, etc.).
2. Direct costs (such as travel of employees, trainers' salaries & fringe benefits) go into a pool & are distributed according to IV-E/IV-B

Indicate all applicable funding sources

<input type="checkbox"/> IV-B-1 (CWS)	<input type="checkbox"/> CAPTA
<input type="checkbox"/> IV-B-2 (PSSF)	<input checked="" type="checkbox"/> IV-E Chafee ILP
<input type="checkbox"/> IV-E Foster Care	<input type="checkbox"/> State only (mark only if other than non-Fed match)
<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

APPENDIX 8

State QA Committee (SQAC) Report & Departmental Response to SQAC Recommendations

**ALABAMA STATE QUALITY ASSURANCE COMMITTEE
ANNUAL REPORT 2012**



June 17, 2013

State DHR Quality Assurance Committee
Annual Report for 2012

MEMBERSHIP

2012-2013 Officers:

Melissa McNeil, Chair
Johnna Breland, Vice-Chair
Kelley Parris-Barnes, Secretary

State Quality Assurance Committee (SQAC) Membership

Dr. Sue Adams	Department of Education
Kelley Parris-Barnes, Director	Dept of Child Abuse and Prevention
Gloria Boyd	Al. Dept. of Public Health / CHIP
Johnna Breland	Foster / Adoptive Parent
Powell Brewton	Houston Co. QA Committee
Richard Burleson, Director	Alabama Child Death Review System/Public Health
Angie Burke	School of Social Work, Auburn University
Jennifer DeMarcus	Asst. Director, Madison County DHR
Debra Finley	APAC
Monica Grammer	Children's Rehab Services
Gina E. Harris	Jefferson Co QA Committee
Buddy Hooper	AFAPA President
Steve LaFreniere	DMH/MR Children's Services
Andrea Mixon	ADAP
Melissa McNeil	ACADV
Honorable Alice Martin	Calhoun Co District Judge
Christy Mehaffey	Children's First Foundation
Gina South, Director of Operations	Alabama Network of Children's Advocacy Centers
Betsy Prince	Director of Early Intervention Services
Helen Rivas	Ala / Guatemala Partners of Americas
Mollie Rowe	Greene County DHR / QA Coordinator
Misty Samya	West Alabama Mental Health
Mary Smith	Foster Parent
Sarah Ellen Thompson, Director	Alabama Family Ties
James Tucker	ADAP
Gayle Watts	Executive Director, Children's Aid Society
Charlotte Webb	Marengo Co. QA Coordinator

Meeting Dates for 2012:

March 9, 2012	Montgomery
April 24, 2012	Conference Call
June 8, 2012	Meeting Cancelled
June 29, 2012	Montgomery
September 14, 2012	Montgomery
December 14, 2012	Montgomery

Standing Sub-committees:

- | | |
|--|-----------------------------|
| • Policy Review | Chair, Kelley Parris-Barnes |
| • Service Analysis | Chair, Misty Samya |
| • Child Death Review | Chair, Gina Harris |
| • Coordination and Support of Local Committees | Chair, Angie Burke |
| • Education, Advocacy, and Nominating | Chair, Buddy Hooper |
| • Cultural Diversity | Chair, Melissa McNeil |
| • Recruitment and Retention | Chair, Christy Mehaffey |

Purpose:

The Committee's authority is advisory to the State Department of Human Resources (DHR). As such, the purposes of this Committee shall be to:

- **MONITOR** the functioning of state-directed QA (Quality Assurance) activities, as well as outcomes and agency performance from statewide perspective.

- **SERVE AS A LINK** between the community and the State QA Office, as well as the State Department of Human Resources. Provide advocacy and education regarding the mission and work of SDHR.
- **FACILITATE** the development of, and the networking among County QA Committees.
- **REPORT and PROMOTE** the general effectiveness of the child welfare system in supporting positive outcomes for children and families served and/or on a specific issue which has the potential for having a significant impact on achieving positive outcomes for the children and families being served. Such reports would be issued at the request of the Commissioner of DHR and/or at the initiative of the Committee. Reports of the State QA Committee's activities and/or findings of studies may include recommended actions to the Department that reflect the Committee's findings or concerns. All reports, information or Committee opinions may be made and released only as authorized by the Committee. All such authorized Committee reports shall be considered to be public documents; a mutually agreed upon process, that includes format, timeframes, etc., shall be established whereby any written report of findings and/or recommendations provided to the Department by the state QA committee, shall be responded to in writing by the Department.
- **REVIEW** information, data, policies, etc. related to child and family services, outcomes and system performance in child welfare (on both the County and State levels) and the capacity of the Department to deliver services in a manner consistent with its mission and goals.
- **PROVIDE** input, feedback, questions, findings and recommendations to the Department; and
- **SUPPORT** advocacy for services to meet the needs of children and their families.

WORK OF THE STATE QUALITY ASSURANCE COMMITTEE:

The State Quality Assurance Committee (SQAC) had a planning and re-organizational meeting in which the Committee agreed that the goal of SQAC is to review the network of child welfare services in Alabama and make recommendations to entities for the good of child welfare. The SQAC implemented the expansion of reports to be given from all stakeholders including State Department of Human Resources

CURRENT STATUS OF THE STATE QUALITY ASSURANCE COMMITTEE:

Overview

The State Quality Assurance Committee (SQAC) governs using by-laws. The latest revision of the By-laws was in 2009. These By-laws delineate 14 of Alabama's organizations/agencies and 11 named entities that comprise the Committee. In 2012, SQAC made efforts to reorganize through developing a shared vision and goals. This shared vision is to review the system of child welfare in the state and make recommendations accordingly.

Accomplishments

SQAC provided a strategy for entities to report on their participation in child welfare. The Committee reviewed and received data from the State Department of Human Resource (SDHR) as well as other entities concerning children's welfare in Alabama. The data and information reported provided one of the standing subcommittees, the Service Analysis Subcommittee the information to conduct its specialized task. Recommendations from the SA Subcommittee was shared and approved by the SQAC and the action items will be addressed in 2013 meetings.

SQAC Year in Review

March 2012 Meeting Synopsis: The year started with similar issues that lingered from the previous year concerning obtaining the data and other information requested from SDHR. In the March meeting, information and data shared from the State Department of Human Resources was the Progress Improvement Plan (PIP) and the Annual Progress and Services Report (APSR). The Committee was informed concerning the PIP that SDHR requested and was granted an extension until August 2012 due to the April 27, tornados. 80% of the action steps have been completed of the 6 themes: Practice Model, Training, Supervision, and Recruitment and Retention. SDHR reported that training was needed to address Supervisor issues. The Committee was informed that SDHR formed a supervisor work group and it was tasked with the development of a strategic plan. As well, line staff that had not completed Act I training will be trained to recognize the need for Permanency Planning.

The review of the APSR generated question and the need for more data and information such as an explanations for “Not Indicated” numbers; the need to review the SDHR policy that clarifies which categories of child death are to be reported; data on children exposed to meth; the need for comparative data to assist in better understanding the data being distributed; updates on the plans to expand the Permanency Practice Model; the National average LOS for out-of- home placement to compare with the LOS of 33 months for Alabama; and a report on any interventions that are started early in the adoption process. A webinar was scheduled to continue the review and input for the APSR.

June 2012 Meeting Synopsis: The June meeting consisted of a roundtable discussion concerning how the Committee is organized and a review of the mission of the SQAC. The Committee offered their opinions on the direction of the SQAC and what goals or foci it should be addressing. Comments were:

- The SQAC needs a shared vision of its operations, missions, and goals
- SQAC should review for the transparency of information disseminated by SDHR and press for SDHR to adopt a model like Wisconsin in posting child deaths, serious injury, or egregious incidents
- Explore along with SDHR in developing standardization of data collection for child deaths
- Create the SQAC to operate like the local or county level quality assurance, where they are strong, SQAC appears to be disconnected as a result of reviewing the aggregate data
- SQAC should address the quality of services at the local level related to the training of staff, retention of quality staff, the true caseload numbers of social workers
- SQAC needs to develop a plan with clear objectives that target very specific goals and a need to look at comparative data such as data over a course of time and Alabama’s data to other states and point in time data
- SQAC should review and monitor SDHR’s Child Welfare League’s recommendations and findings

SDHR staff reported on the benefits of the SQA Committee which were:

- SDHR has been committed to the quality assurance process and continues to strive to maintain strength at the state level.
- SDHR explained the difficulty with data requested as the former data collection system had tracking reports generated, the new data system will provide data in a different format
- SDHR reported that the quality assurance system is not just SDHR but as a network of stakeholders providing a system of care. This system needs to be evaluated on how to strengthen the system of care and how entities intersect with one another

September Meeting Synopsis: In the September meeting , SDHR provided reports of trends in adoption, CAN reports, state child custody, child protective services cases and maltreatment cases. SDHR explained the data. The data revealed an overall downward trend in children in care and was partly because SDHR leadership by Commissioner Buckner and her policies to expedite the adoption process whenever possible. SDHR reported how DHR was positively impacting the permanent placement of children through Permanency Roundtables. These roundtables present cases of children who are hard to place. They are reviewed for each child’s impediments to permanent placement, then new and innovative ways to overcome each situation. The outcomes of the roundtable are then enacted for that child. SDHR explained that this program initially started in 11 counties and has now expanded to 56. SDHR also reported an update about the Federal 4E review which SDHR passed in August. The fingerprinting process for adoption was getting faster and because of that Alabama was awarded \$300,000 in adoption incentive money.

The questions and comments from the SQAC after receiving the reports and explanation were:

- Concerns of staff turnover and the effects on the quality of service delivery to children and families
- Data reports needed to delineate the turnover by area of service, reflect retirements and resignations
- How does the high staff turnover add risk of more child death as cases get passed from worker to worker?
- Does SDHR study counties with low turnover for how they manage staff and do they inform other counties of their best practice to replicate it?
- Do counties DHR’s conduct exit interviews when staff leave and what are the outcome of those interviews?
- How many children were currently on TPR

SDHR discussed and provided feedback for each question and concern.

Other Reports were (1) the Department of Rehabilitation Services (DRS) interfaces with DHR with children birth to 3 that show dysfunction in a developmental area. DRS currently serve 60000 children and they received 112 referrals from DHR last year. (2) Alabama Pre/Post Adoption Connection (APAC) reported how they interact with DHR. APAC has a contract with the Office of Permanency at DHR and has historically provided post adoption services. Five years ago they started pre-adoption services where they seek out possible adoptive parents. APAC shared that they need more referrals from DHR. They also offer independent living services.

December 2012 Meeting Synopsis: The December meeting, SDHR reported on children in care. They also reported on the psychiatric medication management. The training and tracking of children taking psychiatric medication and the findings from the Casey Program's reviewed Jefferson County. SQAC comments and questions were:

- Is SDHR employing behavior modification as opposed to medicating the problem behavior?
- Is SDHR reviewing more consistent psychiatric medical care?
- Is SDHR partnering with the Department of Mental Health and Medicaid to address the problem on the front end as opposed to medicating the problem?
- Is SDHR going to continue reviewing for poly medication prescriptions?
- Will SDHR evaluate for dosages and ensure that prescribed medications are age appropriate?
- How will SDHR ensure each child is receiving the appropriate psychological testing to substantiate the usage of psychiatric medication?

SDHR responded to the question and additionally reported that SDHR is spending 228K per month on psychiatric medication and the highest use of medication is for Attention Deficit Hyperactivity Disorder (ADHD).

SDHR gave an update from the State QA Committee on the 18 site reviews and 4 monitoring visits for the PIP. SDHR reported they were still identifying problems with ISP's and will consult with those counties concerning the problem areas. The problems noted were:

- The more stable the staff the better the ISP process;
- The ISP process requires a learning curve that needs to be overcome
- DHR staff confusion of the family's goals and directions and how to measure that progress
- How to make goals behavioral oriented as opposed to process oriented

SDHR reported that the supervisory level is being examined for supervisors training and the likelihood of supervisors attending ISP's with line workers. Lastly, SDHR reported data for fiscal year totals.

The SQA Committee responses to the reports were a request for an update on the demonstration project "Comprehensive Assessment Project". The original project was for five years and it has been extended to look at "Lessons Learned". As well, SQAC requested multiple year totals of data for comparison of SDHR's progress.

SQAC Service Analysis Subcommittee (SA) reported on their meeting. SA reported on the organization of the reports given by stakeholders and recommended each system of welfare entity's report how their service delivery relate to SDHR.

In addition to State DHR reports, Alabama Disabilities Advocacy Program reported services they offer and Angie Burke discussed the "Consortium" of Social Work School and their Mission. The Committee's response was to ask the Consortium to make it a priority for requesting Social Work scholarships for bi-lingual students.

Challenges

The SQAC was challenged with the implementation of a plan and test of effectiveness. During the June meeting, SQAC agreed on a reorganizing plan intended to review the system of child welfare in Alabama. The plan was implemented in September with stakeholders involved in the child welfare system reporting their agency's activities. This plan was reviewed at each meeting and revision made and implemented at the next meeting.

Another Challenge, SQAC began the year with similar challenges carried over from the previous year of SDHR not providing the requested information and reports to SQAC. In September, SDHR began producing these reports and data. However, the Committee continued to struggle identifying with this data and request data sets and reports that put the Committee in the best position to provide meaningful feedback about the system over the course of the year.

The SQAC continues to be challenged with full participation of its membership. This has an impact on subcommittees' ability to perform their specialized tasks. Although some subcommittees are meeting others are not due to the need for information requested of SDHR. The Child Death Review (CDR) Subcommittee reported that SDHR response to the subcommittees request has been unanswered since 2010. As a result, the requests will be added in the Recommendation section of this report.

STATE QUALITY ASSURANCE COMMITTEE RECOMMENDATIONS

As a result of the year in review, the State QA Committee makes the following recommendations to State DHR:

- Continue providing reports/ updates concerning the recruitment, hiring, training, and retention, of DHR child welfare staff such as:
 - The number of staff completing required trainings
 - An update on the Supervisors' Workgroup action plan and outcomes
 - Child welfare staff turnover's impact on child welfare
 - Recruitment and incentives for hiring linguistically and culturally immersed staff
 - Identification of systemic practice issues directly related to staffing and/or supervision
- Provide ongoing reports on SDHR's initiatives concerning child welfare and ongoing comparative and point in time data, reports, and updates for:
 - Child Welfare Safety such as
 - Substance addicted infants
 - Abuse and neglect awareness and reporting including the feasibility study of creating a statewide hotline
 - Review of Child Death investigation policy and practices
 - Child Welfare Well-being such as
 - The Comprehensive Assessment Project
 - The comprehensive review of the usage of psychotropic medication with children in the child welfare system
 - Educational successes of children while in care of DHR
 - Foster parent recruitment and retention
 - Permanency such as:
 - APLA
 - Permanency Roundtables
 - Children in transition
 - Kinship care
 - Provide updates on the SDHR quality assurance site reviews
- Increase assistance of SQAC with its organization, structure, and function as a Citizen Review Committee
 - SDHR to continue providing a schedule of Quality Assurance site reviews and offering the Committee members the opportunity to shadow the process.
 - Increase and strengthen the connection among the County Quality Assurance Teams and between County Quality Assurance Teams and SQAC
 - Provide SQAC with learning opportunities for DHR's child welfare system and technical language, for example, what it means when a case is disposed and what "other" and "pending" mean on child death reviews.
 - Coordinate a joint SQAC and SDHR yearly planning meeting for the identification of target areas
- Child Death Review (CDR) Subcommittee request
 - Its chair and SDHR meet and include SDHR attorneys to clarify CDR's role in DHR's child death reviews
 - SDHR's report on the effectiveness of procedures for (1) addressing recurring themes found in the reviews such as sleeping arrangements, domestic violence, and substance abuse; (2) worker and supervisor training and support needs (e.g., red flags, assessment, recognizing higher risk situations)
 - Clarification of the role of paramours

COUNTY/LOCAL QUALITY ASSURANCE COMMITTEES

There are 68 functioning County QA Committees throughout the State of Alabama and these Committees serve as the Citizen Review Panels as required by CAPTA. County QA Committees are involved in case review activities, special studies, data analysis, stakeholder interviews, child death reviews, County Bi-Annual reports and other community collaboration activities throughout the state. The SQAC did not receive any information from the County QA Committees in 2012.

DEPARTMENTAL RESPONSE TO STATE QA COMMITTEE RECOMMENDATIONS

As noted in the report, SDHR resumed providing regular data information to the committee regarding adoption finalizations, CAN reports received and disposed, children in foster care, open CPS cases, repeat maltreatment, reported child deaths, and staffing information in September 2012. Data information has been available for committee members at each meeting since that time. This problem was resolved in calendar year 2013.

The committee received an overview of the results of the onsite reviews completed by the Office of Quality Assurance in 2012 at their December meeting. Plans are to continue to provide the committee with an annual overview of the results of onsite reviews at the end of each calendar year.

The schedule of onsite reviews for 2013 was presented at the March 2013 meeting and committee members were informed of their opportunity to shadow any scheduled review.

Plans are being developed for a joint meeting and training session with SQAC, all county QA coordinators and county QA committee chairpersons in early 2014 to promote the connection between the state and county QA systems.

Some requests made by the QA committee will need additional clarification before information can be provided.

APPENDIX 9

Health Care Services Plan

Table of Contents for Health Care Services Plan

- I. Introduction**
- II. Importance of a Medical Home**
- III. Initial Medical Examination**
- IV. Timeframe for Initial/Periodic Medical Exam**
- V. EPSDT**
- VI. Health Care for Children Not eligible for Foster Care Medicaid**
- VII. Monitoring and Treatment of Ongoing Health Care Needs**
- VIII. Importance of Immunizations**
- IX. Coordination Between DHR and County health Departments**
- X. Coordination of Health Services Between DHRT and Alabama Early Intervention Service (AEIS)**
- XI. Coordination of Health Information Between DHR and Foster Parents**
- XII. Dental Care**
- XIII. Mental Health Needs of Children In Foster Care**
- XIV. Use of Prescription Medication for Children in Psychiatric Residential Treatment Placements**
- XV. Criteria for Prescription of Medication for Mental Health Reasons**
- XVI. Oversight of Medications in Foster Family Homes**
- XVII. Updating and Sharing of Medical Information to Include Developing and Implementing an Electronic Health Record**
- XVIII. Health Care Oversight for Older Youth Currently Served in Foster Care and Transitioning Out of Foster Care**
- XIX. Department's Evaluation of Health Services**
- XX. DHR Assessment, Treatment and Monitoring of Emotional Trauma / Training of Staff & Providers to Support the Treatment of Emotional Trauma**
- XXI. Psychotropic Medications**
- XXII. Initial Contributors to the Health Care Services Plan**

HEALTH CARE SERVICES PLAN

I. Introduction

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.

II. 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.

III. 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.

IV. 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.

V. 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>.

VI. 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.

VII. 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>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.

VIII. 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 Pediatrics, 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.

IX. 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.

X. 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.

XI. 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.

XII. 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.

XIII. 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.

XIV. 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. See also XXI.

XV. 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.

XVI. 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.

XVII. 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.

XVIII. 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.

XIX. 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.

XX. DHR Assessment, Treatment and Monitoring of Emotional Trauma / Training of Staff & Providers to Support the Treatment of Emotional Trauma

The synopsis that follows identifies training content (and modules within which the content is located) that supports the treatment of emotional trauma. **NOTE: See New Requirements Update Document for information on other aspects of addressing the needs of this population.**

ACT I

- **Comprehensive Family Assessment**
A guide for gathering/analyzing information related to four areas of family life (parent functioning, child functioning, family functioning, and the family's community), in order to create a basis for informed decision-making, identifying the nature/extent of underlying conditions, and developing a strengths/needs based individualized service plan. At a minimum, the information gathered for each family member should include the following: developmental, behavioral, emotional, educational, medical/physical and family history.
- **Cycle of Need**
A framework which helps promote an examination of underlying needs and how behaviors serve as the means of expressing those needs. This perspective is designed to help one consider interventions that are

designed to control/manage behavior, versus those that are designed to respond to the needs of another in a more effective, respectful way to truly help the family member get their needs met.

