STATE OF ALABAMA
DEPARTMENT OF HUMAN RESOURCES

2017 Alabama Annual Progress and Services Report

**State of Alabama
Department of Human Resources
FY 2017**

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I. GENERAL INFORMATION

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, and the Deputy Commissioner of Quality Assurance, 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 for Fiscal and Administrative Record 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 2013: Family Preservation 30.7%, Family Support 22.6%, Time-Limited Reunification 26.5%, Adoption Promotion and Support 20.2%.

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 Record 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, and also direct client services to children and families. The Director is responsible for ensuring an infrastructure that supports 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 Assistant (Office Administrator), and the Offices of Data Analysis, and FACTS.

Deputy Directors

One Deputy Director supervises the Managers and Program Supervisors of the following Offices: Child Protective Services, Policy, Federal Coordination and Reporting, and the Interstate Compact on the Placement of Children. The other Deputy Director supervises the Office of Foster Care and Independent Living, which includes policy development and management of work with the initiatives supported by Casey Family Programs. This Deputy also supervises the Managers and Program Supervisors of the following Offices: Financial Resource Management, Adoption, and Child Welfare Eligibility. Recruitment activities, liaison work with child care providers, and strengthening collaboration with foster and adoptive parents and other partners are among this Deputy's responsibilities. Both Deputy Directors serve as liaisons 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

As of March 1, 2016, the Office of Policy is comprised of one Program Supervisor, one full-time and one part-time policy developer. 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 Record 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 processes 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.

In addition, the Office of Policy responds to county, other state partners, and national requests for information about policy; makes referrals that need case-specific consultation; and serves as back-up to Child Welfare Intake. The Office of Policy also supports QSR work in the counties, proxy work for high-level Administration, and support for ongoing initiatives/needs throughout Family Services.

Office of Child Protective Services

The Office of Child Protective Services (CPS) is responsible for statewide program development in child protective services. Working in conjunction with county offices, the Office of CPS provides consultation and local training to County Departments with identified needs. As of May 1, 2016, the Office of Child Protective Services is comprised of one Program Manager, five Program Specialists; one fulltime Administrative Record Support Specialist and one part-time Administrative Record Support Specialist .

The Office continues to have responsibility for the following:
- The Basic Child Abuse Grant

- Working in conjunction with the Children's Justice Task Force on the Children's Justice Grant.

- Managing and conducting Administrative Record Reviews when persons allegedly responsible for child abuse and neglect do not agree with a substantiated finding. Program Specialists who have extensive knowledge in CPS work in partnership with County Administrative Record staff to conduct the Administrative Record Reviews. These staff are responsible for reviewing all information that was used by the county offices in their determination that an indicated/substantiated report of maltreatment occurred. Alleged perpetrators requesting the Administrative Record Review also have the opportunity to submit any information they would like for 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 the assessment and documentation of the information gathered supports, by a preponderance of evidence, that maltreatment occurred. Upon completion of the Administrative Record Review it is the responsibility of the State Administrative Record Reviewers to provide feedback to county staff. 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 serves to 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. This information bank also assists County Departments in intervention services by providing data necessary for a thorough family assessment. The Office of CPS also responds to clearance requests from other states so they are in compliance with the Adam Walsh Act. In order to ensure that accurate information is released regarding individuals having an indicated/substantiated report of abuse or neglect, CPS staff is 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 2015 the Office of CPS processed 29,522 requests.

- The current Program Manager, appointed May, 2016, previously worked as the Child Protective Services Functional during the development of Alabama's SACWIS system (FACTS), and continues to represent the Office of CPS in resolving FACTS issues that directly impact the work of CPS, in both the State and county offices. In addition, the Manager responds to calls from county office staff on CPS and SACWIS issues, training needs and CPS policy development. Other responsibilities include: Supervision and development of Alabama's CPS Program; 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

As of March 1, 2016, The Office of Child Welfare Training (OCWT) unit consists of five trainers, a Program Manager, and a Program Supervisor. In May, 2016, this Office was transferred from Family Services to the newly formed Quality Assurance Program. The Deputy Commissioner for that Program works in close collaboration with Family Services. OCWT continues to partner with the Offices of Permanency, CPS, QA, OCWC, and Policy.   Since January 2012, the Office of Child Welfare Training 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 outcomes- 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. Also see Training Plan.