- People Mover
The “People Mover” is a guided imagery referred to as the “Imaginary Journey” examines the importance of attachment to the child’s maturation and the development of a relationship between children and parents. It focuses on the ways loss affects children and families in care and strategies for maintaining the relationship between the birth family and the child in care.
- Module 3, Resource Guide
Chapter -7-Assessing consequences of prior life experiences on children who have been abused or neglected; page 179 (third paragraph). Also in same chapter, pages 185 to 189 discusses early warning signs of indicators that demonstrate medical, developmental, and psychological needs for infants to school ages children. The Appendix for this chapter on pages 203-212 is a child development tools that lists observable milestones for children birth to 5 years of age. It explains that if child is not meeting said milestones that further evaluation may be needed.

Underlying Conditions - an ACT II Curriculum

Comprehensive Family Assessment (see description under ACT I)

- Cycle of Need (see description under ACT I)
- Stages of Change
An approach that examines the impact on the assessment and planning process with families who experience maltreatment and have to make changes to assure their family is able to achieve the overall outcomes for their children, safety, well-being and permanence. The phases of change are presented with an emphasis on the family members’ feelings and behaviors at each phase. Useful techniques are provided and demonstrated by trainers to assist workers and the family’s team in helping families deal with, and successfully handle the changes in their lives. In addition, participants examine expectations the family, the team members and the child welfare worker have of one another, as they empower the family to move through the phases of change.
- The Challenge Model
A tool that is designed to help the practitioner (and family member) better understand and identify the deeper pain experienced by an individual (family), as well as focus on the ability or resilience to overcome the pain. Family members are supported in seeing how both their pain and corresponding strengths can give them a sense of hope and willingness to move forward.
- Stages of Grief
A paradigm that is intended to describe the responses/reactions an individual has when going through grief or sadness, regardless of the scope and/or intensity being experienced by the person.

Substance Abuse – an ACT II Curriculum

- The Substance Abuse Curriculum provides participants with intervention options for family members who are dependent on substances. Discussion includes intervention options for all family members, not just for the person who abuses substances.
- Several handouts that provide workers/family members with intervention techniques when dealing with substance abuse are “Children From a Substance Abuse Family”; “Ways to Help Children From a Family Where There is Substance Abuse”; “What to Do and Not to Do When Your Family Experiences Substance Abuse”; “Things for Workers to Remember to Empower Families With Substance Abuse”; “Tips for Planning”; “Treatment Resources for Substance Dependence”; “Treatment Resources for Non-Abusing Family Members”; and “Barriers Women Face When Recovering”.

Concurrent Permanency Planning – an ACT II Curriculum

- Training: Handout 1.5 - CORE CONCURRENT PLANNING COMPONENTS (Adapted from Concurrent Planning Materials of Lutheran Social Services of Washington and Idaho)

FULL DISCLOSURE

Respectful, candid discussion early on about impact of foster care on children, clarity about birth parents' rights and responsibilities, supports agency will provide, permanency options, and consequences of not following through with case plan

- Small group activity using the Roosevelt story
Roosevelt is a 14 year old who has been in fc since age 4. The activity is processed by discussing the length of time he has been in care, and assessing his developmental needs that have and have not been met from age 4 until now (age 14). These are the handouts used in this activity:
- Handout 1.7 - Factors Related to Out-of-home Care
 1. Extended stays in out-of-home care can have negative and lasting effects on child development
 2. Negative impact increases with multiple placements and relationship disruptions
 3. Children placed close to family and community are more likely to have parental visitation and to return home
 4. Parents who visit regularly are more likely to be reunited with their children
 5. Children who remain in care longer than 12-18 months are less likely to return home (indicating that attention needs to be focused on their need to be allowed to move on to a permanent family)
- HANDOUT 1.8 - Children's Developmental Needs
 1. SECURITY AND PROTECTION FROM HARM
 2. FOOD, CLOTHING, SHELTER, HEALTH CARE
 3. TO BE NURTURED, LOVED, ACCEPTED
 4. SPIRITUAL AND MORAL FRAMEWORK IN WHICH TO LEARN RIGHT FROM WRONG
 5. OPPORTUNITIES TO GROW INTELLECTUALLY, EMOTIONALLY, SOCIALLY, PHYSICALLY AND SPIRITUALLY - AND IDEALLY , TO REACH MAXIMUM POTENTIAL
 6. STABILITY, CONSISTENCY, CONTINUITY AND PREDICTABILITY IN FAMILY RELATIONSHIPS – SECURE ATTACHMENT WITH AT LEAST ONE SIGNIFICANT ADULT
 7. LIFETIME FAMILY CONNECTIONS WITH THE INTENT OF LIFETIME COMMITMENT WHICH GIVES A SENSE OF BELONGING
 8. CONNECTIONS TO THE PAST
 9. HOPE FOR THE FUTURE...
- Discussion about “why secure attachments are so critical for children’s healthy growth and development”, using “Erikson’s stages of emotional development”, “Types of attachment”, and “Secure attachments and insecure attachments” handouts. Discussion includes points such as:
 1. Children need care and nurturing from at least one consistent adult in their first year of life for basic trust and positive attachments to emerge - they need someone to “love them to death”, to make them feel special.
 2. The way children’s needs (for food, clothing, changing, sleep, play, overall developmental stimulation) are met - especially in first year of life - will influence whether the child sees the world as a pleasant, safe place to be.
 3. When children feel safe and secure, it is easier to move through the other stages of developmental challenges.
 4. When children do not have daily, consistent and nurturing caretakers, or when their relationships/attachments are disrupted through removal from the family/home, they are traumatized from the loss of the known relationship and find it difficult to trust new caregivers - no matter how serious the need for removal and how well-meaning new caretakers may be.
 5. Secure attachments are formed through consistent daily caregiving that meets the child’s physical, emotional, social, intellectual and spiritual needs.
 6. When the child’s needs are met, a reciprocal interaction emerges...the child relaxes/is satisfied, the parent relaxes/is satisfied - and a bonding between the two develops.
 7. Comment that recent research is now beginning to show the importance of early life experience and secure attachments for the healthy brain development of young infants and toddlers. Nurturing or non-nurturing experiences shape the pathways that are formed in the brain which in turn determine the kind of responses the child will develop and carry with him/her into childhood and adulthood.

Handouts include:

Handout 1.10 - Erik Erikson's Stages in Children's Emotional Development

(Adapted from Katz, Spoonemore, Robinson. Concurrent Planning: From Permanency Planning to Permanency Action. Lutheran Social Services of Washington and Idaho. 1994)

Handout 1.12 – Attachments: Secure Attachments

- Emerge from continuity and stability overtime
- Involve predictability in relationships and caretaking
- Are a critical task of early childhood development
- Impact overall development: Social, emotional, intellectually, physical and spiritual
- Are formed through connections with at least one adult caretakers who helps the child feel special, worthy, valued, a sense of belonging, certainty, trust and connectedness over time
- Build positive self-esteem
- Are formed through the process of the Tension/Relaxation Cycle
 - Tension/Need – Baby Cries
 - Caretaker meets need – Need Met/Relaxation
 - Tension/Need – Baby Cries
 - Caretaker meets need – Need Met/Relaxation

Insecure Attachments

- Emerge when basic needs are met inconsistently or when there is no response to basic needs
- Emerge when there is little consistent or predictable comfort
- Results in a learned mistrust that needs will be met
- Result in a child feeling worthless, unvalued, helpless, hopeless and uncertain about the predictability of the world
- Results in children who have little conscience development, poor impulse control, low self-esteem, poor relationships with peers, learning difficulties, and eventually an inability to parent his/her own children (Fahlberg, 1991.)
- Often the results seen in children who experience foster care drift

Child Protective Services – an ACT II Curriculum

- Display OVERHEAD: Pyramid
Begin by displaying the top part of the pyramid, then work down to the foundation. To accomplish the mission of achieving safety and permanency we need effective services and supports. To have effective services and supports, we need an effective ISP. To have an effective ISP, we need an understanding of the facts (disposition -- was the child maltreated or is the child threatened with maltreatment) and the underlying issues related to the maltreatment. To understand the facts and underlying issues, we need to gather accurate facts and interpret them correctly. It is that foundation this training is focused on.
- Preschool Children – Risk Factors
 1. Curious, exploratory behavior
 2. Physically busy and active
 3. Normal cognitive development may be misinterpreted by caretakers (egocentric thought, illogical/magical thinking, limited sequencing ability)
- Explain that each has a significant impact on the child's psychological development.
In fact, unless the child is killed or permanently physically damaged by abuse or neglect, it is really the physiological psychological impact that will last the longest and can intrude into the child's life as an adult, as a parent, and in the workplace -- interfering with their ability to function.
- Display OVERHEAD: Developmental Assessment
Assessing a child's developmental level is more of an art than a science. Your understanding of the child's developmental level broadens throughout the interview, but the assessment formats outlined here provide a framework of general developmental issues affecting the interview process. The techniques are designed around three general age categories, although chronological age does not always dictate what works best with a given child. For example, children with disabilities may need to be assessed using techniques normally reserved for younger children. Before discussing children's developmental limitations in the context of interviewing, an important issue must be raised. In this session, we will describe examples in which children's developmental limitations may make it difficult for them to provide the specific information that the interviewer is seeking. This does not suggest that children are incapable of providing specific and accurate information. It

does suggest that adults questioning children need to be aware of children's cognitive level in order to ask questions which the child understands. Using clear language and simple questions matched to the child's developmental level will optimize children's completeness and accuracy. Interviewers find themselves faced with children of all developmental stages, from as young as 2 up to age 17. Naturally, different developmental assessment techniques apply to these age groups. Therefore, three sections on developmental assessment are included in this session (pre-school, elementary age and adolescents).

Group Preparation and Selection – Curriculum for Prospective Resource Parents

- Stages of Grief (see description under Underlying Conditions)
- Helping resource parents build positive relationships with birth parents.
- Supporting resource families' understanding of the commitment necessary to ensure the well-being of children placed in their care.
- Providing resource families with a network of essential services, support and nurturing for children placed in their care.
- Emphasizing the importance of maintaining close connections between children and their birth families.
- Underscoring the benefits of foster care from within the child's own community.
- Providing understanding of behavioral problems the child may experience.
- Helping resource families understand the dynamics of the foster care system.

In addition, both the Alabama Foster and Adoptive Parent Association (AFAPA) and Alabama Post Adoptive Connections (APAC) produce and distribute quarterly newsletters that publicize mini-conferences and the statewide conference. Information about training is also on the web sites for both groups. Also both AFAPA and APAC can provide training "upon request" to local associations and/or county offices.

XXI. Psychotropic Medications: Update

Alabama Department of Human Resources, Family Service division works with Dr. Brent Wilson (Child Welfare Collaborative Initiative*) through a contract with Casey Family Programs to assist with a state psychotropic medication plan that includes creating policy and monitoring of medications for youth in foster care as well assessing trauma.

Major accomplishments under the 2012 technical assistance agreement through Casey Family Programs included:

- Creating a data sharing process with Alabama Medicaid to obtain, both retroactively and on an ongoing basis, pharmacy claims records for all children in foster care
- Analyzing Medicaid pharmacy claims records and producing summary information in clear, accessible language for state officials
- Presenting training workshops at the annual DHR Supervisors Conference and providing training materials for the DHR Directors Conference in December, 2012.
- Creating a survey for case managers to collect information on how frequently they
- address mental health care issues with their caseload, their comfort in doing so, and their suggestions to DHR for policy development and training opportunities
- Analyzing and summarizing the results of the survey; presenting those results to state officials
- Drafting a policy document to help Alabama comply with federal government mandates regarding monitoring of psychotropic medications for children in foster care
- Participated in the Because Minds Matter: Collaborating to Strengthen Management of Psychotropic Medications for Children in Foster Care (sponsored by the United States Administration for Children and Families, the Center for Medicare and Medicaid Services, and the Substance Abuse and Mental Health Services Administration) as part of the Alabama delegation
- Providing limited medical consultation to county-level staff regarding specific cases
- In first quarter (January 1- March 31) we have continued to partner with Alabama's Medicaid Agency and the Department of Human Resources to collect and analyze pharmacy claims data for children in foster care. (See Disclosure Agreement below.)
- Patterns of utilization that the state may be interested in studying further have been identified and transmitted to DHR (children on multiple classes of medications, children on more than one medication from the same class, etc).

CWCI (Child Welfare Collaborative Initiative) and DHR have begun developing a pilot project to monitor psychotropic medication utilization in four counties. These four counties were selected based, in part, on having higher medication utilization than other counties in the state. Here is a sample of prescription claims data conducted in October 2012 by Dr. Brent Wilson:

Foster Children and Psychotropic Medication
Alabama Medicaid Prescription Claims Data: October 2012

Who and Where

Twenty percent of foster children took at least 1 psychotropic medication. The majority of foster children on psychotropic medications resided in one of seven counties: Jefferson (23%), Mobile (8%), Calhoun (4%), Madison (4%), Tuscaloosa (4%), Morgan (4%), Cullman (4%). Currently, we have identified 106 foster children from the pilot counties to start the process of notification and monitoring. While first numbers indicated a larger number of children, with the assistance of the Resource Development Division, we researched the status of the children in the sample and learned that some of them had exited care; were no longer on the medications, etc. We believe the 106 is a true sample of the youngsters who are currently on the medications.

Medications Used

Seventy two percent of these children took a medication typically prescribed for ADHD. The most commonly prescribed classes of medications were stimulants (used to treat ADHD), antidepressants, and antipsychotics. Ninety percent of the spending on psychotropic medications was for ADHD and antipsychotic medication.

Polypharmacy

A majority of children taking a psychotropic medication were taking medications from more than one class, e.g., a stimulant and an antidepressant. Nearly 10% of children took psychotropic medications from 4 or more medication classes.

Prescribers

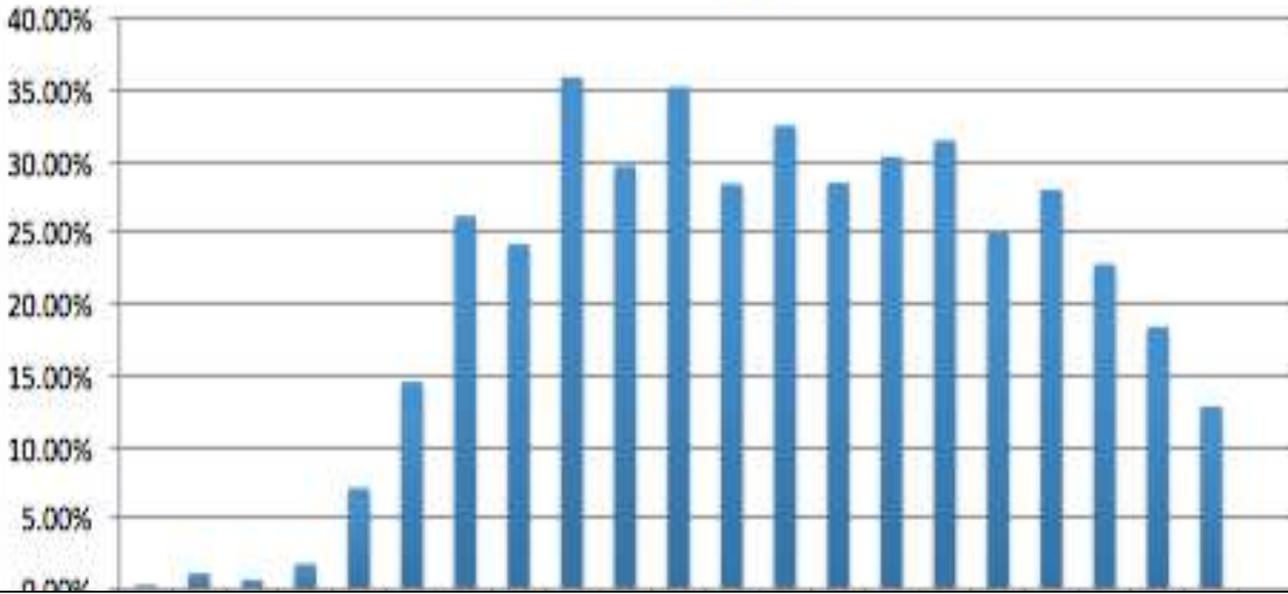
Three hundred nineteen physicians prescribed the 2,666 claims for psychotropic medications. Fourteen of those physicians prescribed more than half of the psychotropic medications utilized. Plan as of June 2013 for confirming/implementing pilot; assessing outcomes; drafting and training policy; and assessment of lessons learned to prepare for statewide implementation as informed by pilot strategies.

- A 9-point roadmap for our 2013 working relationship that includes tracking key indicators (in progress), creating a trauma-based assessment, providing training workshops, delivering targeted interventions, piloting an informed consent process (in progress), hosting provider forums, writing treatment protocols, conducting drug utilization reviews (in progress), and assessing outcomes.
 - As stated above, Family Services Division, Resource Development, and Dr. Brent Wilson will collaborate together on piloting a consent form in four counties that will be helpful to both divisions in monitoring psychotropic medication. The protocol developed for the pilot is that the consent form will be faxed to Family Services Division and forwarded to Resource Management Division where information will be tracked on an internal spreadsheet. The information in the consent form will come from the county office, listing all of the medications used by the youth. Dr. Brent Wilson will review the consent form and provide any needed consultation. Both divisions are working on a process to capture after hour and emergency situations that may occur within the county offices. Please review the Alabama Notification consent form below.

At this time, we are exploring a potential opportunity to utilize Registered Nurses who serve these children in congregate settings to assist as well. Alabama's Board of Nursing requires certain activities and capacities for ongoing training for the nurses, and we are exploring the possibility of employing their skills in the monitoring process as well.

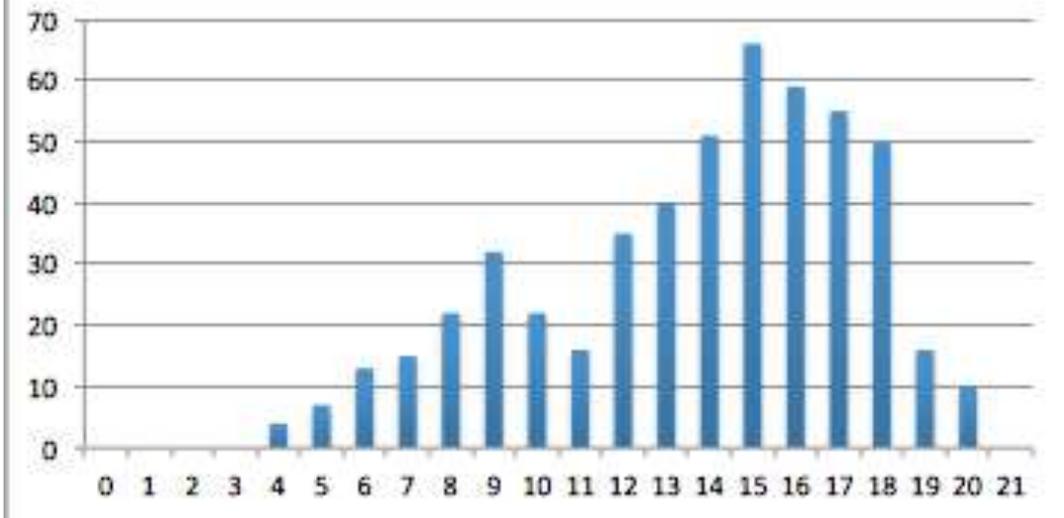
- * NOTE: This is the name of Dr. Brent Wilson's agency/business in Georgia, and is separate from the **Alabama Child Welfare Collaborative Initiative** (ACWCI) referenced elsewhere in this report (see Appendix 12).

Percent of Foster Children on Psychotropic Medications by Age



Data on Alabama's Foster Children 2012-2013

Antipsychotic Claims by Age



Formal Memorandum submitted to Pilot Counties, June 2013

Memorandum

June 19, 2013

To: County Directors of Human Resources
Calhoun, Cullman, Morgan, and Tuscaloosa Counties

From: Paul J. Butler, Director
Family Services

Re: Psychotropic Medication Monitoring

We are pleased to inform you that your counties have been selected to participate in a pilot program pilot program to monitor the use of psychotropic medication in foster children.

Working in conjunction with the Child Welfare Collaborative, State office staff reviewed psychotropic medication oversight policies and forms from several states to arrive at a model that will be both beneficial and minimally disruptive to the care of Alabama's foster children. This pilot program will utilize a notification only process, asking prescribers to provide prompt notification to the state when prescribing psychotropic medications. This pilot will allow DHR to begin the process of centralizing receipt of medical information from providers by establishing a departmental point of contact via an easy to use email and fax submission system that will take information from the field on medications for review and record keeping.

This pilot project will help ensure that Alabama meets the federal government's mandate to oversee the use of psychotropic medication in our foster children. We anticipate commencing the pilot program on September 1, 2013. Prior to the start date we will arrange a teleconference and set dates for a formal meeting with the counties selected for the pilot and then engagement as well as training with internal DHR staff, community and residentially based prescribers will be planned regionally or at the state office.

Your participation is crucial to the success of the pilot, and we look forward to partnering with you and the prescribers in your county. Vicki Cooper-Robinson will be leading this project on behalf of the state office, with assistance from Dr. Brent Wilson from the Child Welfare Collaborative. As we work to plan training for your staff and your prescribers in your community either Ms. Cooper-Robinson or Dr. Wilson will be in contact with you.

Cc: Nancy T. Buckner
Carolyn B. Lapsley
James Slaughter
Joel Marsh
Susan Ward
DAS
Family Services Management Team

Alabama Medicaid Agency
Privacy Office
501 Dexter Avenue
P.O. Box 5624
Montgomery, Alabama 36103-5624

DISCLOSURE OF HEALTH INFORMATION FOR PUBLIC HEALTH

The Alabama Medicaid Agency supports and will accommodate the appropriate disclosure of Protected Health Information for public health activities. Circumstances that prompt disclosure include prevention or control of disease, injury or disability, as well as the spread of communicable diseases.

Disclosure can be made to: (Please check applicable box below.)

- A public health authority authorized by law to collect or receive such information, or at the direction of a public health authority to an official of a foreign government agency acting in collaboration with a public health authority.
- A public health official or government official with the authority to receive reports of child abuse or neglect.
- A recipient's employer, if PHI consists of findings concerning a work-related injury or illness, or a workplace related medical surveillance.

Name of Recipient: DHR Foster Children Medicaid ID# or SS#: _____

Information requested: Monthly pharmacy claim records for all youth (age 0 to 21) in foster care (state aid category codes 71 and 81) sent monthly to Vicki Cooper-Robinson and Brent Wilson, MD. In addition to data received in calendar year 2012, diagnosis associated with each prescription claim is requested, if available. The following data was included in 2012 pharmacy claim records and is requested for each prescription claim for each youth in 2013: recipient ID, recipient full name, gender code, recipient age calculation, recipient date of birth, state aid category code, state aid category code description, ICN, claim status (paid, denied, void), drug code, brand name/generic name, AHFS therapeutic class, AHFS therapeutic class description, strength, prior authorization number, race code description, recipient county, recipient rural/urban indicator, days supplied, quantity dispensed, dispensed date, prescribing provider complete name, allowed dollar amount, paid dollar amount

Name of Authority requesting information: State Department of Human Resources

Agency Address: 50 Ripley Street

City, State, Zip Code: Montgomery, AL, 36103

Agency Phone Number: (334) 353-5090

Area Code

Name/Title of Requester: Freida Baker, Deputy Director, Family Services Division & Vicki Cooper-Robinson, Program Supervisor

Date: 1-2-2013

Signature of Requester: Freida Baker Vicki Cooper-Robinson

RESPONSE SECTION

FOR MEDICAID AGENCY USE ONLY
Verification of authority: _____

CONFIDENTIALITY and DATA USE AGREEMENT

The Confidentiality and Data Use Agreement is by and between Alabama Department of Human Resources, Alabama Medicaid Agency and Dr. Brent Wilson, M.D. through Casey Family Programs.

Whereas the Alabama Department of Human Resources is required by Section 422(b)(15) of the Social Security Act and the Child and Family Services Improvement and Innovations Act (P.L. 112-34) to provide monitoring and oversight of the use of psychotropic medications of youth in foster care,

Whereas, the Alabama Department of Human Resources is willing to provide permission for access to the person health information of its youth in care and custody,

Whereas, Dr. Brent Wilson is contracted through a standing work agreement with Casey Family Programs in partnership with Alabama Department of Human Resources and desires to collect said prescription data in an effort to collect and analyze the data related to use of psychotropic medication by youth in the state's care and custody,

Whereas, Alabama Department of Human resources holds care and custody of the children and youth and Administrative Rule 660-1-6-09(16) allows for the disclosure and release, upon approval of the Commissioner of Alabama Department of Human Resources records and information to persons engaged in bona fide research projects,

Whereas, Alabama Medicaid Agency is authorized to provide access to said prescribing data, with regard to those youth in the state's care and custody,

Whereas, all personal health information is confidential under state law and protected by The Health Insurance Portability and Accountability Act of 1996 (P.L. 104-191, 110 Stat. 1936),

Now, therefore, in consideration of the mutual obligation set forth below, the parties agree as follows:

1. Alabama Department of Human Resources agrees to provide authorization for access to the prescription data regarding all youth in its care and custody to Dr. Brent Wilson, M.D.
2. Alabama Medicaid Agency agrees to provide access to said prescription data to Dr. Brent Wilson as a provider on their Provider Data Network for the purpose of data collection and analysis of psychotropic medication use amongst Alabama foster youth and any comparative data noting use by the general population of youth age 1 to 21 years not prohibited by the statutes of the Alabama Medicaid Agency.
3. Information collected is for the sole use of the Alabama Department of Human Resources for the purposes of providing monitoring and oversight of the use of psychotropic medications among youth in its care and custody in compliance with the Child and Family Services Improvement and Innovations Act (P.L. 112-34).



ROBERT BENTLEY
Governor

**State of Alabama
Department of Human Resources**

S. Gordon Persons Building
50 Ripley Street
P.O. Box 304000
Montgomery, Alabama 36130
334.242.1310
www.dhr.alabama.gov



Nancy T. Buckner
Commissioner

Memorandum

February 5, 2013

To: County Directors of Human Resources

From: Paul J. Butler, Director *PJB*
Family Services

Re: Psychotropic Medication

Dr. Brent Wilson with Child Welfare Collaborative, through funding from Casey Family Programs, is currently working with Family Services to assist with policy development that will include guidelines for medication monitoring and methods to analyze foster child usage based on data obtained from the State Medicaid Office. As presented to you all at the AACDHR meeting in December, 2012, there is a federal expectation that each state have clear policy around dosage, usage, and monitoring of psychotropic medication for our children in foster care. These federal expectations are partly in response to national data indicating a disproportionate number of foster children being prescribed psychotropic medications.

The attached Alabama Medicaid prescription claims data graphs include data on medication usage in October, 2012. It would be helpful if you and your staff began a dialogue now around how these psychotropic medications are being prescribed; how outcomes are currently being monitored, etc.

It is important that we have county staff as part of the team as we work toward the development of policy and guidelines. We are eager for this to be a collaborative effort as we craft policy and make plans for implementation. The Division is assessing, among other things, data from FACTS; Medicaid prescription claims; and data around psychiatric hospitalization of our children in care. We value your thoughts, ideas, concerns and suggestions regarding these youngsters, and look forward to our work together. Thank you.

PB:fb

Cc: Buckner, Nancy T.
Lapsley, Carolyn B.
Slaughter, James
DAS
Family Services Management Team
Wilson, M.D., Brent

XXII. Initial Contributors to the Health Care Services Plan

Steven Lafreniere Alabama Department of Mental Health
Kim Davis-Allen Alabama Medicaid Agency, Director, Transformation Initiatives
Kaye Melnick Alabama Medicaid Agency
Brenda Caudle Foster Parent and Registered Nurse

Members of the Alabama Chapter-American Academy of Pediatrics

David Colvard, MD, FAAP
Pippa Abston, MD, FAAP
Kathe Nelson, MD, FAAP
Snehal Katri, MD, FAAP
Madeleine Blancher, MD, FAAP
Marsha Raulerson, MD, FAAP
Linda Reeves, MD, FAAP
Linda Lee, APR, Executive Director Alabama Chapter-AAP

Members of the State Youth Advisory Council

President- S.H.
Secretary- J.O.

Department of Human Resources Staff (Family Services Division)

Margaret Livingston, Manager
Sandy Holmes, Manager
Alice May, Manager
Sue Berry, Program Supervisor

APPENDIX 10

National Resource Center Technical Assistance Synopsis

**State of Alabama
Training and Technical Assistance Summary**

TA from SDHR Staff to County DHR Staff - 2013 Update:

See descriptions of Family Services' Division and Resource Management Division Offices, on pages 4 – 17.

TA from NRC Staff to Alabama - 2013 Update:

As of 4/30/13, the Alabama TA Grid is shown below (any Alabama updates are noted – also see Appendix 11, PIP Steps “Carried Over” to the CFSP/APSR). If TTACC and/or the Children’s Bureau has different information, Alabama will revise the information accordingly.



**JBS International, Inc.
5515 Security Lane, Suite 800
North Bethesda, MD 20852-5007
Main 301.495.1080
Fax 301.587.4352**

Alabama Training and Technical Assistance Status Summary

TA132 CAP Project Integration

Status: Closed

Goals/Objectives/ TA Request and Date	Target Population and T/TA Approach	Providers/ Coordinators and Contact Names	Work Plan/Target Dates Final Outcomes/Date
<p>Date Requested: 11/12/09</p> <p>CB Goal: Safety</p> <p>Request/Objective: The Department is requesting assistance with determining if/how the successes of the Comprehensive Assessment Process (CAP) Project can be integrated in the State's SACWIS system (FACTS), policy, training, and statewide practice implementation</p> <p>How goal/objective will be measured: Though safety of the</p>	<p>Direct Recipients of T/TA: The target population at this point is Family Service Division Administration and Office of CPS staff</p> <p>T/TA Approach: One day of on-site consultation</p>	<p>State T/TA : Sue Ash</p> <p>T/TA Network: NRC for Child Protective Services, Wayne Holder</p> <p>Private/Not for Profit:</p> <p>Regional Office: Donna Dummett; Delores Varner</p> <p>T/TA Coordinator: Deb Martinez, TTACC</p>	<p>FY2010</p>

child and family preservation are two of the items being measured for the Program Improvement Plan, guidance will be sought as to other means by which success can be measured			
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Progress notes/next steps:
08/10/2011 - TTACC facilitated a call to review open TA and determine the State's readiness to proceed with technical assistance efforts. The State has renegotiated their Program Improvement Plan and will focus on the Supervision Strategic Plan and accompanying technical assistance.

05/03/2011 - The T/TA coordination call scheduled for this date was cancelled due to a devastating tornado in the State.

02/08/2011 - The most recent on-site TA of January 25, 2011, rendered a draft workplan for analysis of feasibility of the statewide CAP implementation. The workplan, using implementation science, details tasks from February to August that will help the State determine what will be required to move the CAP program forward statewide. Alabama is starting to create more expertise among State purveyors. The project is moving beyond pilot sites to analysis of statewide implementation. The Ruth Young Center will conduct a fidelity review in May. There is also the possibility of exploring peer-to-peer consultation, bringing people in to meet with Alabama regarding CAP.

01/01/2011 - NRCCPS continues to provide T/TA in Alabama to explore how the successes of the comprehensive assessment process (CAP) project can be integrated in the State's SACWIS system, policy, training, and statewide practice implementation. Currently, Alabama and ACTION consultants are working with the Ruth Young Center to address implementation challenges and develop a modified evaluation plan.

TA907 Improving Safety Intervention

Status: In progress

Goals/Objectives/ TA Request and Date	Target Population and T/TA Approach	Providers/ Coordinators and Contact Names	Work Plan/Target Dates Final Outcomes/Date
Date Requested: 12/14/12 CB Goal: Safety Request/Objective: Improve safety intervention How goal/objective	Direct Recipients of T/TA: State DHR staff T/TA Approach: Off-site, On-site TA	State T/TA : Sue Ash, Manager T/TA Network: NRCCPS Private/Not for Profit: Regional Office: Donna Dummett	

will be measured: Safety outcome measures will improve		T/TA Coordinator: Deb Martinez	
<p>Progress notes/next steps: 01/18/2013 - On January 18, 2013, the Regional Office authorized assessment. TTACC facilitated a call in which the State expressed they would like assistance with:(1)facilitating a statewide safety decision-making steering committee whose mission is to review current State policy for intake and child abuse and child neglect investigations; examine current practice throughout the State as compared to identified policy issues; and develop new policy and practice standards that provide detailed structure and instruction for field staff and supervisors; (2) strategic planning and adherence to implementation science stages and drivers; (3) developing a train the trainers package; (4) competency building with regional purveyors; (5) designing an approach/method for regional presentations to staff and supervisors; and (6) developing a quality control feedback loop. TTACC will facilitate status update calls at 4-6 week intervals to learn about assessment progress and workplan development.</p> <p>12/14/2012 - On December 14, 2012, the Department of Human Resources requested technical assistance in their continued efforts to improve safety intervention.</p> <p>Alabama 2013 APSR Update: 2012: Alabama applied for and was granted a one-year no cost extension to this opportunity. We have altered plans while utilizing the excellent policy and practice drivers gleaned from the CAP Project that was not successful due to many previously documented reasons.</p>			

TA985 Coaching Component of Leadership Academy for Supervisors (LAS)

Status: In progress

Goals/Objectives/ TA Request and Date	Target Population and T/TA Approach	Providers/ Coordinators and Contact Names	Work Plan/Target Dates Final Outcomes/Date
<p>Date Requested: 2/28/13</p> <p>CB Goal: Safety, Permanency, and Well-Being</p> <p>Request/Objective: Implement transfer of learning connected to LAS</p> <p>How goal/objective will be measured: Improved outcomes</p>	<p>Direct Recipients of T/TA: DHR child welfare supervisors, managers, and administration</p> <p>T/TA Approach: Off-site, On-site TA</p>	<p>State T/TA : Larry Dean</p> <p>T/TA Network: NRCOI, NCWII</p> <p>Private/Not for Profit:</p> <p>Regional Office: Donna Dummett</p> <p>T/TA Coordinator: Deb Martinez</p>	
<p>Progress notes/next steps: 03/01/2013 - State DHR requested technical assistance in coaching to promote participants' transfer of learning connected to pilot implementation of the Leadership Academy for Supervisors (LAS) in two</p>			

counties. The State wants to expand and roll out to other counties in the State. TTACC facilitated a call that resulted in Regional Office authorization for assessment on March 1, 2013. TTACC will facilitate status update calls following planned modules.

Supervisors as Safety Experts

Status: Complete

Goals/Objectives/ TA Request and Date	Target Population and T/TA Approach	Providers/ Coordinators and Contact Names	Work Plan/Target Dates Final Outcomes/Date
<p>Date Requested:</p> <p>CB Goal: Safety</p> <p>Request/Objective: Supervisors as safety experts</p> <p>How goal/objective will be measured: Though safety of the child and family preservation are two of the items being measured for the Program Improvement Plan, guidance will be sought as to other means by which success can be measured</p>	<p>Direct Recipients of T/TA: Line (child welfare) supervisors</p> <p>T/TA Approach: Train-the-trainer</p>	<p>State T/TA : Sue Ash</p> <p>T/TA Network: NRCCPS, Wayne Holder</p> <p>Private/Not for Profit:</p> <p>Regional Office: Donna Dummett; Delores Varner</p> <p>T/TA Coordinator:</p>	<p>FY2010</p>

Progress notes/next steps:
 03/03/2010 - NRCCPS continues work with Alabama to develop child welfare supervisors as safety experts. This work has involved four States pooling their resources to develop a rigorous, individually driven learning experience. This experience includes approximately 165 hours of programmed exercises, seminars, etc. Current efforts center around implementation and the possibility of transferring the program online. NRCCPS has contracted with a software company and will begin adaptation and revision in the weeks ahead.