Office of Child Welfare Consultation

This Office is responsible for capacity development around best practices through case consultation; record review; onsite support; training and other activities. The OCWC also supports statewide Intake, with a Program Manager and three Program Specialists responding to constituent concerns; legislative inquiries and other assignments as required. A Program Supervisor and Senior Service Social Work Supervisor manage five Program Specialists in the capacity-development work occurring statewide. In addition, this Office conducts the Multi-Dimensional Assessment Tool (MAT) relative to levels of care needed by children in our custody. There are three MAT assessors. They currently report to the Program Manager for Intake. Two Behavioral Analysts also report to the Senior Social Work Supervisor in the OCWC. In May, 2016, this Office was transferred from Family Services to the newly formed Quality Assurance Program. The Deputy Commissioner for that Program works in close collaboration with Family Services

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 to assess best practice indicators and to review case files. Through this process they provide case-specific feedback and suggested next steps, with recommendations to provide improved sustainability and goal achievement outcomes 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; providing local supervision; 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 around capacity-development. Examples include: Individualized Service Planning; Documentation in Child Welfare; Caseworker Visits; and others.   The two Supervisors oversee the OCWC 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 our consultant staff.

Office of Quality Assurance

In May, 2016, this Office was transferred from Family Services to the newly formed Quality Assurance Program. The Deputy Commissioner for that Program works in close collaboration with Family Services. The Office of Quality Assurance (QA) consists of a Program Manager and four Program Specialists.   The QA system monitors, evaluates and provides feedback to the Department on the performance of the child welfare system. Reviews 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 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 provides technical assistance to counties through QA Specialist s by providing information and consultation. It does so in a variety of ways/areas including: training staff with QA responsibilities and QA committee members; providing consultation on QA committee membership, functions and activities; reviews completed county QSR documents and enters required data; reviews and provides feedback on county biannual reports; monitors review of county improvement plans; and, as needed, assists other consultants in the Family Services Division (FSD) in providing instruction and guidance in practice areas identified by onsite reviews as needing improvement.

Office of Data Analysis

As of March 30, 2015 6, the Office of Data Analysis is comprised of a Program Manager, and two Program Specialists. The Office of Data Analysis is responsible for the Program support area of the Statewide Automated Child Welfare Information System (SACWIS) – Family, Adult and Child Tracking System (FACTS), which was implemented statewide in January

2009. Staff from this Office serve as mentors 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 the Administration and Family Service staff, County Offices and other State and Federal Agencies. This Office also reviews Federal and State regulations to determine policy requirements 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. This enables all employees to monitor their caseloads through access from their computer desktop.   The Office of Data Analysis, in conjunction with the Office of Quality Assurance, collects data on child deaths through County Child Death Reports and Reviews. The Office has established and maintains a database, which provides history from 1997. A monthly report of child deaths due to maltreatment is provided to the Department's administration and quarterly findings are reported to the Office of Quality Assurance.

Office of Interstate Compact on the Placement of Children
The Office of Interstate Compact on the 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.   Placement of children through ICPC ensures protection and consistency of 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. As of March 1, 2016, the Office of ICPC includes two Program Specialists who manage the Adoption component of the work and three Program Specialists support Foster Care. The veteran Program Manager of ICPC is retiring July 1, 2016, and efforts will immediately be underway to fill that and a vacant Administrative Support position.