TA23 Diligent Recruitment

Status: Complete

Goals/Objectives/ TA Request and Date	Target Population and T/TA Approach	Providers/ Coordinators and Contact Names	Work Plan/Target Dates Final Outcomes/Date
<p>Date Requested:</p> <p>CB Goal: Diligent recruitment of foster/adoptive families has been identified as an area needing improvement in the most recent CFSR; a recruitment retention Program Improvement Plan workgroup made several recommendations that are included in the Program Improvement Plan</p> <p>Request/Objective: The department requested assistance in developing targeted recruitment strategies for foster and adoptive (resource) families based on market research conducted on existing good families (definition to be developed)</p> <p>How goal/objective will be measured: Measurement of Program Improvement Plan related activities will be done through the Evidence of Completion that has been established for each of the Program Improvement Plan activities, and ultimately through</p>	<p>Direct Recipients of T/TA: Community stakeholders, State office staff, and county resource staff</p> <p>T/TA Approach: Technical assistance with obtaining and interpreting market segmentation data; on-site technical assistance working with county and State staff as well as community stakeholders in recruitment/retention plan development; technical assistance will be provided in developing recruitment message, developing recruitment strategies, and prioritizing phases of implementation</p>	<p>State T/TA : Connie Rogers</p> <p>T/TA Network: NRCRRFAP at AdoptUSKids, John McKenzie, Judith McKenzie, Mary Brooks, and Jackie Pray</p> <p>Private/Not for Profit:</p> <p>Regional Office: Donna Dummett; Delores Varner</p> <p>T/TA Coordinator: Deb Martinez, TTACC</p>	<p>Market research has been completed and used to develop, implement, and monitor a recruitment plan; monitoring of outcomes is scheduled to begin in 2011 and will continue on an ongoing basis</p>

<p>progress on achieving data improvement goals that are still to be negotiated with the Children's Bureau</p>			
<p>Progress notes/next steps: 02/08/2011 - February 8, 2011 update: the NRC work focused on the use of market segmentation to develop targeted messages and to infuse that information into local recruitment and retention plans. Ms. Rogers has continued this work by meeting with counties individually to develop recruitment and retention plans. All counties were asked to use the Adoption Month toolkit as one resource in developing plans. Jefferson, Bessemer, and Tuscaloosa county plans are complete, and she anticipates completion of five additional counties in March. All county plans will be completed in March and rolled into a State recruitment and retention plan. Upon completion, the State will consider a monitoring process for implementation of local recruitment efforts Ms. Rogers' one-on-one work with the counties has been fruitful and has resulted in individualized county plans. This technical assistance is complete and ready for closure.</p> <p>06/06/2010 - NRCRRFAP and Alabama have developed targeted recruitment strategies for foster and adoptive (resource) families based on market segmentation research. The recruitment plan is a flexible document and will accommodate additions. The child specific recruitment initiative has expanded. The State has piloted strategies in selected counties to further refine the recruitment plan, and the NRC is prepared to continue assistance as the plan is rolled out in phases statewide.</p>			

TA325 Strengthening Child Welfare Supervision

Status: Complete 11/19/2012

Goals/Objectives/ TA Request and Date	Target Population and T/TA Approach	Providers/ Coordinators and Contact Names	Work Plan/Target Dates Final Outcomes/Date
<p>Date Requested:</p> <p>CB Goal: Systemic Reform</p> <p>Request/Objective: Based on the second CFSR Statewide Assessment and On-site Review, the State knows it must improve its child welfare supervision; State is requesting T/TA from NRCOI and the NRC-CWDT; the first step will be a training with senior staff in the Children's Services Division on</p>	<p>Direct Recipients of T/TA: CW Supervisors</p> <p>T/TA Approach: A series of on-site meetings with supervisors combined with some conference calls; introductions, status reports, and followup with leadership</p>	<p>State T/TA : Larry Dean</p> <p>T/TA Network: NRCOI, Steve Preister; NRC-CWDT, Joe Murray</p> <p>Private/Not for Profit:</p> <p>Regional Office: Donna Dummett, RO</p> <p>T/TA Coordinator: Deb Martinez, TTACC Coordination Specialist</p>	<p>Strategic Plan will be completed in 3-5 months; this is a four-step process: (1) train State leadership in the redesign process; (2) determine leadership's vision of child welfare supervision; (3) provide T/TA to the workgroup to create a strategic plan; (4) implement the strategic plan</p>

<p>the child welfare supervisors</p> <p>How goal/objective will be measured: Measurement of Program Improvement Plan related activities will be done through the Evidence of Completion that has been established for each of the Program Improvement Plan activities and ultimately through progress on achieving data improvement goals that are still to be negotiated with the Children's Bureau</p>			
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Progress notes/next steps:

09/06/2011 - September 6, 2011 update: TTACC facilitated a call with NRCOI, key State participants, and the Regional Office. NRCOI will work with Alabama to assess and draft a workplan based on their current status following the tornado and taking into consideration current budget challenges. The State and NRCOI will reconvene the workgroup via Webinar to complete a new assessment and workplan for moving forward with the Supervision Strategic Plan. Additionally, NRCOI will be in touch with NRC-CWDT in anticipation of the continued need for their technical assistance.

08/10/2011 - August 10, 2011 update: TTACC facilitated a call to review open TA and determine the State's readiness to proceed with technical assistance efforts. The State has renegotiated their Program Improvement Plan and will focus on the Supervision Strategic Plan and accompanying technical assistance.

05/03/2011 - May 3, 2011 update: The T/TA coordination call scheduled for this date was cancelled due to a devastating tornado in the State.

02/08/2011 - February 8, 2011 update: NRCOI and NRC-CWDT continue work with the State. Management is reviewing the identified and prioritized strategies with the expectation that three or four of them will be implemented as part of the Child Welfare Supervision Strategic Plan.

TA223 Parent Leadership Training

Status: Complete 5/14/2012

Goals/Objectives/ TA Request and Date	Target Population and T/TA Approach	Providers/ Coordinators and Contact Names	Work Plan/Target Dates Final Outcomes/Date
Date Requested: 9/30/10	Direct Recipients of T/TA: Community Based	State T/TA :	9/30/10- TA approved and ongoing plan for

<p>CB Goal: Prevention</p> <p>Request/Objective: Provide Parent Leadership Training, develop statewide parent leadership team</p> <p>How goal/objective will be measured: Increased parent leadership across multiple statewide agencies</p>	<p>Child Abuse and Prevention (CBCAP)-funded grantees, parents, State agencies, community and faith-based organizations, early children comprehensive systems (ECCS) team members</p> <p>T/TA Approach: Teleconference and on-site T/TA</p>	<p>T/TA Network: FRIENDS NRC</p> <p>Private/Not for Profit:</p> <p>Regional Office: Donna Dummett, Delores Varner</p> <p>T/TA Coordinator: Deb Martinez, TTACC Coordination Specialist</p>	<p>leadership training developed; 1/25/11- Parent Leadership Training provided; 4/11- Tentative Statewide Parent Leadership Team training planned</p>
<p>Progress notes/next steps: Legacy notes: On 9/30/10, the Alabama CBCAP State Lead Agency requested Parent Leadership training. All CBCAP State leads are required to integrate parent leadership training into the planning, implementing, and evaluating of their programs. The Lead Agency is also developing a statewide parent leadership team. This team will continue to provide training across the State and will be trained in the Parent Leadership Ambassador training of trainers model in April 2011. The goal of this effort is to create local parent leadership groups in the State to continue building capacity. On 11/5/10, the FRIENDS NRC, Circle of Parents, and the ECCS TA provider collaborated with the CBCAP State Lead Agency to work with the Alabama Parent Leadership Team on recruiting and engaging key stakeholders for parent leadership training. On 1/25/11, The FRIENDS NRC, in collaboration with the Circle of Parents, provided parent leadership training to 62 participants in two venues in Alabama. There will be additional training for the Statewide parent leadership team in April 2011. February 8, 2011, update: NRC FRIENDS was on site January 25, 2011. NRC FRIENDS, in collaboration with the Circle of Parents, provided parent leadership training in two venues in Alabama. The next training in April 2011 may also serve as a training for trainers with the hope that a parent council may evolve. May 3, 2011, update: The T/TA coordination call scheduled for this date was cancelled due to a devastating tornado in the State. September 6, 2011, update: on April 19, 2011, The NRC FRIENDS partner organization, Circle of Parents, provided a Webinar on parent leadership to the CBCAP State Lead agency network of family resource centers.</p>			

TA414 Foster Parent Mentoring

Status: Complete 04/30/2011

Goals/Objectives/ TA Request and Date	Target Population and T/TA Approach	Providers/ Coordinators and Contact Names	Work Plan/Target Dates Final Outcomes/Date
<p>Date Requested: 3/7/11</p> <p>CB Goal: Safety, Permanency, Well-being</p>	<p>Direct Recipients of T/TA: Agency staff, foster parents</p> <p>T/TA Approach: Teleconference and on-site T/TA</p>	<p>State T/TA :</p> <p>T/TA Network: NRCRRFAP</p> <p>Private/Not for Profit:</p>	<p>3/7/11- TA approved</p>

<p>Request/Objective: Develop foster parent mentoring program, design training for mentors to implement program</p> <p>How goal/objective will be measured: Increased retention of foster parents, improved safety, permanency, and well-being outcomes for children</p>		<p>Regional Office: Donna Dummett and Delores Varner</p> <p>T/TA Coordinator: Deb Martinez, TTACC Coordination Specialist</p>	
<p>Progress notes/next steps:</p> <p>08/10/2011 - TTACC facilitated a call to review open TA and determine the State's readiness to proceed with technical assistance efforts. The State has renegotiated their Program Improvement Plan and will focus on the Supervision Strategic Plan and accompanying technical assistance.</p> <p>05/03/2011 - The T/TA coordination call scheduled for this date was cancelled due to a devastating tornado in the State.</p> <p>03/07/2011 - On 3/7/11, the RO approved T/TA for State to work with NRCRRFAP to continue development of a foster parent mentoring program. The State requested help to develop a Foster Parent Mentoring Program as identified in their Program Improvement Plan. Several tasks have been completed toward achievement of the primary strategy for retention of foster parents. The State requires assistance in completing the program description and designing training for mentors to implement the program. Foster Parent Mentoring is a new concept to the agency. The State Foster/Adoptive Parent Association has a Foster Parent Advocate program in place. The State would like the mentoring program to be different from this identified advocacy program. The State has conducted a survey of foster parents and staff and has enough information to begin.</p>			

APPENDIX 11

Alabama's Round Two Program Improvement Plan Steps "Carried Over" to the CFSP / APSR

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 on July 13-14, 2011.

As a result of these negotiations, it was decided that some PIP activities would be transferred to the CFSP / APSR for the time frame of 2010 – 2014. The PIP was successfully completed on August 31, 2012. Listed below are the PIP steps that were transferred for completion to the CFSP, along with a status report on the respective activities.

Transfer to the CFSP for 2010 – 2014

PRACTICE MODEL

1.7 Provide DHR staff with ways in which practice model implementation ideas can be collected and distributed. Initiate during PIP, with updates in the CFSP.

Memo's, dated as shown below, were distributed to counties and included the identified content.

October 4, 2012

- Principle 3, Well Being and Development - Examples (2) Provided
- Principle 4, Family Centered and Culturally Responsive - Examples Sought

November 27, 2012

- Principle 4, Family Centered and Culturally Responsive - Examples (6) Provided
- Principle 5, Individualization of Services - Examples Sought

February 7, 2013

- Principle 5, Individualization of Services – Example (1) Provided (as well as 1 for Culturally Responsive)
- Principle 6, Community Collaboration - Examples Sought

March 14, 2013

- Principle 6, Community Collaboration - Example (1) Provided
- Principle 7, Professional/Organizational Competence - Examples Sought

June 18, 2013

- Principle 7, Professional/Organizational Competence – Example (1) Provided (as well as 1 for Community Collaboration)

TRAINING

2.2 Implement, monitor and report on a prioritization/incremental plan for the completion of CPP by current staff that have not attended this module. The training plan as provided in Q-6, and initiated in Q-8, will include the completion of approximately 12 sessions during quarters 9-12, with the remainder of the training plan being completed during the CFSP for 2010-2014.

- From October 2012 to May 2013, OCWT has provided three Concurrent Permanency Planning (CPP) sessions in Montgomery and Blount counties.
- One CPP session is scheduled for September 2013.
- Training evaluations completed for CPP depicted the majority of training participants feeling that the training was of great overall benefit to them.
- OCWT plans to request approval for 2-3 more CPP sessions for the remainder of the fiscal year.

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.

- One Supervisor training session was completed in April. Another session is scheduled for July 2013. OCWT plans to request approval for 2-3 more Supervisors sessions for the remainder of the fiscal year.

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.

- In August 2012, the Commissioner approved the Charter for the Supervisory Leadership Council (SLC). In keeping with that Charter, a “recommended roster” for the SLC has been developed. Once an approved SLC is in-place, Council meetings will be scheduled.
- In August 2012, the Commissioner also approved the Supervision Strategic Plan (SSP). As of April 2013, the pilot of the online supervisory curriculum, which is a critical step in the SSP, has been initiated. The pilot, consisting of online training and group facilitated sessions, is scheduled to be completed in early September 2013. Following the completion of the pilot, a meeting will be conducted that includes pilot participants, NRC staff and SDHR Leadership. Utilizing input from the pilot, SDHR Leadership will at that point make decisions as to if/how the pilot will be expanded.

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.

As of May 2013, no new policies related to the above-mentioned local protocols had been developed.

6.6 Incorporate training of any revised policies and protocols into future training opportunities for judges, DHR staff, other Agency staff and foster parents.

Unless new/revised policies are finalized, there will not be a need to conduct training sessions related to policies that are revised or newly established.

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.

The Foster Parent Mentoring program was initiated toward the end of June of 2012. Since the one year period of time will not be completed until the end of June 2013, the assessment report will be included in the 2014 APSR.

APPENDIX 12

Alabama Child Welfare Collaborative Initiative 2013 Action Plan and Definition of Prevention Services

Alabama CWCI - 2013 Action Plan and Definition of Prevention Services

Core Members:

Sue Ash, SLO - OCPS (FSD)	Shenita Johnson, Administrative Assistant - FSD Director
Freida Baker, FSD Deputy Director	Betsy King, Division of Resource Management (SDHR)
Richard Burleson (ADPH)	Bob Maddox (AOC)
Paul Butler, FSD Director	Melissa McNeil (ACADV and SQAC Representative)
Connie Byrne, OCWC (FSD)	Christy Mehaffey (Alabama Children's First)
Marcia Calender (DYS)	Cris Moody, OCWT (FSD)
Kanoschu Campbell, OP (FSD)	Kelley Parris (DCAP)
Vicki Cooper-Robinson, OP (FSD)	Carol Penn, FAD (SDHR)
Larry Dean (FSD)	Betsy Prince (ADRS)
Martha Gookin (PBCI)	Hope Skelton, QA (FSD)
Buddy Hooper (AFAPA)	Gina South (ANCAC)
Jessica Jackson (DCAP / CBCAP)	Donna Spear, OCWT (FSD)
John James, FSD Deputy Director	Janet Winningham, DA (FSD)

ACADV Alabama Coalition Against Domestic Violence	DYS Department of Youth Services
ADPH Alabama Department of Public Health	FAD Family Assistance Division (SDHR)
ADRS Alabama Department of Rehabilitation Services	FSD Family Services Division (SDHR)
AFAPA Alabama Foster & Adoptive Parent Association	OCWC Office of Child Welfare Consultation (FSD)
ANCAC Ala. Network of Children's Advocacy Centers	OCWT Office of Child Welfare Training (FSD)
AOC Administrative Office of Courts	OP Office of Permanency (FSD)
CBCAP Community-Based Child Abuse Prevention	PBCI Poarch Band of Creek Indians
CFSR Child & Family Services Review	QA Quality Assurance
CPS Child Protective Services	SDHR State Department of Human Resources
DA Data Analysis	SLO State Liaison Officer
DCAP Dept. of Child Abuse/Neglect Prevention	SQAC State QA Committee

Objective 1: Prevention and Collaboration

- Educate others on our definition (see next page).
 1. Through inclusion in the (DHR) 2013 Annual Progress and Services Report (APSR).
 2. Through reinforcement in the (DHR) ACT I Child Welfare Training Program.
 3. By providing (annually) 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.
- Continue to explore/act on ways in which inter-agency collaboration/support related to prevention of child abuse/neglect could be strengthened.
- Continue to serve as the Advisory Group for DCAP projects.

Objective 2: Data

- Receive updates from FACTS staff once or twice a year if requested by the CWCI team.
- Distribute among team members any data related to the below issues:
 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.
- Share and discuss relevant data from respective agencies and/or otherwise noted/received from other sources (e.g. from attendance at conferences, national data received, etc.).

Objective 3: Legislative Issues

- Work with agencies' legislative liaisons on specific legislation being sponsored related to child abuse and neglect.

Alabama CWCI Definition of Prevention Services*

Child abuse and child neglect 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.

- * Already established/approved by the CWCI Team. This definition can be revised, modified, etc. as members of the Alabama CWCI team so decide.

APPENDIX 13

AFCARS Improvement Plan

AFCARS Improvement Plan

2013 Update: The Department has not yet received a response (from the Children's Bureau) to the July, 2012 submission of the State's AFCARS Program Improvement Plan Update (AIPU). Once a response is received an update can later be provided. **The Children's Bureau completed an onsite Adoption and Foster Care Analysis and Reporting System Assessment Review (AAR) the week of April 11 - 15, 2011. The AFCARS Assessment Review Findings report was received by the State on December 28, 2011. The Children's Bureau's findings are in the tables below**

NOTE: The rating definitions are as follows:

- 1 The system is not collecting the AFCARS data elements and the data are not transmitted to ACF;**
- 2 Technical corrections are required;**
- 3 Improvement in data quality is needed; and,**
- 4 The State fully meets the AFCARS standards (no corrective is required).**

The AIP applies to general requirements or data elements on which a rating factor of 1, 2, or 3 was received.

General Requirements (22)

Rating Factor	Foster Care (8)	Adoption (3)	Technical (11)
4	7	2	9
3	1	1	2
2	0	0	0
1	0	0	0

Data Elements (103)

Rating Factor	Foster Care (66)	Adoption (37)	Total (103)
4	14 (21%)	8 (22%)	22 (21%)
3	34 (52%)	16 (43%)	50 (49%)
2	18 (27%)	13 (35%)	31 (30%)
1	0	0	0

The State's initial AFCARS Improvement Plan (AIP) was submitted to the Children's Bureau on March 16, 2012. This includes plans and estimated completion dates for changes to the FACTS System, AFCARS Extraction Program code, and training of Child Welfare staff.

FACTS System Enhancements:

Included in the State's AIP are 15 FACTS System enhancements, including adding or modifying three Business Objects Enterprise (BOE) reports, scheduled for implementation from March 31, 2013 through October 14, 2014. They are as follows:

Elem #	Description	Module	Estimated Completion Dates
AD 35, GEN 11	Medicaid for adopted children	Finance	4/30/2014
FC 10, 11,12,13,14,15 AD 9, 10,11,12,13,14,15	AFCARS-Client-add start & end date for diagnosis on appointment screen	Client	5/31/2013
AD 7,25, 27, FC 8,52,54	AFCARS-Changes to Primary and secondary race	Client	3/31/2013

FC 56, 58 Related to FC 5	AFCARS - Add AFCARS symbol to Court Hearing Date field	Case	8/31/2014
FC 56	AFCARS - end date on the home removal screen; do not allow case to be split if home removal screen has not been end dated	Case	8/31/2014
Report	AFCARS001 MS report	MS Reports	8/15/2014
AD 19,20	Force user to change court status when TPR is documented	Case	6/15/2014
AD 18	Mother married at time of birth	Case	9/30/2013
FC 44	AFCARS - enable "Unable to Determine" value on Caretaker Family Structure field	Case	3/31/2013
FC 45, 46	Add edits to 1st & 2nd Primary Caretaker's Birth Date	Client	7/31/2013
FC 44, 45, 46	Additional picklist values for Safe Haven	Case	3/31/2013
Report	Modify ADPT090B	MS Reports	10/14/2014
Report	Modify ADPT090A	MS Reports	10/14/2014
FC 10	Move question about diagnosed with disability to the Appointments screen Details	Case	TBD
FC 5	Add a field titled "Administrative Review - Child in Foster Care" to Meeting Schedule Screen	Case	TBD

AFCARS Extraction Program:

Approximately 33 code changes to the AFCARS Extraction Program, beginning April 30, 2012 through April 30, 2014, have occurred or are scheduled to occur.

Child Welfare Staff Training and Monitoring:

The AFCARS Assessment Review Findings report highlighted 20 data quality issues that must be addressed in the State's AIP through staff training and supervisory monitoring of data. AFCARS training for all child welfare supervisors, line workers and county directors was conducted through a two part Power Point presentation. The titles of these presentations are Part I - Adoption and Foster Care Analysis and Reporting System (AFCARS) Overview, and Part II - AFCARS Improvement Plan (AIP) which were released through the State's DHR Learning, Education and Training System (LETS) as mandatory training (on May 23, 2012). Also, additional supervisory data monitoring training will be provided during the Annual Child Welfare Supervisors Conferences scheduled for July 22 – 23 and August 6 – 7 in Birmingham.

The first AFCARS Improvement Plan Update (AIPU) is due to the Children's Bureau on July 12, 2012.

APPENDIX 14

CAPTA UPDATES*

- I. DATA Updates
- II. 2013 CAPTA Budget
- III. Updates to Use of Grant Funds
- IV. State QA Committee (Citizen Review Panel) Report
(see Appendix 8)
- V. Alabama's State Liaison Officer (SLO):

Ms. Sue Ash, Program Manager
Child Protective Services
State DHR - Family Services Division
50 Ripley Street
Montgomery, AL 36130

334.242.9500

sue.ash@dhr.alabama.gov

* See also APSR Posting Attachment Document, pages 74-75.

I. Data Updates

A. Number of Children Referred to CPS under Policies and Procedures Established to Address the Needs of Infants born with and Affected by Illegal Substance Abuse, Withdrawal symptoms or a Fetal Alcohol Spectrum Disorder (number of children with each of the identified symptoms/allegations who were subjects of a child abuse/neglect report received by the Department).

Data and time frames are provided below for the number of CAN reports received by allegation, for the following allegations (Note: Referral intake date was the method used to “assign” children to the yearly cohort groups):

- Chemical Endangerment (methamphetamine)
- Positive for Drugs at Birth / Drug Withdrawal
- Positive Test for Alcohol at Birth / Fetal Alcohol Syndrome

CY	TOTAL	Chemical Endangerment	Positive-Drugs at Birth	Positive-Alcohol at Birth/FAS
2010	374	132	235	7
2011	296	60	228	8
2012	368	130	229	9

B. Number of Families that received a Differential Response as a Preventative Service during the Year:

The data for Prevention reports received is as follows: **Approximately 9,790 Prevention Assessments, involving 15,331 children** were received in FY2011.

II. CAPTA Budget for FY 2013:

Three Administrative Record Review Program Specialists	\$245,312
One Central Registry Program Specialist	\$81,771
Parenting Assistance Line	\$50,000
Meetings and Training for State Program Staff	\$6,500
“Connecting Policy to Practice” Training for Supervisors and Workers	\$22,216
TOTAL	\$405,799

III. Updates to Use of Grant Funds Section of 2011 CAPTA Plan (only those sections with updates are included):

A. Use of Grant Funds

The primary plan for CAPTA funds continues to be maintaining the CAPTA Due Process Requirement through the administering of the administrative record review process. This program improves the child protective services system by establishing procedures for appealing and responding to appeals of substantiated/indicated reports of abuse and neglect. The Administrative Record Review process was implemented June 1, 1999. In past years CAPTA funds have been used for the salaries for 3 Administrative Record Review Program Specialists and one Central Registry Program Specialist. FY 2014 funding for four Program Specialist positions in FY 2014 is \$327,083

1. Intake, assessment, screening and investigation of reports of child abuse or neglect and procedures for appealing and responding to appeals of substantiated reports of child abuse or neglect.

The administrative record review program is a joint partnership between the county departments and the state office. State office administrative record reviewers and the County Director or designee review the case record and any information submitted by the alleged perpetrator to determine if the record supports a finding of abuse or neglect. The alleged perpetrators are given written notice of their right to an administrative record review. They are informed the review process will be completed by a DHR independent panel members of which are not

directly involved in the case and have authority to overturn the decision of the worker/supervisor if the record does not support the finding of abuse or neglect.

The role of the Central Registry Program Specialist is to review Child Abuse/ Neglect reports that have an "indicated/substantiated finding of Child Abuse/Neglect that were received prior to the June 1, 1999 implementation of the CAPTA Due Process Requirement. There must also be a pending request for a Central Registry Clearance. Once the case review is completed by the Central Registry Program Specialist the determination is made regarding the release of the information.

The State Central Registry on Child Abuse and Neglect continues to be widely used by potential employers, who work with children, to screen applicants for employment and for the screening of foster and adoptive parents. The Central Registry Program Specialist also assists in providing accurate information to other states who are requesting Adam Walsh Clearances so awaiting placements can be completed timely. In FY 2014 CAPTA funds will be used for salaries for three Central Administrative Record Review Program Specialists and a Central Registry Program Specialist. These four positions are essential for the timely completion of Due Process in child abuse and neglect reports and the release of information from the Child Abuse/Neglect Central Registry. This is a critical position that requires balancing child safety with liability issues.

In addition to the job duties of the Administrative Record Program Specialists, the Central Registry Specialists are involved in the team approach to assisting counties in improving their child protective services program. They work closely with consultants from within Family Services by providing support and helping to identify strengths and needs in the counties' CPS programs. From October 1, 2011 through May 2013 the Department has received 39,278 requests for State Central Registry Clearances

2. Enhancing the general child protective system by developing, improving, and implementing risk and safety assessment tools and protocols, including the use of differential response.

The Department continues to recognize that supervision is the foundation of good social work practice. Efforts are underway to begin working toward increasing the capacity in line supervisors to assist their staff in making sound decisions around safety planning; case planning and using the comprehensive assessment to improve case practice and case outcomes. Technical assistance has been provided by the National Resource Center for Child Protective Services and approval for additional assistance from NRCCPS will be sought. The department currently utilizes a prevention track as a differential response, in that reports taken as preventions are assessed as not rising to a level of a child maltreatment report, and yet a safety assessment by department staff (using defined initial contact time frames) is still conducted.

3. The services to be provided under the grant to individuals, families, or communities, either directly or through referrals aimed at preventing the occurrence of child abuse and neglect.

The administrative record review program is the service set provided directly to individuals using CAPTA Grant money. See # 1, Use of Grant Funds that is noted above.

The Department continues to support the Parenting Assistance Line (PAL) which is a service of the University of Alabama Child Development Resources. PAL provides a toll free number that links callers to a parenting resource specialist who listens and provides helpful information and support in areas such as child development; handling stress; discipline and parent resources.

B. Referral Of Infants And Toddlers (under 36 months) To Alabama Early Intervention Services (AEIS).

Child welfare staff, under provisions in Child Abuse Prevention Act (CAPTA), shall refer all infants and toddlers from birth to 36 months, with indicated abuse/neglect reports received on or after June 25, 2004 to AEIS. AEIS, a division of Alabama Department of Rehabilitation Services, is funded under Part C of the Individuals with Disabilities Education Act (IDEA). Early Intervention Services identifies through evaluation infants and a toddler with a twenty five percent delay in the major areas of development (e.g., physical, social, adaptive, cognitive, or communication skills) and provides early intervention supports and services to eligible children.

AEIS-DHR CAPTA referral form is required for all children who meet eligibility requirements (i.e., must be under 36 months at time of indicated disposition). FACTS will generate the AEIS-DHR CAPTA Referral Form (DHR-FCS-2121 – see page 18) from case participant information for children under 36 months with an indicated disposition. Due process requirements must be completed for the person allegedly responsible for abuse/neglect before disposing of a CA/N assessment and before sending the DHR-FCS-2121 to Child Find. Referrals should be sent directly to the attention of ADRS/EI, 602 South Lawrence Street, Montgomery, Alabama 36104, or faxed to (334) 293-7393.

C. Policies and procedures regarding the use of differential response, as applicable.

Code of Alabama 1975 § 38-2-6 (10) mandates that DHR seek out and aid minor children in the state who are in need of its care and protection. Furthermore, Code of Alabama 1975 § 26-14-2 clarifies the legislative intent that protective services shall be made available in an effort to prevent further abuses and neglect, and to safeguard and enforce the general welfare of such children.

Child protective services' primary role is to intervene when suspected child abuse/neglect reports are received; however, there are situations when individuals contact DHR to report what they consider abuse/neglect, but the information they provide:

- does not rise to the level of child abuse/neglect according to statutory and Departmental definitions; or
- is insufficient to determine whether a CA/N report exists.

When these situations occur and the intake information reveals the children may be at risk of maltreatment, the information is considered a CPS Prevention referral and an evaluation of the child/family situation is needed. The evaluation process is known as CPS Prevention assessment. Risk of maltreatment is defined, for purposes of this policy, as "family conditions or circumstances that, if left unchanged, can cause child abuse/neglect."

The CPS Prevention process is designed to determine whether on-going protective services are needed to prevent child maltreatment. At any time safety threats or abuse/neglect is discovered during the CPS Prevention process, child welfare staff **must** follow *CA/N Assessment Policies and Procedures*.

Our CPS program requires that children in the home who are not identified as "at risk" shall be interviewed no later than 15 calendar days from the date of the report. The purpose of the interviews with these children is to provide an understanding of whether they are also experiencing the alleged abuse/neglect and if they require protection or if they have information regarding the child abuse/neglect report. [Child Protective Services Policies and Procedures, CA/N Assessment, Information Collection Protocol, Required Interviews, Other Children in the Home].

D. GAL training on early childhood, child and adolescent development.

The Administrative Office of Courts (AOC) is the agency responsible for training GALs in Alabama. It is AOC's plan to include this content in the training they conduct, beginning in April 2012, as stated in the assurance statement shown below:

Provisions and procedures requiring that in every case involving a victim of child abuse or neglect which results in a judicial proceeding, a guardian ad litem, who has received training appropriate to the role beginning in April, 2012, including, training in early childhood, child, and adolescent development, and who may be an attorney or a court appointed special advocate who has received training appropriate to that role (or both), shall be appointed to represent the child in such proceedings-

- a. to obtain firsthand, a clear understanding of the situation and needs of the child; and
- b. to make recommendations to the court concerning the best interests of the child (section 106(b)(2)(B)(xiii) of CAPTA);

The Administrative Office of Courts is the Alabama entity for providing training to the Guardians ad Litem. They are currently providing Stages of Child & Adolescent Development, a 75 minute segment to be a part of their initial GAL certification. Thus far they have trained 80 participants. Also the GAL recertification is focused on this topic. One hundred eight Guardians ad Litem have received the recertification training. Training is provided by different professionals in the various training locations. Currently there are two additional certification courses and five more recertification courses in 2012. **2013 Update:** AOC continues to provide certification and recertification training for attorneys wishing to serve as guardians ad litem in juvenile dependency and termination-of-parental rights cases. In May 2013, the Executive Director of the Alabama State Bar Association sent to Commissioner Buckner a list of 1,161 guardians ad litem who had been certified by AOC. Based on this certification, these guardians ad litem had attended training sessions and substantially completed the 6-hour certification training session and/or the 2-hour recertification training requirement if applicable.

APPENDIX 15

Services for Children Under the Age of Five

What follows are training examples in the training manuals and resource guides for ACT and ACT II that discuss how we train our workers/supervisors to work with this population in an attempt to reduce the length of time in care and address the developmental needs of children under age 5.

ACT I Mod 2:

Resource Guide:

1. Chapter 10- page 148 – factors/influences that contribute to high risk of harm; “child under 5 years of age” is listed as first indicator.
2. Chapter 15 – page 235-243 – The stages of planning with the “Miller” family uses two children, one of whom is Brandon age 5, who has speech delays.

Note: During this module, participants are introduced to three “families” that are used to practice skills over the course of the training. Two of those families have children under the age of 5. In the Dahl family, there is a 3 year. In the Owens family, there is a 3 year old and a 4 month old.

ACT I Mod 3:

Resource Guide:

1. Chapter 3-Using evaluation in assessing the need of children and families; page 67-70. Example uses Sandra (starts on page 69) to identify delays from age 3 to 8
2. Chapter 4- Overview of Human Growth and Development; pages 105 -111 gives information from Birth to 5 years old.
3. Chapter -7-Assessing consequences of prior life experiences on children who have been abused or neglected; page 179 (third paragraph). Also in same chapter, pages 185 to 189 discusses early warning signs of indicators that demonstrate medical, developmental, and psychological needs for infants to school ages children. The Appendix for this chapter on pages 203-212 is a child development tools that lists observable milestones for children birth to 5 years of age. It explains that if child is not meeting said milestones that further evaluation may be needed.

Training Guide/Participant Guide/Classroom material:

1. Participant Guide, pages 8-10; Assessment in Crisis vignettes uses an 8th month old in one example, a 4 year old in the other example and a 2 and 4 year old in the final example.
2. Training Manual Chapter 3; Attachment and bonding. Page 3-6, item 4 class discusses way to initiate positive attachment with “small children”. We also discuss adolescents and adults. There is an exercise in the Participant Guide on pages 22 -23; Assessing Attachment through visits. Vignettes use two children in foster care, ages 12 months and 28 months.
3. Training Manual 5-2 ; Assessing child’s basic health, mental health, and educational needs. Exercise on Christina, age 4, in Participant Guide pages 144-145. Includes an activity on Planning to meet the need resulting from maltreatment (page 5-9)
4. Training Manual 5-10; Assessing behavior as related to stages of growth and development. Exercise in Participant Guide pages 148-155 uses several vignettes 4. The following focuses on children 5 years old or younger: page 148, Josh 5 years old, page 149, Alice 9 months old, page 151, Holly 4 years old (has a sibling), page 155, Adam 4 years old.

ACT II: Concurrent Permanency Planning Training:

The entire Concurrent Permanency Planning training deals with timely permanency for children of all ages. Below are some specific pieces of how CPP addresses

- A description of the activities undertaken by the State to reduce the length of time that young children under the age of five are in foster care without a permanent family (section 422(b)(18) of the Act); and

- A description of the activities the State undertakes to address the developmental needs of children under the age of five who receive services under the title IV-B or IV-E programs (section 422(b)(18) of the Act).

****ASFA is discussed with defining success as “timely permanency” so that children do not linger in care (for children in care of all ages.) A video (Creative Strategies for Permanency) is used describing the children’s need for permanency and strategies which can be used to give permanency to children in care. The video and discussion also cover the importance concurrent planning.

****Concurrent planning is discussed to include the definition, federal regulations, and goals. A handout and discussion is also provided regarding the core concurrent planning components. Below are the handouts.

Handout 1.4 - Concurrent Planning – From the final Federal Regulations

- Effective Tool to Expedite Permanency
- May Not be Appropriate for Each Child
- Not a Requirement, but Encouraged
- Requires Individualized Assessment and Decision-making
- States have the option to make reasonable efforts to make concurrent permanency goals
- States are required to make reasonable efforts to find permanency for children who cannot return to their biological parents
- States must concurrently identify, recruit, process and approve a qualified adoptive family for a child when it files or joins a petition to terminate the parental rights of that child.

What is Concurrent Planning?

- Concurrent rather than sequential planning efforts to more quickly move children from the uncertainty of foster care to the security of a safe and stable permanent family

What are the Goals of Concurrent Planning?

- To promote early permanency decisions for children in out-of-home care
- To reduce the number of moves and relationship disruptions children experience in foster care
- To decrease children’s length of stay in foster care

Handout 1.5 - CORE CONCURRENT PLANNING COMPONENTS

(Adapted from Concurrent Planning Materials of Lutheran Social Services of Washington and Idaho)

SUCCESS REDEFINED - Early permanency for children is the goal

ASSESSMENT

- Culturally respectful family and child assessments - strengths, needs, core problems
- Tentative, reasoned hypothesis about the probability of the child’s returning home, and the family’s capacity to benefit from reunification services, and the need for an alternative plan

FULL DISCLOSURE

- Respectful, candid discussion early on about impact of foster care on children, clarity about birth parents’ rights and responsibilities, supports agency will provide, permanency options, and consequences of not following through with case plan
- Open, honest discussions with all parties - biological families, relatives, foster/adoptive families, attorneys, other service providers
- Use of ISP team meetings to involve families in early planning.

CRISES AND TIME LIMITS AS OPPORTUNITY

- Placement and clarity about time limits designated by law can create crises for families
- Using time limits and the “crisis” of the placement as an opportunity to make change
- Time limits based on children’s urgent need for a stable, caring and permanent family

MOTIVATING PARENTS TO CHANGE

- The role of the worker is to engage families in planning, to motivate them to change and support the process of change
- The role of the parent and/or family is to change

EARLY SEARCH FOR ABSENT PARENTS AND RELATIVES

- Early determination of paternity
- Early identification of tribal affiliation

FREQUENT PARENT-CHILD VISITATION

- The most visited children are the most likely to be discharged to their parents
- Involving foster parents in parent-child visits promotes more supportive relationships

PLACEMENT WITH PERMANENCY PLANNING RESOURCE FAMILIES

- Working on multiple permanency goals
- Foster parents as permanency resources
- Completion of early home studies for resource families
- Partnerships between biological parents, agency workers and foster parents

OPTIONS COUNSELING

- Reviewing permanency options
- Recognizing, exploring, and resolving parental ambivalence
- Helping parents understand multiple permanency goals

WRITTEN AGREEMENTS, SCRUPULOUS DOCUMENTATION AND TIMELY CASE REVIEW

- Short term immediate goals and long term permanency goals - Who will do what, when and how
- Service linkages are key - drug treatment, domestic violence, mental health, family support
- Writing down goals, tasks and time frames helps motivate parents to follow through
- Documentation of services provided and case progress - behaviors, not promises is the only evidence that can be reported on in court
- Early and ongoing case review to assess progress, review continuing needs, plan for the future

LEGAL/SOCIAL WORK COLLABORATION

- Consideration of due process and parental rights when children are first placed in care
- Early determination of paternity and search for relatives.
- Consultation and support from legal staff assures legally sound case work and case planning
- A good social work plan is a good legal plan

*** Small group activity using the Roosevelt story. Roosevelt is a 14 year old who has been in fc since age 4. The activity is processed by discussing the length of time he has been in care, and assessing his developmental needs that have and have not been met from age 4 until now (age 14). These are the handouts used in this activity:

Handout 1.6

Roosevelt (*)

It would not take long to climb Roosevelt's family tree. If Roosevelt, age 14, were the trunk, then his little sisters, Kayla and Melissa, are the only branches. Roosevelt never knew any of his aunts, uncles or grandparents. His parents placed him in foster care when he was 4, and have neither called nor seen him since he was 10. As a child, Roosevelt was overwhelmed with disappointment; he became suicidal at 6, and has lived from then on in hospitals and group homes. Yet, no matter where he was, he maintained a close relationship with his sisters, who were in foster care. They often met in local parks, or went shopping together at the mall.

Then last summer, about the time Roosevelt was moving into a residential treatment center, he learned that Kayla, age 12, and Melissa, age 10, were to be adopted by a family moving to North Carolina. Roosevelt felt abandoned once again, and he grew jealous and angry. In his dormitory room he cried every night. All he could think of was that he would soon be completely alone in the world. His pain did not go unnoticed by his counselor who described him as having "no hope, no vision for his future". Roosevelt expressed jealousy of his sisters and was enraged they were willing to leave him behind. He tore up his room, wrote letters saying he never wanted to see his sisters again and that he saw the woman who was adopting them as the enemy. At school he fell asleep or disrupted class.

His counselor provided him with individual, group and recreational therapy which encouraged him to socialize with other young people. Eventually, he came to trust his counselor who was trying to help him get past his rage. He was asked if he felt anything for his sisters besides anger. And Roosevelt admitted that he loved them. A family group meeting was held with Roosevelt and his two sisters. Kayla and Melissa told him that they loved him and did not want to leave him, but this was their only chance to become part of a permanent family. Roosevelt told them he understood. "That's all I want", he said, "a family where somebody cares about me." Since then Roosevelt and his sisters have maintained their

closeness. The girls joined him for Christmas dinner and visits to the mall continued as they planned for how they would keep in contact after the move to North Carolina took place. Plans to talk on the phone twice a week were made, as were arrangements for Roosevelt to use the computers at his residential center to send his sisters email.

Now that he knows his sisters are not going to vanish the way his parent did, Roosevelt's outlook has improved. He has made friends with the woman who is adopting his sisters. He no longer cries at night or sleeps through class. His grades have gone from F's and C's to A's and B's. And instead of tearing up his room, he keeps it clean: last month his was runner-up for the "best room" in his dormitory. Roosevelt even has a plan for the future: he wants to be a social worker so he can help other young people in need. He still hopes that, one day, his parents will return. If they never do, he said, he would like to find a new home with loving parents. For now, though, he is happy for his sisters. "At first I was jealous that they had a good, safe home, and I didn't," he said. "But, I know they're cared for, and that's good for them, so its good for me, too."