Office of Federal Coordination and Reporting
The Office of Federal Coordination and Reporting is staffed by a Program Manager, who coordinates many of the meetings and reports related to child welfare programs and planning (includes both inter-divisional meetings, as well as meetings of division staff with external stakeholders). This staff person also particularly collaborates with the Offices of Quality Assurance and Data Analysis in providing data/information related to continuous quality improvement and related matters.

Office of Foster Care and ILP
The Office of Foster Care and ILP supports efforts in permanency planning for all children in out of home care**,** providing specialized services and supports. A new Program Manager has been appointed to serve the Office. A new Foster Care Program Supervisor was also hired in October 2015. The position of ILP Program Supervisor is currently vacant. The Foster Care and ILP Manager also serves as the State ILP Coordinator. A plan has been proposed for some restructuring of the Office staff and is under active consideration. The Office of Foster Care and ILP staff presently consists of three newly hired Program Specialists who serve as consultant staff. One of these ILP specialists is outbased. **One** vacant Supervisor position and two vacant Foster Care Consultant positions remain to be back filled. The ILP Program Specialists are currently being trained and will work in the areas of policy development, training, and consultation for Independent Living Services.

The Independent Living Services Unit supports the needs and identification of services for older youth to develop skills to live independently and achieve more timely permanency. The unit consists of three Program Specialists and the Program Manager who also serves as the State Independent Living Coordinator. 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. 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. The Program also provides supports to the Department of Youth Services in a referral capacity as young people exit the juvenile justice systems.

Staff training and support are key components to program success. Regional trainings for staff currently serving the Independent Living population were conducted in July 2015. The Regional Consultation model targeted training provides an opportunity for all staff serving ILP age youth and service providers to receive targeted training related to ILP youth permanency, services, supports and the implementation of strategic planning in a small group setting; with an opportunity to receive case consultation. Independent Living Strategic Planning efforts for 2016 included an ILP Networking Conference

for all county ILP staff held. March 8-9, 2016. County ILP staff members and congregate care providers convened to provide training regarding serving youth in congregate care settings, working with youth as they transition, placement stability, sex trafficking, preparation for higher education, appropriate placement, team building and promoting permanency for older youth .The Program also provided trainings to DHR staff, supervisors, foster parents and community stakeholders at the Permanency Conference and the Alabama Foster and Adoptive Parents Association Conferences. Two important Conferences for Supervisors will occur in July 2016.

The program area, through the support of and partnership with Children's Aid Society, continued to work to enhance the leadership ability and self-advocacy with a focus on positive permanency outcomes of youth leaders throughout the State at our annual summer Leadership Camp in the form of a week-long field trip held June 1-6, 2015, culminating with a visit to Washington D.C,. The young leaders were hosted by the Alabama Congressman representing the United States 6th Congressional District, Representative Gary Palmer and they also met with Alabama Congresswoman, representing the 7th District, Representative, Terri Sewell. They young people visited colleges and universities in Atlanta, Georgia and Washington, D. C. They had an opportunity to visit New York City and Philadelphia, visiting historic sites along the way. These youth have participated in the DREAM Council meetings conducted monthly around the state; served on youth panels for the State Quality Assurance members and all county State Quality Assurance Committee Presidents.   One hundred thirty eight youth participated in the Youth Camps/Conferences held June and July 2015. Youth were trained regarding banking and credit reporting, human trafficking, money management, college and technical school preparation, application and support, leadership, self-advocacy and ISP participation. Achieving permanency for older youth and supporting them as they transition out of foster care continues to be in the forefront of program development. To that end, a focus on older youth permanency through permanency roundtables, higher education support through legislations regarding tuition waiver, college and job preparedness and youth participation in programing continues to be our focus. We will continue to partner with the Nsoro and National Social Work Enrichment Programs to provide pre-college experiences for high school age foster youth.