(*) Adapted from the New York Times Neediest Cases, "Abandoned Boy Finds Acceptance and Support" January 16, 1999.

Handout 1.7 - Factors Related to Out-of-home Care

- Extended stays in out-of-home care can have negative and lasting effects on child development
- Negative impact increases with multiple placements and relationship disruptions
- Children placed close to family and community are more likely to have parental visitation and to return home
- Parents who visit regularly are more likely to be reunited with their children
- Children who remain in care longer than 12-18 months are less likely to return home (indicating that attention needs to be focused on their need to be allowed to move on to a permanent family)

HANDOUT 1.8 - Children's Developmental Needs

- SECURITY AND PROTECTION FROM HARM
- FOOD, CLOTHING, SHELTER, HEALTH CARE
- TO BE NURTURED, LOVED, ACCEPTED
- SPIRITUAL AND MORAL FRAMEWORK IN WHICH TO LEARN RIGHT FROM WRONG
- OPPORTUNITIES TO GROW INTELLECTUALLY, EMOTIONALLY, SOCIALLY, PHYSICALLY AND SPIRITUALLY - AND IDEALLY , TO REACH MAXIMUM POTENTIAL
- STABILITY, CONSISTENCY, CONTINUITY AND PREDICTABILITY IN FAMILY RELATIONSHIPS – SECURE ATTACHMENT WITH AT LEAST ONE SIGNIFICANT ADULT
- LIFETIME FAMILY CONNECTIONS WITH THE INTENT OF LIFETIME COMMITMENT WHICH GIVES A SENSE OF BELONGING
- CONNECTIONS TO THE PAST
- HOPE FOR THE FUTURE...

***Discussion about "why secure attachments are so critical for children's healthy growth and development", using "Erikson's stages of emotional development", "Types of attachment", and "Secure attachments and insecure attachments" handouts. Discussion includes points such as:

- Children need care and nurturing from at least one consistent adult in their first year of life for basic trust and positive attachments to emerge - they need someone to "love them to death", to make them feel special
- The way children's needs (for food, clothing, changing, sleep, play, overall developmental stimulation) are met - especially in first year of life - will influence whether the child sees the world as a pleasant, safe place to be
- When children feel safe and secure, it is easier to move through the other stages of developmental challenges
- When children do not have daily, consistent and nurturing caretakers, or when their relationships/attachments are disrupted through removal from the family/home, they are traumatized from the loss of the known relationship and find it difficult to trust new caregivers - no matter how serious the need for removal and how well-meaning new caretakers may be
- Secure attachments are formed through consistent daily caregiving that meets the child's physical, emotional, social, intellectual and spiritual needs
- When the child's needs are met, a reciprocal interaction emerges...the child relaxes/is satisfied, the parent relaxes/is satisfied - and a bonding between the two develops
- Comment that recent research is now beginning to show the importance of early life experience and secure attachments for the healthy brain development of young infants and toddlers. Nurturing or non-nurturing experiences shape the pathways that are formed in the brain which in turn determine the kind of responses the child will develop and carry with him/her into childhood and adulthood.

Handouts are:

Handout 1.10 - Erik Erikson's Stages in Children's Emotional Development

(Adapted from Katz, Spoonemore, Robinson. Concurrent Planning: From Permanency Planning to Permanency Action. Lutheran Social Services of Washington and Idaho. 1994)

Age 0-1.5 years

Development of a sense of basic trust. This grows out of consistent, reliable physical care by at least one caring nurturing caretaker who meets the child's basic needs. This can be permanently undermined by poor, inconsistent care or by multiple placements. Without this sense of trust, children will have difficulty moving into the next developmental stage.

Age 1.5-3 years

Development of a healthy sense of autonomy. This grows out of the child's opportunity to make choices appropriate to his/her age, and to move away from the caretaker for brief periods with confidence that the relationship will endure. Overly harsh treatment, or infantilizing treatment, prevents the sense of autonomy from developing. Loss of the caretaker, or sequential caretakers, can stunt this development severely. Without a sense of autonomy, children learn not to trust themselves.

Age 3-6 years

Development of a sense of initiative. Through taking risks, observing, imitating, and fantasizing a sense of personal initiative develops. As the child experiments with behaviors, a sense of right and wrong grows. A consistent, encouraging caretaker makes these developments possible. Inconsistency of caretakers inhibits this process, and overly punitive treatment leads to excessive guilt and feelings of worthlessness.

Age 6-10 years

Development of a sense of industry. Through the relationship with the caretaker and teachers, the child learns useful skills, a sense of accomplishment, and an ability to problem solve. Without consistent encouragement and support the child can feel defeated, discouraged, and inferior.

Age 10-18 years

Development of a sense of identity. Building on all prior developmental stages, the child learns to see his abilities realistically, and to develop his talents and interests in preparation for adult life. When prior stages have been inhibited or stunted, identity remains confused and full maturity cannot be achieved.

Handout 1.11 - Types of Attachment

(Adapted from "Concurrent Planning: From Permanency Planning to Permanency Action". Katz, L.; Spoonemore, N.; Robinson, C. Lutheran Social Services of Washington and Idaho, p. 45)

Attachment Definition:

- A psychological bond to a person who provides protection
- Promotes a child's sense of security
- Protects a child from physical and psychological harm

Child's Attachment Behavior

- Assessed through observations of the child's behavior in the presence or absence of the primary caretaker
- An attempt to maintain proximity (closeness) with another person
- Body contact
- Cries/becomes anxious when the caretaker leaves
- Displays stranger anxiety
- Can have secondary attachments to others: other parental figures, siblings, relatives, day care providers, teachers

Parents' Attachment

- Assessed through observations of the parents behavior in the presence of the child.
- Culture influences parent's attachment behaviors
- Parent recognizes and responds to the child's distress
- Parent ensures protection
- Parent obtains help when needed
- Parent provide soothing/comfort

Secure Attachment

- Child is comfortable, calm in parent's presence
- Child is wary, anxious when parent departs
- Parent is consistently responsive over time
- Reciprocity exists in the interaction between parent and child
- Child sees the parent as a source of safety and security

Insecure Attachment

Avoidant

- Child displays a high level of motor activity
- Child is unperturbed with the parent leaves
- Child is nonreactive when the parent returns
- Parent is insensitive
- Parent avoid bodily contact
- Child sees the parent as likely to rebuff

Anxious

- Child is fearful, agitated when parent leaves
- Child will not be soothed when parent returns
- Parent is insensitive, minimally responsive, and gives delayed, inconsistent, inappropriate responses
- Child sees the parent as not available or responsive

Disorganized

- Child's behavior is bizarre, extreme
- Child overtly rejects, punishes, disciplines the parent
- Child humiliates the parent
- Child provides caretaking to the parent
- Parent is ineffective, inconsistent, helpless
- Child sees the parent as useless, punitive

Handout 1.12 - Attachments

Secure Attachments

- Emerge from continuity and stability overtime
- Involve predictability in relationships and caretaking
- Are a critical task of early childhood development
- Impact overall development: Social, emotional, intellectually, physical and spiritual
- Are formed through connections with at least one adult caretakers who helps the child feel special, worthy, valued, a sense of belonging, certainty, trust and connectedness over time
- Build positive self-esteem
- Are formed through the process of the Tension/Relaxation Cycle

Tension/Need – Baby Cries

Caretaker meets need – Need Met/Relaxation

Tension/Need – Baby Cries

Caretaker meets need – Need Met/Relaxation

Insecure Attachments

- Emerge when basic needs are met inconsistently or when there is no response to basic needs
- Emerge when there is little consistent or predictable comfort
- Results in a learned mistrust that needs will be met
- Result in a child feeling worthless, unvalued, helpless, hopeless and uncertain about the predictability of the world
- Results in children who have little conscience development, poor impulse control, low self-esteem, poor relationships with peers, learning difficulties, and eventually an inability to parent his/her own children (Fahlberg, 1991.)
- Often the results seen in children who experience foster care drift

***Discussion and activity about early reunification indicators and poor prognosis indicators (for children in care of all ages). This includes a comprehensive family assessment and locating absent parents and relatives. Several handouts are provided as tools for identifying and locating relatives. The below handouts are used in the discussion for assessing early reunification or poor prognosis for reunification.

Handout 2.4 - Concurrent Permanency Planning - Assessment Tools

(Adapted by NRCFCPP from Concurrent Planning Materials from Lutheran Social Services of Washington and Idaho and the Colorado Concurrent Planning Guide)

FAMILY STRENGTHS/EARLY REUNIFICATION INDICATORS – *strengths and resources which can be called upon to help the family plan for timely reunification and improve children's well-being.*

PARENT-CHILD RELATIONSHIP

- Parent shows empathy and concern for child
- Parent responds positively and supportively to the child's verbal and non-verbal signals
- Parent shows the ability to put the child's needs ahead of his/her own
- When they are together, child shows comfort in parent's presence
- The parent has raised the child for a significant period of time
- In the past, the parent has met the child's basic physical and emotional needs
- Parent accepts some responsibility for the problems that brought the child into care or to the attention of the authorities

PARENT SUPPORT SYSTEM

- Parent has positive, significant relationships with other adults who seem not to have overt problems (spouse, parents, friends, relatives)
- Parent has a meaningful support system that can help him/her now (church, job, counselor)
- Extended family is nearby and capable of providing support

PAST SUPPORT SYSTEM

- Extended family history shows family members able to help out/provide support when one member is not functioning well
- Relatives came forward to offer help when child needed placement
- Relatives have followed through on commitments in the past
- There are significant other adults, not blood relatives, who have helped in the past
- Significant other adults have followed through on commitments in the past

FAMILY HISTORY

- Family's ethnic, cultural, or religious heritage includes an emphasis on mutual caretaking and shared parenting in times of crisis
- Parent's own history shows consistency of parent caretaker
- Parent's history shows evidence of his/her childhood needs being met adequately

CHILD'S OVERALL DEVELOPMENT

- Child shows age-appropriate cognitive abilities
- Child is able to attend to tasks at an age appropriate level
- Child shows evidence of conscience development

- Child has age-appropriate social skills
- Child's behavioral problems are managed/redirected positively
- Child's health care needs have been met routinely

Handout 2.5 - "POOR PROGNOSIS" for Reunification INDICATORS—Red Flags

CONDITIONS WHICH MIGHT MAKE TIMELY REUNIFICATION DIFFICULT OR UNLIKELY. CONDITIONS WITH AN (*) ARE ASSOCIATED WITH A VERY LOW PROBABILITY FOR FAMILY REUNIFICATION.

CATASTROPHIC PRIOR ABUSE

- Parent has killed or seriously harmed another child through abuse or neglect and no significant change has occurred in the interim (*)
- Parent has repeatedly and with premeditation harmed or tortured this child (*)
- Child has experienced physical or sexual abuse in infancy (treatment of parent may be so difficult and lengthy that child spends years in foster care)

SIGNIFICANT CHILD WELFARE HISTORY

- Parental rights to another child have been terminated following a period of service delivery to the parent and no significant change has occurred in the interim (*)
- There have been three or more CPS interventions for serious separate incidents, indicating a chronic pattern of abuse or severe neglect
- In addition to emotional trauma, the child has suffered more than one form of abuse, neglect or sexual abuse
- Other children have been placed in foster care or with relatives for periods of time over 6 months duration or have had repeated placements with CPS intervention
- This child has been abandoned with friends, relatives, hospital, or in foster care; or once the child is placed in subsequent care, the parent does not visit on his own
- CPS preventive measures have failed to keep the child with the parent
- Parent is under the age of 16 with no parenting support systems, and placement of the child and parent together has failed due to parent’s behavior
- Parent has asked to relinquish child on more than one occasion following initial intervention
- Parent is addicted to debilitating drugs or alcohol and has been unable to provide consistent parenting or self-care
- Pattern of documented domestic violence between the spouses of one year or longer and they refuse to separate
- Parent has a recent history of serious criminal activity and jail
- Mother abused drugs during pregnancy, disregarding medical advice to the contrary
- Parent experienced foster care or group care, or intergenerational abuse

INHERENT DEVELOPMENTAL PROBLEMS

- Parent diagnosed with severe mental illness (psychosis, schizophrenia, borderline personality disorder, sociopathy) which has not responded to previously delivered mental health services; and parent’s symptoms continue, with parent unable to protect and nurture child (*)
- Parent has diagnosis of chronic debilitating mental illness that responds slowly or not at all to current treatment modalities
- Parent is intellectually impaired, has shown significant problems in self-care, and has no support system of relatives able to share parenting

****Discussion, activity, and demonstration on full disclosure. Includes discussing time limits with parents, permanency options, developmental and psychological effects on children in FC. There is discussion and an example of how ISPs need to be specific and individualized toward the goal of timely permanency. This piece is for children of all ages.

****Adoption and preparation for adoption is covered for children of all ages. Lifebooks are discussed as a tool that can be used in helping children with permanency and adoption. The developmental needs, as related to adoption, are discussed. The below handout is used.

HANDOUT 4.7 - A PSYCHOSOCIAL MODEL OF ADOPTION ADJUSTMENT

AGE PERIOD	ERIKSON'S PSYCHOCOSOCIAL TASKS	ADTOPTION-RELATED TASKS
Infancy*	Trust vs. Mistrust	Adjusting to transition to a new home Developing secure attachments, especially in cases of delayed placement
Toddler Years and Preschool Years**	Autonomy vs. shame and Doubt; Initiative vs. Guilt	Learning about birth and reproduction. Adjusting to initial information about adoption Recognizing differences in physical appearance, especially in interracial and intercountry adoption
Middle Childhood**	Industry vs. Inferiority	Understanding the meaning and implications of being adopted Searching for answers regarding one’s origin and the reasons for relinquishment.

		<p>Coping with physical differences from family members</p> <p>Coping with stigma associated with adoption</p> <p>Coping with peer reactions to adoption</p> <p>Coping with adoption-related loss</p>
Adolescence	Ego Identity vs. Identity Confusion	<p>Further exploration of the meaning and implications of being adopted</p> <p>Connecting adoption to one's sense of identity</p> <p>Coping with racial identity in cases of interracial adoption</p> <p>Coping with physical differences from family members</p> <p>Resolving the family romance fantasy</p> <p>Coping with adoption-related loss, especially as it relates to the sense of self</p> <p>Considering the possibility of searching for biological family</p>
Young Adulthood	Intimacy vs. Isolation	<p>Further exploration of the implications of adoptions as it relates to the growth of self and the development of intimacy</p> <p>Further considerations of searching; beginning the search</p> <p>Adjusting to parenthood in light of the history of one's relinquishment</p> <p>Facing one's unknown genetic history in the context of the birth of children</p> <p>Coping with adoption-related loss</p>
Middle Adulthood	Generativity vs. Stagnation	<p>Further exploration of the implications of adoption as it relates to the aging self</p> <p>Reconciling the creation of a psychological legacy with one's unknown past</p> <p>Further considerations of searching</p> <p>Coping with adoption-related loss</p>
Late Adulthood	Ego Integrity vs. Despair	<p>Final resolution of the implications of adoption in the context of a life review</p> <p>Final considerations regarding searching for surviving biological family.</p>

* There is no conscious awareness of being adopted at this stage

** There is an awareness of being adopted at this stage, but little understanding of its meaning and implications.

****An activity is used in class to demonstrate how children are prepared for court based on their age. Participants are asked to generate a list of definitions they could use for the following terms in preparing a child for a court hearing. How would they explain them to a 5 year old? A 12 year old?

Adoption
Termination of parental rights
Judge
Social Worker
Guardian Ad Litem (GAL)
Court

****There is an activity and discussion regarding children's thinking, specifically related to adoption. The objective is for workers to consider the children's developmental needs as they help them move through the adoption process. The below handout is used.

Stages of Childhood Thinking

*(Adapted from Claudia Jewett Jarratt, **Helping Children Cope with Separation and Loss**. 1994.)*

Magical Thinking

- Earliest stage of understanding and processing observations
- Through 7 years of age
- Children believe they are responsible for whatever happens to them and others
- Focus on self-blame
- Magically believe that they have unlimited power and responsibility
- Literal thinking
- Fantasy and reality blend
- Death can be reversed

Concrete Thinking

- Move into this way of processing and thinking around 6 –7 years of age
- Can revert to magical or concrete thinking under stress (adults as well)
- Lasts until age 11 or 12 or older
- Thinking involves absolutes: good/bad, always/never, either/or
- Little ability to deal with subtleties, ambiguities, euphemisms
- Break down sentences into individual words which are translated into individual pictures and associations

- Choice of words and language can cause worries later
- Grasp information most accurately and clearly when framed in terms of senses: what seen, heard, felt – can reinforce their trust in their own powers of observation; and provide reassurance that it is ok for them to notice that things haven't been going well

ACT II: Child Protective Services Training (CPS):

PRESENTATION: MISSION OF CPS

5. Display OVERHEAD: Pyramid

Begin by displaying the top part of the pyramid, then work down to the foundation.

To accomplish the mission of achieving safety and permanency we need effective services and supports. To have effective services and supports, we need an effective ISP. To have an effective ISP, we need an understanding of the facts (disposition -- was the child maltreated or is the child threatened with maltreatment) and the underlying issues related to the maltreatment. To understand the facts and underlying issues, we need to gather accurate facts and interpret them correctly. It is that foundation this training is focused on.

CPS 3 Infants and Toddlers – Risk Factors

- Newborns' limited ability to reciprocate social interaction
- Infants' often overwhelming demands
- Infants' crying/screaming
- Infants' needs for special/extra care in cases of premature birth, medical conditions, colic

5. Display OVERHEADS (2): Infants & Toddlers Risk Factors

Go over each item, provide examples.

Emphasize that most child abuse/neglect related deaths occur within this age group.

Stress the need to be ESPECIALLY prompt and thorough in responding to reports involving infants and toddlers ... they die easily.

Infants and Toddlers – Risk Factors

- Separations resulting from hospitalization or illness
- Toddlers' development of autonomy/oppositional behaviors
- Toilet training frustration/power struggle

6. Display OVERHEADS (2): Infants & Toddlers Vulnerabilities

Go over each item, provide examples.

Explain that almost 70 percent of children who die from abuse and neglect are under age 2.

Infants and Toddlers Vulnerabilities

- Inability to protect selves or escape abuse
- Inability to provide basic self care
- Rapid brain and body growth make infants and toddlers especially vulnerable to short and long term effects of abuse and neglect
- Infants' soft skulls and less developed muscles more susceptible to severe damage
- Undeveloped head and neck muscles make infants more vulnerable to shaking
- Undeveloped immune systems leave infants susceptible to infection
- Inability to place abuse in any context

7. Display OVERHEADS (2): Preschool Children Risk Factors.

Go over each item, provide examples.

- Ask for examples of how these factors can lead to risk

Preschool Children – Risk Factors

- Curious, exploratory behavior
- Physically busy and active
- Normal cognitive development may be misinterpreted by caretakers (egocentric thought, illogical/magical thinking, limited sequencing ability)

3. Explain that each has a significant impact on the child's psychological development.

In fact, unless the child is killed or permanently physically damaged by abuse or neglect, it is really the physiological psychological impact that will last the longest and can intrude into the child's life as an adult, as a parent, and in the workplace -- interfering with their ability to function.

CPS 4

- Mongolian spots sometimes appear on darker skinned children. They are birthmarks, and are typically gone by age 3. Mongolian spots are blue-gray. The color does not change over time like the colors of bruises do.
- Bruises cannot be self-inflicted until 6-8 months when a baby can sit up and fall down.

CPS 6

starts work with families. Didn't see anything on perm. or development (Two of the families have children 5 yrs. old and under)

Display OVERHEADS (2): Shaken baby syndrome

Shaken baby syndrome is caused by abusive head trauma. When a baby is shaken in combination with being hit against something hard, it is referred to as a "shaking-impact scenario." This was determined to be the cause of Matthew Eappen's death in the Boston Au Pair case.

Direct brain injury occurs when a baby is shaken back and forth every 2-3 seconds and/or hit against something hard. The brain is built to withstand sudden stops from falls, etc, it is designed to accept the reality of gravity. Shaking is an unnatural way to be injured. The main damage is from swelling, not bleeding

There is a reference handout in your materials on this syndrome that can be used in the future to refresh your memory if you get a shaken baby case.

CPS 8

PRESENTATION: DEVELOPMENTAL ASSESSMENT

(__ minutes)

1. Display OVERHEAD: Developmental Assessment

Assessing a child's developmental level is more of an art than a science. Your understanding of the child's developmental level broadens throughout the interview, but the assessment formats outlined here provide a framework of general developmental issues affecting the interview process. The techniques are designed around three general age categories, although chronological age does not always dictate what works best with a given child. For example, children with disabilities may need to be assessed using techniques normally reserved for younger children.

Before discussing children's developmental limitations in the context of interviewing, an important issue must be raised. In this session, we will describe examples in which children's developmental limitations may make it difficult for them to provide the specific information that the interviewer is seeking. This does not suggest that children are incapable of providing specific and accurate information. It does suggest that adults questioning children need to be aware of children's cognitive level in order to ask questions which the child understands. Using clear language and simple questions matched to the child's developmental level will optimize children's completeness and accuracy. Interviewers find themselves faced with children of all developmental stages, from as young as 2 up to age 17. Naturally, different developmental assessment techniques apply to these age groups. Therefore, three sections on developmental assessment are included in this session:

2. Display OVERHEAD: Developmental Assessment

Preschoolers: The primary task when assessing preschoolers is assessing basic skills.

TRAINER'S NOTE: ANECDOTE

The following true story illustrates the importance of assessing children's speech and language. A therapist was driving down the road listening to a tape from a conference about research on children's disclosures. Her 3-year-old daughter was in the back in her car seat, coloring, apparently oblivious to the research statistics being cited. Suddenly the researcher on the tape launched into a statement about a mother who would bathe with her preschool sons and "grabbed their penises." The therapist quickly turned off the tape and checked to see if the 3-year-old had heard the statement. The little girl said, "Mommy, did you hear that, that lady grabbed their peanuts...and she ate them"!

The child in the story did not know the meaning of the word penis, so she connected it with the nearest thing in her vocabulary, a peanut. Even more illustrative is the fact that she went further in her description of the event she heard about, and stated that the lady ate the peanuts. Nothing was said on the tape about eating, but in the mind of the 3-year-old, certainly if you were to grab someone's peanuts, the next step would be to eat them. We must communicate with children in language familiar to them, and we must realize that they have a tendency to "fill in the blanks" with information that makes sense to them.

Elementary age children: Predicting credibility of details is the primary task. Elementary age children may speak with great confidence about dates, times and other details, for example, but not be nearly as accurate as their language would suggest. Therefore it is critical to carefully assess not only their language, but their grasp of concepts.

Adolescents: The challenge here is learning the adult-child balance. Think back to the first time you liked a boy or girl, and what it was like to have the adult feelings, but the awkwardness that went along with it. While adolescents frequently have adult-like physical and intellectual characteristics, we must keep in mind that many times the parallel emotional maturity is not quite there, regardless of how the adolescent is acting.

3. Tell the group, Let's break this down a little and get into talking in detail about preschoolers.

PRESENTATION AND VIDEOTAPE DEMONSTRATION: PRESCHOOL DEVELOPMENTAL ASSESSMENT

(__ minutes)

1. Display OVERHEAD: Prescreening for preschoolers

Prescreening is the best defense for using focused questions with preschool children. Preschoolers fall into three categories. The first is: ***Stage 1 children:*** Children 18-36 months who cannot be reliably interviewed. This category also includes children with delayed achievement of developmental milestones, children who have handicaps, and non-verbal or verbally impaired children.

2. Show VIDEOTAPE of 2-year-old interview.

Ask the group, What did you observe about that child?

Be sure to include the following responses/discussion points:

- 1 Big gaps in her language abilities
- 2 Short attention span
- 3 Limited language
- 4 She repeated the last thing you said (echoing, which can be a big problem if you rely on multiple choice questions)
- 5 You would have to be careful about interpreting her language

You couldn't put much credibility in what this child says – you would need to look to other sources for information.

3. Tell the group that the next category of preschool children is:

Stage 2 children: These are children in transition. Ages 3-4, they have some language, but significant immaturity. A concrete structure is needed for the interview.

4. Tell the group that that last category of preschool children is:

Stage 3 children: Children who can be interviewed. This stage includes bright 3-year-olds up to the age of 5 or 6, who have language, concepts, attention span, narrative capacity and cooperation. These children may respond to a structured interview, but they cannot shift perspectives, think abstractly, or answer complex questions.

5. Tell the group that Sandra Hewitt has created an excellent protocol for assessing development of children ages 3-5 (stage 3 children). Some of the unique factors in the protocol, which complement or supplement the techniques discussed above, include the following:

6. Display OVERHEAD: Language

As the preschooler explores the office and the interviewer engages in rapport building conversation, the interviewer listens for sentence length and vocabulary level. Other areas observed include the child's ability to provide narrative, respond to open-ended questions and provide spontaneous comments.

7. Display OVERHEAD: Concepts

To screen for concepts, ask the child simple questions pertaining to "who, what and where." For example, "Who sleeps at your house?" "What do you watch on TV?" and "Where do you live?" Observe how they respond and how much elaboration and depth they provide. You may be able to learn how much detail you can expect from the child when you begin abuse-focused questioning.

8. Display OVERHEAD: Attention span

You can learn how long your interview sessions should be by observing the child's attention span. Observe: (1) How well the child stays on task (2) Distractibility -- does he/she monitor noises in the hallway? (3) Concentration -- hearing the whole question, not just the last part (4) In-depth exploration of tools or toys versus jumping from one thing to another. It may not be uncommon to find signs of hyperactivity in the children you encounter. These symptoms may be indicative of a clinical disorder or they could be a result of living in a threatening environment for a long time. In any case, it is counterproductive to force a child to maintain attention to questions beyond their capabilities of concentration. Pace yourself to the child's rhythm, and balance focused time with free play time. If you do not do this, you may risk getting invalid information.

9. Display OVERHEAD: Memory

Check the child's abilities with free recall memory by finding out from a caregiver about a recent event, and then asking the child to tell you about the event. See how much narrative the child can spontaneously generate, and then see how much additional detail you can get with focused questions. This will give you some information about how focused your questions may need to be.

10. Display OVERHEAD: Representational play

The most important issue is whether or not children can use dolls or other media to represent themselves and others. This ability develops between the ages of 3 and 4 in middle class American children. The ability may be somewhat delayed in children from impoverished backgrounds. You need to know this before you attempt to use these media for investigative purposes. The ability to use dolls representationally is exhibited when a child plays with a doll and has it speak for her. You can also take a set of dolls and ask the child to pick out a mom or dad doll, then pick out another doll and say "Let's have this doll be you." Ask the child to show you how the parent puts her to bed. Observe the child's actions and speech around the scenario to determine whether or not she is actually using the doll as a representation of herself.

Another technique to assess representation of self is called “mapping.” Give the child a sticker and ask her to place it somewhere on her body, then ask her to place a sticker on the same place on a doll’s body. Children able to do this are able to use objects to represent themselves.

11. Display OVERHEAD: Real and Pretend

It is not uncommon for a three-year-old to mingle truth and fantasy. Very young children, like adults, internally generate thoughts that are different from their actual experiences. Unlike adults, however, they are developmentally unable to “think about their own thinking” and decide which thoughts are about real events, and which are thoughts they spontaneously generated. To assess this ability, the interviewer asks questions about known experiences the child has had and other experiences which are clearly “pretend,” and asks if the various experiences are real or pretend (for example: There was a big snapping alligator under your chair in the waiting room, is that real or pretend? Your mommy came with you today, is that real or pretend?). If the child cannot distinguish real and pretend, or if they are very suggestible, endorsing everything, the interviewer should be aware of a high risk of fantastic elements or suggestibility during abuse-focused questioning. If the suggestibility and fantasy risks are too extreme, the interviewer should make a careful decision as to whether or not to proceed with abuse focused questions.

If the child produces fantasy-like elements during abuse disclosure, the interviewer can remove the focus from the alleged abuse, and return with the child to a discussion of real and pretend. Then, after refreshing the child’s awareness that only things that are real should be discussed, the interviewer can return to the target question (for example: You said your daddy made you lick his pee-pee, is that real or pretend?)

12. Display OVERHEAD: Truth and Lie

The interviewer can go a step further with the child, if it seems appropriate, and assess understanding of truth and lies using a story of familiar event. For example, the interviewer may tell a story about a child coming home from school and eating all the cookies from a plate on the table. When the mother comes in and asks who ate the cookies, the child says “the dog ate them.” The child is then asked if that was the truth or a lie.

13. Show VIDEO of competency assessment with a 4-year-old girl.

Discuss with participants, including the following questions:

Did this child comprehend the rules of the interview? How do you know this? What cues did the interviewer miss? What could have been done to connect more effectively with this child? What did that tell you when she asked the interviewer “Is it OK if I tell you no?”

Be sure to draw out the following responses/discussion points:

- 6 She couldn’t tell what a rule was at school.
- 7 She was distracted.
- 8 She didn’t understand the questions.
- 9 The interviewer used words that were too long, like “rephrase.”
- 10 The interviewer used questions that were too long for a four-year-old.
- 11 The interviewer used himself as the “liar.” Be sure to give the interviewer credit for not making it a story about a “little girl,” which the child (not unreasonably) might have interpreted as reflecting on herself. But make the point that a story about someone *else* telling a lie would be better – to take the burden off the child of telling an adult he was lying.

CPS 9

1. Display OVERHEAD: Child’s drawing of a spotted thing with lines coming out the sides.

Ask participants to guess what it might be. The picture is a 4-year-old’s drawing of her “paw-paw’s” penis. The child describes the lines sticking out from it to be the ridges on his “too-too.” The loop at the top of the drawing is a clump of hair. The dots are the 4-year-old’s depiction of hairs around the penis. Just looking at the drawing, you might not be able to say this child had seen a penis because it is physically inaccurate; however, her verbal description added credibility to her disclosure.

3. Display OVERHEAD: Children’s memory research.

There is a large body of research on children’s memory. The most consistent findings are:

- A) Young children’s memories of events may be less complete, but they are not necessarily less accurate.
- B) Specific questions yield more information. Children do not usually know what the adult is interested in, so using specific questions increases the salience of the topics of interest.
- C) With memory cues, children can elaborate on skeletal narratives. Children need adults to provide the scaffolding for memory retrieval. They do not have the cognitive capacity to use strategies adults use.
- D) Errors increase with misleading questions about peripheral details.

4. Display OVERHEAD: Episodic and Script memory.

Episodic memory is memory for a specific, unique incident. Script memory is memory for “typical” events, or events which are experienced repeatedly. Script memories include such memories as going to McDonald’s or bedtime routines.

Display OVERHEAD: Script memory

Children tend to remember important features of script memories and ignore less central details. Distinctions between individual incidents are blurred. The implication for child interviewing is that abuse repeated over time may be subject to lack of memory for peripheral details. Children tend to internalize a “script” for how it usually happened, therefore it can be difficult to elicit unique and distinguishing details for a specific incident. This can hurt credibility if the child’s account from script memory -- of how the abuse usually happened -- doesn’t mesh with other known facts in a specific incident.

6. Display OVERHEAD: Recall and Recognition memory.

Recall memory is tapped when we are faced with a “fill in the blank” question on a test. This is the type considered more useful in a forensic setting. Recognition memory is tapped when we take a multiple choice test, and have to recognize the correct answer from a group of choices. When we try to recall someone’s name we have met only once, we are searching recall memory. Recognition memory is tapped when we recognize that person’s name from a list of names.

7. Display OVERHEAD: Eliciting false reports

There are two main errors in interviewing:

- 1 Eliciting false reports of abuse
- 2 Failing to elicit true reports of abuse

Interviewers are more likely to *elicit false reports* when probing *recognition memory* using directive, multiple choice, yes/no or leading questions. Children may feel coerced to respond and select one of the choices offered by the interviewer. For example, “Did it happen in the bedroom or the bathroom?”

Interviewers are more likely to *fail to elicit true reports* of abuse when probing *recall memory* using open ended questions. The child may not know what the topic of interest is, and may be unable to recall the memory the interviewer is seeking.

Therefore, interviewers should be aware of the interplay between recognition and recall memory, and carefully craft questions to tap both types of memory. Using a mix of styles is a good practice.

1. Display OVERHEAD: Language Issues

Discuss items on overhead as follows:

An important consideration in questioning children is designing simple and clear questions which are developmentally appropriate. Following is a brief guideline for questioning children:

- A) *Use one thought per question.*
Compound sentences confuse children, and you won’t know for sure which question they are answering.
- B) *Use easy words instead of hard ones.*
Do you know what an easy word is?
- C) *Avoid jargon.*
Particularly avoid legal terms and clinical/social work terms.
- D) *Alert child when changing topics or tenses.*
Children will not move from topic to topic in the same form of logic as an adult, so the interviewer must bring the child along as the topic changes. Children also have a different concept of past, present and future, so the adult must be very clear about time contexts.
- E) *Frame questions in terms of the child’s maturity.*
Remember what you learned about the child during developmental assessment.
- F) *Use specific names and places.*
Avoid pronouns such as he or she, because you and the child might mean a different he or she. Also avoid vague referents to places, such as “when you were there.” Instead say, “When you were in the house that had the yellow curtains.” Even if it seems repetitive to you, it is clearer for the child.
- G) *Use active, not passive questions.*

Refer to the child’s statement on the overhead. Ask participants what this scene makes them think of. They will probably say it sounds like ritualistic/cult abuse. Then explain that the child was describing a Halloween party. The adults had Halloween masks on and weren’t wearing clothes -- they were wearing costumes. Children sometimes generate bizarre sounding disclosures that are understandable when you explore further, being very conscious of developmental capabilities and other influencing factors, such as:

- A) *Perpetrators' deliberate attempts to confuse or frighten the child.* One four-year-old child stated she was sexually abused by a lion. Further investigation revealed the perpetrator actually wore a lion costume when he molested her. It is important to follow up when you get unusual elements in a child's account, rather than dismissing certain things as fantasy elements.
- B) *Traumagenic memory distortion.* Sometimes post-trauma symptoms intrude on the retelling of events. One perpetrator threatened that he would would kill the child's mother if she told, and illustrated this by stabbing a pencil through a gerbil. This child could possibly include a report of people being killed or maimed in her disclosure, due to the trauma induced by the killing of the gerbil.
- C) *Coping mechanisms.* One six-year-old boy claimed to beat up three 18-year-olds who were raping his sister. He was not really lying -- he truly believed this. For him, this was his way of coping with having to watch helplessly as his sister was raped, and then being raped himself.
- D) *Developmental limitations.* One preschool child stated her daddy spit on her leg with his pee pee. Children make up stories from their own experience to make sense of situations. They fill in the blanks, just as we do sometimes.

3. Play VIDEO of 5-year-old boy's account of getting his head "peed on."

At first, the child's account seems either very improbable or like some bizarre fetishistic behavior. But the child was referring to a magic show he had seen, at the end of which the magician had a stuffed raccoon puppet that had been a prop throughout the show "pee" over the audience (it was really a squirt gun inside the puppet). Fantastic sounding elements like this can jeopardize a case, but there can sometimes be good reasons behind kids saying the things they say.

4. Display OVERHEAD: "Fill in the blanks"

TRAINER'S NOTE: ANECDOTE

A five-year-old girl said to her mother, "Mommy, you aren't supposed to use the "B" word." The mother became concerned...what was her child learning in kindergarten? The child continued, "And you're not supposed to say the "S" word or the "F" word. At this point the mother had to know. In her mind, she had filled in the blanks and was very concerned about what she was hearing. The mother asked the child to tell her what the words were, so she could know too, what words the child as not supposed to say. The child replied (whispering the "bad words"), "The B word is Butt. The S word is Stupid, and the F word is Fort (the child apparently heard the slang word for flatulence, and thought the person as saying fort). This is just an illustration of how we cannot assume what is in the mind of a child, and how both children and adults fill in blanks when they are unsure what someone means.

Collaboration with (SDHR) Division of Resource Management

We work closely with our partners in Resource Management to ensure that children under five receive services to prevent entry into care, and "Play Therapy" is widely used according to the social worker from that Division. When it is clear that a child, despite this and other treatment scenarios, must enter care, the Resource Management Division works closely with the county to develop Therapeutic Foster Care as defined through the Individualized Service Planning Process. Certified Play Therapists throughout the state are involved in treatment and in decision-making relative to step-down from TFC and return home.

See also **APSR Posting Attachment Document, pages 67 – 74, 82.**

APPENDIX 16

Program Support: Workforce Information

I. Race and Gender of Child Welfare Workforce

II. Degrees / Certifications / Salaries / Position Types Required for Line Child Welfare Workers & Child Welfare Supervisors

See APSR Posting Attachment Document, pages 50 – 59 for:

- Social Service Caseworker
- Social Worker
- Senior Social Worker
- Service Supervisor
- Senior Social Work Supervisor

III. Training Provided to New/Ongoing Child Welfare Workers And Measurement of Skill Development of New/Experienced Staff

See information provided under “Office Of Child Welfare Training”, located on pages 5-9.

IV. Caseload Size

V. Staff additions, separations, recruitment and selection

I. DEMOGRAPHIC SUMMARY FOR PE CODE 03/53 EMPLOYEES AS OF PAY PERIOD ENDING 03/31/13

While there are many Program Effort (PE) Codes associated with child welfare, the two PE codes used for this report (03 and 53) capture approximately 86% of the child welfare staff and should thereby be representative of the demographic makeup of the entire child welfare staff. The report totals provided below include both county and state child welfare staff.

<u>RACE</u>	<u>SEX</u>	<u>TALLY</u>
AMER IND	F	3
AMER IND		3
BLACK	F	554
BLACK	M	48
BLACK		602
HISPANIC	F	3
HISPANIC		3
OTHER	F	3
OTHER		3
PACIFIC IS	F	2
PACIFIC IS		2
WHITE	F	663
WHITE	M	71
WHITE		734
		1347

II. Degrees, Certifications, Salaries, Positions – Remains the same per DHR Personnel

See (separately attached) pdf files for Social Service Caseworker, Social Worker, Senior Social Worker (Sr. Social Worker), Senior Social Work Supervisor (Sr SW Sup.), and Service Supervisor (Serv Supervisor).

III. Training Provided to New Child Welfare Workers

See information provided under “Office Of Child Welfare Training”, located on pages 5-9.

IV. Caseload Size -

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 marked a significant reform in child welfare operations in Alabama that provided a framework for supporting quality child welfare practice.

V. Staff additions, separations, recruitment and selection

The Program Support Workforce information shown below was obtained from the following SDHR Divisions: Field Administration, Personnel, and Management and Fiscal Analysis.