Office of Adoption

The Office of Adoption focuses on planning for children currently in the foster care system who have a goal of adoption. Support and activities focus on determining when adoption by current foster parent is in the child's best interest. If not, then recruiting an adoptive resource, preparing the child for a move and making adoptive placements become the focus 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), Fostering Connections to Success and Increasing Adoptions Act of 2008, and the Multi-Ethnic Placement Act (MEPA) 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 of 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 includes responding to inquiries from county staff and constituents requiring information on the laws, policies and practice impacting permanency through adoption for children.

In mid-April 2016 the Program Manager position for the Office of Adoption was filled through promotion of the Program Supervisor. This leaves vacant two Program Specialist positions, as well as two Program Supervisor positions. Permission to backfill has been requested. A year ago, the Office of Adoption, was comprised of 12 staff. Today, the Office of Adoption has nine (9) staff working in this Program Specialist classification. All consultants participate in facilitating and supporting permanency through adoption with a particular focus on identifying adoptive resources for older youth and children with special health care or developmental needs. 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.

As of June 1, 2016 the Program Specialist staff in the Office of Adoption have the following responsibilities: One (1) Specialist is responsible for adoption assistance (subsidy) and the kinship-guardianship payroll. Three (3) are responsible for recruitment, matching and placing children for adoption and consulting with counties on adoption matters as described earlier. One (1) additional Specialist works with five counties in our adoption pilot project and is considered our home study Specialist. This Specialist is responsible for reviewing/approving all adoption-only studies submitted by counties and through our pre-adoption services contract with Children's Aid Society/APAC. Two (2) are funded through grants with the Dave Thomas Foundation for Adoption and implement the Wendy's Wonderful Kid child-focused recruitment model. One (1) Specialist is responsible for registering children on the photo listing web sites, receiving and routing studies from

interested families. This specialist has also been assigned matching and placement duties for counties in the extreme north and northwest portion of the state.   One (1) Program Specialist (the Intake Specialist) 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 the Subsidy Consultant in the execution of these duties. The Office of Adoption also has two Administrative Assistant staff responsible for processing petitions and other adoption-related paperwork as well as putative father registry and records management.

Recruitment/Retention Foster/Adoptive Parents

Currently, general recruitment and retention activities are implemented primarily by County Departments with some statewide advertising and public awareness activities coordinated by the Manager of the Office of Adoption. These activities will be described later in this progress report. There has been significant discussion recently about the Department's diligent recruitment needs and as a result a request has been made to hire an additional Program Specialist (back-filling one of the two vacancies). This Program Specialist will have the primary responsibility of coordinating statewide diligent recruitment efforts (both dually-approved FFH/AR homes as well as adoption-only homes), serving as a source of T/TA for county resource workers, and may also assume the child-specific web-site recruitment duties of a Program Specialist described later in this section.

The Office of Adoption has two full-time staff dedicated to child-focused activities, funded through grants from the Dave Thomas Foundation for Adoption to operate Wendy's Wonderful Kids projects. Another has child-specific recruitment as part of her tasks assignments. This recruitment is primarily web based photo listings, and photo/video shoots held in partnership with Kids to Love. These responsibilities may be given to the requested Diligent Recruitment Specialist described above.

The Program Manager currently has the responsibility to support and monitor contracts and agreements with Children's Aid Society/Alabama Post-Adoption Connections (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.

Based on input from Stakeholders, discussions are ongoing between the Program Managers of the Offices of Foster Care and Adoption, and the Deputy Director of Family Services regarding the possibility of developing RFP's for services such as specialized foster care homes (for children who may currently be placed in congregate care settings); therapeutic adoptive families, and homes to serve children with special health care needs and/or developmental disabilities requiring extra care.

Recruitment/Retention activities occur 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. The Department also features waiting children through Alabama Foster and Adoptive Parent Association (AFAPA) and Alabama Post Adoption Connection (APAC) newsletters. In an effort to address the issue of foster family retention, the Department embarked on the development of a foster parent mentoring program. The project was piloted in four counties. Assessment of the foster parent mentoring program in these pilot counties indicated significant revision was needed if the program was to meet the needs of foster parents. No decision has yet been made about if or how to expand the program to other counties.

Office of Child Welfare Eligibility

The Office of Child Welfare Eligibility (OCWE) was established in 1991, in response to the State's need for accurate determinations of IV-E eligibility. The OCWE was transferred to Family Services in April 2005.   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 became 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. As of March 1, 2016, the Office of Child Welfare Eligibility consists of a Program Manager, Program Supervisor, six Program Specialists, an Administrative Record 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 and 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 (FY15), the Department received an approximate gross reimbursement of $45.6 million from Medicaid Rehabilitative Services and $18.8 million from Child TCM Services. The OFRM currently consists of a Program Manager, a Program Supervisor, a Medicaid Rehabilitative Specialist (Vacant), a Targeted Case Management Specialist , an Accountant/FACTS Financial Trainer (Vacant), one Administrative   Support Assistant II, and one Administrative Support Assistant I (Vacant).

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 provides 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 Medicaid Eligibility screens
- Identifies the services that can be provided to an adult on behalf of a Medicaid eligible child and how to enter this information into 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

OFFICES SUPPORTING CHILD WELFARE

Division of Resource Management

The **Division of Resource Management** reports to the Deputy Commissioner for Fiscal and Administrative Services. The overall mission for the Division of Resource Management is to provide technical assistance and support services to our DHR county offices, providers and to various divisions of DHR State Office. The Division consisted of six offices until November 2013. The Office of Resource Development and the Office of Service Utilization Review were merged into the Office of Resource Development and Utilization. The other four (4) offices are: the Office of Contracts, the Office of Residential Licensing, the Office of Fiscal Accountability, and the Office of Procurement.

The **Office of Procurement** provides overall direction for Department-wide procurement policies, regulations and procedures and promotes efficiency and effectiveness in the acquisition process. This Office specializes in the purchasing of services in compliance with state laws, regulations and procedures. The Office of Procurement coordinates and facilitates the acquisition of Department-wide services. The Office assists Divisions in the preparation of Requests for Proposals (RFP's), develops RFP's, reviews and analyzes requests, and makes recommendations for the award of contracts. This Office also provides training to Department personnel regarding procurement procedures and regulations, maintains procurement records and establishes and maintains effective working relationships with vendors, Departmental officials and the public.

The **Office of Contracts** negotiates, manages, and monitors the Department of Human Resources' social services contracts. Service contracts provide programmatic services to agency clients and are rendered by governmental agencies, faith-based organizations, non-governmental public or private organizations and individuals. Services are procured per the bid law and upon selection, contracts are negotiated on the state and county level to meet identifiable needs. There are two major types of purchase for service contracts: 1) a cost reimbursement contract, and 2) fixed-rate contract. A cost reimbursement contract is the purchase of goods and 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 Residential Licensing** is responsible for licensing residential child care facilities (child care facilities, group homes, shelters and child placing agencies). Licenses are issued to providers who meet the Minimum Standards for Child Care Facilities, Minimum Standards for Child Placing Agencies, Minimum Standards for Foster Family Homes and the Therapeutic Foster Care Manual. Site visits are conducted to verify providers' compliance with the aforementioned standards and manual. Several of the child-placing agencies are licensed to provide an array of services from foster care to adoption. This Office licenses and monitors agencies that are in our contract network and some that are not. This Office conducts an average of 80 site visits per year. The Office of Residential Licensing also provides support services, consultation, and interpretation of the Minimum Standards to prospective and existing child care providers and DHR county offices. This Office provides technical assistance and support to the county offices and providers. This Office enters therapeutic foster homes information and updates provider information in our FACTS system. The Office of Residential Licensing coordinates the Rapid Response Team (RRT) leads investigations into injuries and allegations of abuse and neglect pertaining to children in contracted providers' care, concerns, and complaints about our providers.