Information on Child Welfare Staff Additions / Separations

The information being provided below on staff hires involves the “personnel pool” of Field Placement Students (FPS) for the years of 2005 – 2009, as well as, the total number of child welfare (CW) additions and separations. The data for FPS includes the total number of FPS (by year), along with the number (of FPS) hired and the total number of hired FPS that received a Title IV-E Stipend (with a breakdown by BSW and MSW).

The data for total child welfare additions is approximate and consists of staff joining the county child welfare work force through 1.) new hires; 2.) transfer from State DHR; 3.) transfer from another agency; and 4.) program effort code changes to child welfare. The information on child welfare separations is also approximate and includes: 1.) separations; 2.) transfer to state office; 3.) transfer to another agency; and 4.) program effort code changes from (out of) child welfare.

2005:	Total # Field Placement Students:	126
	Total # of FPS employed:	73
	Total Employed FPS that received Title IV-E Stipend:	36 (21 BSW, 15 MSW)
	Total CW additions:	463
	Total CW separations:	443
2006:	Total # Field Placement Students:	137
	Total # of FPS employed:	64
	Total Employed FPS that received Title IV-E Stipend:	30 (20 BSW, 10 MSW)
	Total CW additions:	467
	Total CW separations:	427
2007:	Total # Field Placement Students:	116
	Total # of FPS employed:	57
	Total Employed FPS that received Title IV-E Stipend:	28 (15 BSW, 13 MSW)
	Total CW additions:	378
	Total CW separations:	373
2008:	Total # Field Placement Students:	155
	Total # of FPS employed:	64
	Total Employed FPS that received Title IV-E Stipend:	36 (28 BSW, 8 MSW)
	Total CW additions:	336
	Total CW separations:	385
2009:	Total # Field Placement Students:	123
	Total # of FPS employed:	37
	Total Employed FPS that received Title IV-E Stipend:	14 (10 BSW, 4 MSW)
	Total CW additions:	203
	Total CW separations:	249
2010	Total # Field Placement Students:	114
	Total # of FPS employed:	16
	Total Employed FPS that received Title IV-E Stipend:	5 (4 BSW, 1 MSW)
	Total CW additions:	215

	Total CW separations:	251	
2011	Total # Field Placement Students:		147
	Total # of FPS employed:		24
	Total Employed FPS that received Title IV-E Stipend:		5 (5 BSW, 0 MSW)
	Total CW additions:	170	
	Total CW separations:	244	
2012	Total CW additions:	177	
	Total CW separations:	257	

Information on Staff Recruitment

The staff person that serves as the Department Recruiter, visits colleges all over the state (especially the ones with a social work program), and also participates in career fairs. Additionally she visits with graduating social work classes to inform them of the different types of job opportunities DHR has to offer and how to apply for those jobs. Information on the three (3) main child welfare classifications is posted on the career services websites of different schools. Finally, DHR has an email address that is specific to recruitment (recruitment@dhr.alabama.gov) and the staff recruiter receives all the emails that are sent to this email address.

The three (3) child welfare job classifications for which recruitment efforts are made, along with the necessary qualifications for each are as follows:

1. Senior Social Worker - this classification requires a Master of Social Work from a program that is accredited by CSWE and for the individual to be licensed at the LGSW level or higher. A person can be hired without being licensed, but licensure must be obtained within the probationary period in order to obtain permanent employment.
2. Social Worker - this classification requires a Bachelor of Social Work from a program that is accredited by CSWE and for the individual to be licensed at the LBSW level. A person can be hired without being licensed, but licensure must be obtained within the probationary period in order to obtain permanent employment.
3. Social Service Caseworker – this classification requires a Bachelor’s degree in a social science or a degree in any major with at least 30 semester or 45 quarter hours in social or behavioral science courses. There are no licensure requirements for this classification.

Information on Staff Selection

The selection process of eligible applicants is based on an employment certification provided by the State of Alabama Personnel Department in which the applicants are scored and ranked based on an approved testing method. The top ten scores for each merit system classification are provided by the State Personnel Department to the agency filling a vacancy in the respective classification. Each applicant on the employment register is then contacted by mail, phone or both in order to determine availability for the vacant positions. Candidates expressing interest and availability in the vacant position are then interviewed for consideration.

APPENDIX 17

Alabama CQI – A Preliminary Assessment

2013 APSR – Assessment of Alabama’s Continuous Quality Improvement Components

Please Note: The recommendations enumerated in this document are not designed to all be completed in FY 2014. It may be that a prioritization plan will need to be developed, that could be influenced by a number of factors. Further, recommendations may be revised, removed, added, etc. based on any number of developments, system refinements, etc. A primary consideration in developing such a plan would be the distribution to states (from the Children’s Bureau) of more detailed information on the scope and timing of Round 3 of the Child and Family Services Review (CFSR) process.

I. Foundational Administrative Structure

It is important for States to have strong administrative oversight to ensure that their CQI system is functioning effectively and consistently, and is adhering to the process established by the agency’s leadership. A functioning CQI system will ensure that:

- The State applies the CQI process consistently across the State and the single State agency has oversight and authority over the implementation of the CQI system; there is a systemic approach to review, modify, and implement any validated CQI process.
- The State establishes written and consistent CQI standards and requirements for the State, counties, and any other public agencies operating title IV-E programs on behalf of the State, as well as any private agencies with case management responsibilities.
- There is an approved training process for CQI staff, including any contractor or stakeholder staff conducting CQI activities.
- There are written policies, procedures, and practices for the CQI process even when the State contracts out any portion of the CQI process.
- There is evidence of capacity and resources to sustain an ongoing CQI process, including designated CQI staff or CQI contractor staff.

Identify those aspects of the foundational administrative structure that are perceived as STRENGTHS:

- There is a formalized state QA structure in place in the form of veteran, state QA staff (Program Manager and six Consultant staff) and a State QA Committee.
- All counties have an assigned state QA Consultant.
- The Child Welfare CQI process is implemented across the state by a single agency.
- There are written procedural and practice guides in place in the form of a *QA Guide, Forty-Nine (49) Best Practice Indicators* and a *QSR Protocol Instrument*.
- There is an established Office of Data Analysis.
- There is a well-established county QA structure in place across all counties in the state in the form of County QA Committees and a staff person in the position of County QA coordinator.
- The county/state QA structure is long-standing and sustainable.
- Process in place whereby SDHR Leadership can receive feedback on practice/system performance as assessed by the state QA process.

Identify those aspects of the foundational administrative structure that can be STRENGTHENED:

- Standardized statewide training plans / meeting schedule for county QA coordinators and county QA committee chairpersons.
- Written guidelines as to what activities will comprise state QA onsite county reviews across all counties.
- Consistent and complete accountability for, and implementation / monitoring of, the County Improvement Plan process.
- Providing mechanisms and opportunities for input from county staff on all CQI foundational components.

Recommendations:

1. Implement a way(s) in which county DHR staff / county QA committees can provide input for the CQI Assessment.

2. Review the County Improvement Plan process and make decisions regarding the use/improvement of the process.
3. Examine the current guidelines for the county QA review process, and implement any needed improvements.
4. Evaluate the training plans and meeting schedule for county QA coordinators and county QA committee chairpersons and make any necessary enhancements.

II. Quality Data Collection

Collecting quality data, both quantitative and qualitative, from a variety of sources is the foundation of CQI systems. For data to be considered —qualityll it must be accurate, complete, timely, and consistent in definition and usage across the entire State. It is important for States to use data to identify areas of strengths and concerns, establish targeted strategies for improvement, and track progress toward desired outcomes. States that meet the quality data collection component will be able to demonstrate the ability to input, collect, and extract quality data from various sources, including the Statewide Automated Child Welfare Information System (SACWIS) or other information management systems, case reviews, and other sources of data. States will also be able to ensure that data quality is maintained as the State submits data to Federal databases or reports, such as the Adoption and Foster Care Analysis Reporting System (AFCARS), National Child Abuse and Neglect Data System (NCANDS) National Youth in Transition Database (NYTD), the Child and Family Services Plan, among others. A functioning CQI system will ensure that:

- The State’s case level data shows that the instruments and ratings are completed in a way that is consistent with the instrument instructions and consistent across reviewers.
- There is a clear process that the State uses to collect and extract accurate quantitative and qualitative data, and the process is consistently and properly implemented across the entire State. The collection and extracting processes are documented, and an audit mechanism is in place to verify that the process is being followed.
- There is a clear process that the State uses to identify and resolve data quality issues and informs CB as appropriate regarding data quality issues. For example, there are processes to: identify if data are being under-/over-reported and/or not being entered into the State’s information system; evaluate if data entry is reliable or unreliable, and if unreliable, why; (e.g. clarity of instructions, definitions, and/or data entry screens).
- There is a process in the State for the collection of quantitative and qualitative data that addresses key issues important to the State and demonstrates how the State is functioning on systemic factors, such as training staff and resource parents, functioning of the case review system, and service array.
- The State monitors existing federal requirements or guidelines and uses appropriate quality utilities and tools to ensure that data is accurate, including, but not limited to:
- The most recent AFCARS Assessment Review findings documents and/or AFCARS Improvement Plan (AIP), if applicable, indicates whether the State is accurately collecting, mapping, and extracting the AFCARS data in accordance with the requirements in the AFCARS regulation at 45 CFR 1355.40 and steps the State is to take to correct its AFCARS collection. This includes steps to improve the accuracy of the data through ongoing training, oversight, and incorporation into a quality assurance process.
- The most recent NCANDS data, or other safety data that impact the outcome indicators being measured, meet any CB quality guidelines.
- The most recent data profile used for the CFPSR accurately reports the status of the child welfare program as indicated by data errors falling below acceptable thresholds.
- NYTD data meets the regulatory requirements at 45 CFR 1356.80 – 86 and other CB quality guidelines.

Identify those aspects of quality data collection that are perceived as STRENGTHS:

- State does monitor existing federal data requirements through the use of appropriate data quality utilities and tools.
- Regular monitoring of PIP-related data is in-place.
- The state met the National Standards associated with the Round 2 CFPSR.
- State has evidenced the priority of reporting data quality issues to the Children’s Bureau.
- NYTD data has met reporting requirements established by the Children’s Bureau.
- NCANDS data is close to meeting established reporting requirements.
- Some processes exist for collecting/extracting data and resolving data quality issues, and yet they vary among individual staff and units.

Identify those aspects of quality data collection that can be STRENGTHENED:

- Consistent distribution within FSD/other SDHR Divisions of the Summary and Findings of State QA Reviews.

- Continued attention to improving accuracy of, and clarification about, FACTS data (e.g. what constitutes the permanency hearing date).
- Attention to promoting consistency in applying the QSR protocol ratings across all reviewers.
- Process by which the collection/distribution of qualitative and quantitative information “informs” key systemic issues such as training (of staff/resource parents), policy development, adequacy of service array, etc.

Recommendations:

1. Examine the current distribution and utilization of the Summary and Findings of State QA Reviews, and make any needed adjustments.
2. Implement ways in which the feedback loop for quantitative and qualitative data can be improved/enhanced.
3. Assess the process for the qualifying of, and promoting consistency among (QSR) reviewers currently in use via training, onsite QA of the review instrument/findings, etc. and implement any needed improvements.

III. Case Record Review Data and Process

In addition to collecting and analyzing quantitative data, it is also critical that State CQI systems have an *ongoing* case review component that includes reading case files of children served by the agency under the title IV-B and IV-E plans and interviewing parties involved in the cases. Case reviews are important to provide States with an understanding of what is "behind" the safety, permanency and well-being numbers in terms of day-to-day practice in the field and how that practice is impacting child and family functioning and outcomes. A CQI system will ensure that:

- The State reviews cases of children based on a sampling universe of children statewide who are/were recently in foster care and children statewide who are/were served in their own homes. Samples should be sufficiently large enough to make statistical inferences about the population served by the State. The universe of cases reviewed will also include the title IV-B and IV-E child population directly served by the State agency, or served through title IV-E agreements (e.g. with Indian Tribes, juvenile justice, or mental health agencies).
- The sample is stratified to include a proportion of cases that reflect different age groups, permanency goals, and other considerations, such as varying geographic areas of the State, as appropriate.
- The State conducts case reviews on a schedule that takes into consideration representation of the populations served by the State, including the largest metropolitan area, and the significance of other demographic and practice issues.
- Case reviews collect specific case-level data that provides context and addresses agency performance.
- Case reviews are able to detect the quality of services for the children and families served and therefore focus on the assessment and monitoring of how child and family functioning is progressing in relation to the services provided.
- Case reviews include the completion of interviews specific to each case, such as the child/youth, birth parent, caregiver, caseworker or supervisor, and as indicated, health, mental health and other service providers, educators, and guardian ad litem (or child's attorney).
- Case reviews are conducted by staff who go through a uniform and consistent training process and whom the State determines are qualified to conduct reviews, with a preference for staff and stakeholders with direct service experience.
- The process prevents reviewer conflict-of-interest and promotes third-party (unbiased) review of cases, i.e. cases are not reviewed by caseworker or supervisor responsible for cases or who had previous involvement in the cases, as well as those who may have a personal interest in the case.
- Policies, written manuals, and instructions exist to assist in standardizing completion of the instruments and the implementation of the case review process.
- Inter-rater reliability procedures are implemented to ensure consistency of case ratings among reviewers.
- There is a process for conducting ad hoc/special reviews targeting specific domains when analysis and other data warrant such reviews.

Identify those aspects of quality data collection that are perceived as STRENGTHS:

- There is a QA review process that is operable at both the county and state level that includes the conducting of QSR's, whereby individual interviews are conducted with relevant stakeholders involved in the case, including the identified child/youth and family.
- At the state level a stratified sampling process is utilized for the identification of cases to be reviewed and the state QA review schedule includes varying geographic areas of the state, including the largest metropolitan area.

- The state QA review process is designed to prevent reviewer conflict-of-interest and the QSR protocol (review instrument) contains rating guide information that is designed to assist the reviewer in making rating determinations and guided appraisals.
- The state QA review process includes several components that are designed to strengthen the practice assessment and better inform the resulting findings and recommendations. These include a review of a sample of resource records, as well as a safety assessment and permanency assessment, that are distinct from the QSRs that are also conducted.
- There is a means by which State QA staff review and provide feedback on the QSR write-ups and ratings of practice/systemic items that are conducted by county QA committee reviewers.
- There is a data base maintained in Family Services, whereby QSR rating information conducted by county and state reviewers is entered.
- There is an ability to conduct ad hoc/special studies at both the county and state level.
- The state QA review process includes an assessment of the status of services to children and families, the effectiveness of monitoring, and the progress toward effective family functioning.

Identify those aspects of quality data collection that can be STRENGTHENED:

- While at the state level there are ways of giving attention to rating consistency, the process for ensuring inter-rater reliability can be strengthened.
- A process is currently being used to train state reviewers; however, having a uniform and consistent training process that qualifies reviewers to serve in that role could be strengthened.

Recommendation:

- See Item II, Quality Data Collection, recommendation #3.

IV. Analysis and Dissemination of Quality Data

Although most States have the ability to collect data from a variety of sources, States have varying capacities to track, organize, process, and regularly analyze information and results. A functioning CQI system will ensure that:

- The State has consistent mechanisms in place for gathering, organizing, and tracking information and results over time regarding safety, permanency, well-being outcomes and services (at the child, caseworker, office, regional and state level, as appropriate) .
- The State has a defined process in place for analyzing data (both quantitative and qualitative), and the State provides training to staff and determines that they are qualified to conduct such analyses.
- The State aggregates Statewide and local data and makes it available to stakeholders for analysis.
- Agency decision makers, courts, tribes, and other stakeholders are involved in analyzing and understanding the data and in providing feedback on analysis and conclusions.
- The State translates results (trends, comparisons and findings) for use by courts, tribes, and a broad range of stakeholders, and the State disseminates results through understandable or reader-friendly reports, websites, etc.

Identify those aspects of the analysis and dissemination of data that are perceived as STRENGTHS:

- There are numerous data sets in operation across various program units and there is agency capacity to provide information on many data elements.
- All management/statistical (MS) reports available through BOE are scheduled to run on a regular basis.
- Tracking of data related to NYTD, AFCARS and NCANDS are operative (see also data collection).
- Qualitative data is maintained via a QA database, which serves as a repository for state and county QSR ratings.
- There is a process for analyzing and commenting upon qualitative data in the form of QSR write-ups which are provided to county workers and supervisors.
- Some informal means of aggregating results related to the Best Practice Indicators has been utilized.
- There is some evidence for dissemination of data through website posting and provision of data reports to staff.
- Data profiles are developed/used for onsite (state) QA reviews.

Identify those aspects of the analysis and dissemination of data that can be STRENGTHENED:

- Emphasis / training on and monitoring of, effective use of data as a child welfare management tool related to impacting outcomes of safety, permanency and well-being.
- Tracking / distribution of (qualitative/quantitative) data across regions of the state, child demographics, etc.
- Emphasis / training on and monitoring of, complete, accurate, and timely data entry by county staff.
- Consistent provision of information as to where to look for data outside of FACTS.
- Determining ways in which CFSR outcome data can be explained/distributed (once the R3 data sets are established).
- Consistently involving other SDHR Divisions and external stakeholders (partner agencies/groups) in meaningful discussion, analysis, and dissemination of quantitative and qualitative data.

Recommendation:

1. Develop a comprehensive plan for quantitative/qualitative data analysis and dissemination that includes consistent internal/external stakeholder involvement/feedback/input related to trends and findings, as well as a focus on monitoring, training, and use of data in managing for best practice outcomes and improved collaboration/system performance. The resulting plan may require incremental implementation.

V. Feedback to Stakeholders and Decision-makers and Adjustment of Programs and Process

Collecting information and analyzing results are important steps in CQI; however, *how* States use this information is a critical component to driving change within the organization and is key to improving outcomes for children and families. A functioning CQI system will ensure that:

- Results (i.e., trends, comparisons and findings) are used by agency leadership/top management, courts, tribes, entities with title IV-E agreements, and other stakeholders to help guide collaborative efforts, inform the goals and strategies of the CFSP and other State plans for federal funds such as the Court Improvement Program strategic plan, and to improve practice, services and monitor/track progress toward goals.
- Supervisors and field staff understand how results link to daily casework practices; results are used by supervisors and field staff to assess and improve practice.
- Results are used to inform training, policy, practice, community partnerships, service array (service gaps, quality, etc.), automated system development, and other supportive systems.
- The CQI process itself is adjusted as needed over time as results indicate a need for additional study, information and/or analysis.

Identify those aspects of quality data collection that are perceived as STRENGTHS:

- By design, there is an expectation that the bi-annual county QA report is to be shared with the county QA committee, and signed by the county QA committee chairperson.
- Of the 49 Best Practice Indicators, there are items that address data collection and planning.
- On a monthly basis data related to child protective services, child abuse and neglect reporting, and permanency, are provided to the District Administrative Specialists (DAS), who are to reference/use the data in their work across all 67 counties.
- For each state QA review that is conducted, the Office of Data Analysis provides a data profile to the state QA team on the county that is being reviewed.

Identify those aspects of quality data collection that can be STRENGTHENED:

- Ensuring consistency between the data provided to counties and that provided to the state QA review team.
- Assessment/provision of data needs/request from the state QA review team and the Family Services Management team.
- Distribution of both quantitative and qualitative data trends, comparisons, findings, results and recommendations (from various sources) to key external and internal stakeholders in order to better inform collaboration, system performance and ongoing practice monitoring.

Recommendations:

- See IV, Analysis and Dissemination of Quality Data, recommendation #1.