The **Office of Financial Accountability** is responsible for processing monthly invoices from residential and Therapeutic Foster Care (TFC) providers and for verifying Medicaid eligibility for children in the custody of the Department. This Office maintains data regarding admissions and discharges, and is responsible for informing county offices and providers of any discrepancies. This Office monitors and analyzes budgetary expenditures of residential, TFC, and continuum contracts. The Office is also responsible for researching and processing all Board of Adjustment claims for the Division of Resource Management, auditing provider financial reports to establish escrow compliance for the Office of Residential Licensing, and assisting county workers in determining the appropriate documentation on our FACTS system.

The **Office of Resource Development and Utilization** is responsible for providing support services and technical assistance to the contract providers in the delivery of services to families and children. This Office is in charge of the Multi-dimensional Assessment Tool (MAT) that is used with our Therapeutic Foster Care, moderate and intensive residential children in care. The Office conducts assessments using the MAT to determine the level of services needed by an

identified child. Other activities of this Office include the monitoring of the average length of stay of children in Therapeutic Foster Care, moderate residential, and intensive residential facilities using information gathered from the providers, our FACTS system, our county workers. This Office continues to track out-of-state placements and assists the county offices in developing in-state resources for these children. This Office assisted the Family Services Division in developing TFC with Enhanced Services. The children in these homes need additional services as they may have a chronic illness, extreme behavior issues or emotional needs that require more services. The Department receives information about these children on a regular basis through monthly summaries submitted by the providers. This Office represents DHR as the liaison for the Department of Mental Health-Developmental Disability Division to assist the counties in securing out-of-home waiver slots for our children with intellectual disabilities. This Office provides oversight of the family preservation and support services (FP/SS). The mission of the FP/SS programs is to implement, expand and maintain quality services to preserve, reunify, support and strengthen families. Consultants in this Office are responsible for monitoring, evaluating and providing technical assistance to providers of the Family Service Centers and Family Outcome-Centered Unification Service (FOCUS) programs funded through Title IV-B, Subpart 2, Promoting Safe and Stable Families. 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 ensure that they provide the highest quality of services possible.

III. FEDERAL REVIEWS

Child and Family Services Review (CFSR)

A summary of Rounds 1 and 2 of the CFSR process in Alabama is found below:

CFSR Process – Round 1 for ALABAMA DHR

1.	Statewide Assessment:	January 2002
2.	Onsite Review (Jefferson, Shelby, Montgomery):	April 2002
3.	Final Report From Children's Bureau (CB):	June 2002
4.	PIP Approval Date:	March 2003
5.	PIP Ending Date (approximate):	February 2005

CFSR Process – Round 2 for ALABAMA DHR

1.	Statewide Assessment:	June 2007
2.	Onsite Review (Jefferson, Tuscaloosa, Lee):	August 2007
3.	Final Report From Children's Bureau:	May 2008
4.	PIP Approval Date:	September 2009
5.	PIP Ending Date (approved extension):	August 2012
6.	PIP Completion Date:	July 2013

Alabama is in year four (4) of the Round 3 CFSR (e.g. 2018), and the letter of intent has not yet been formally submitted to the Children's Bureau (this letter is not due until July 2017). The Department is continuing its work on building its Statewide Assessment (through the CFSP/APSR), as well as continuous quality improvement (CQI – see QA Systemic Area).

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. 2014 Update: The Department is continuing its work on the AFCARS Improvement Plan (AIP). The second AIPU was submitted to the Children's Bureau on February 26, 2014 and a response was received March 13, 2014. 2015 Update: An AFCARS Improvement Plan Update was submitted on June 30, 2014, on October 20, 2014 and on April 20, 2015. See AFCARS Improvement Plan (in appendices) for detailed information on progress. **2016 Update:** An AFCARS Improvement Plan Update (AIPU) was submitted early on 1/26/2015 and timely on 3/6/2015. The response from the Children's Bureau was received on 9/22/2015. An AIPU was then submitted timely on 12/29/2015. See Appendices for detailed information.

Title IV-E Foster Care Primary Review
During the week of August 31, 2015, staff from the Administration for Children and Families (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 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 findings of the Children's Bureau were that the Department was in substantial compliance with

Federal eligibility requirements for the PUR. This was a banner review for Alabama. We had zero errors. Alabama's next Title IV-E Foster Care Primary Review will be held in 2018.

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:

- Agreement on vision, priorities, and plans for moving forward.
- Clarity on organizational responsibilities and mandates.
- Support the work through organizational structure and efficient processes.
- Achieve partnerships between units and with counties.
- Share 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

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 practice in Alabama 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 participates 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 remain and 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 50 Indicators of Best Practice remain 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.

COLLABORATION
Please see assessment content under the respective outcome areas of SAFETY, PERMANENCY AND WELL-BEING, as well as the systemic area of AGENCY RESPONSIVENESS TO THE COMMUNITY.

VI.   Organization of the APSR and Point of Contact
Alabama's Annual Progress and Services Report 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:

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
CAN	Child Abuse / Neglect Assessment
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
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
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

POSTING OF / CONTACT PERSON FOR THE APSR
Upon approval by the Children's Bureau, Alabama's 2017 APSR will be posted on the DHR website, where it can be accessed as shown below.

DHR.Alabama.Gov ⟶	Services ⟶	Child Protective Services ⟶	APSR ⟶	View the APSR

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. 2017 APSR - ASSESSMENT OF PERFORMANCE

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 reflect the frequency with which a given item was rated a STRENGTH in QSR's completed as a component of state QA (onsite) reviews. The time frame in which the QSR data was compiled to establish the QA baseline data was: 10/01/12 – 09/30/13 (FY 2013). The first set of QA benchmark data (e.g. QA Benchmark #1) reported on in the 2017 APSR was compiled from state QA (onsite) reviews that were conducted during the following time frame: 10/01/13 – 09/30/14 (FY 2014). The second set of QA benchmark data (e.g. QA Benchmark #2) reported on in the 2017 APSR was compiled from state QA (onsite) reviews that were conducted during the following time frame: 10/01/14 – 09/30/15 (FY 2015).

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

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

Purpose of Assessment:
To determine whether responses to all accepted child maltreatment reports received during the period under review were initiated, and face-to-face contact with the child(ren) made, within the time frames established by agency policies or state statutes.

Data Baseline:	**90.39%**	(FACTS Report INVS 218, for FY 2013)
Data Benchmark #1:	**90.78%**	**(FY 2014)**
Data Benchmark #2:	**91.77%**	**(FY 2015)**
5 Year Goal:	**92%**	
Interim Goals:		

FY 2015	**90.5%**
FY 2016	**90.75%**
FY 2017	**91%**
FY 2018	**91.25%**
FY 2019	**92%**
Total	**92%**

2017 APSR ASSESSMENT
Child safety is paramount for the Alabama child welfare system. The timeframe for initiating face-to-face contact with a child that has been identified as an alleged victim of child maltreatment is based on present or impending danger and responses to all child maltreatment reports are made within the timeframes established by agency policies or state statutes. The data reflects that staff have become more prompt in initiating contact with children who are alleged victims of child maltreatment. At the end of FY 2015, the average timeframe for initiating face-to-face contact with children is 91.77%. Our monitoring of the data shows improvement in face-to-face contact.

A new rule in regard to timely response to intake calls was implemented on September 29, 2015. The new rule made any call from a hospital or physician making a report concerning a child/children an immediate response. The worker must now go to the hospital or any other location to see the child immediately. Further, any call from a parent/any other legal guardian/custodian stating they want to relinquish their child will be considered a case for immediate response. The worker is to go to the location where caller is located; assess the caller and situation and see the child immediately.

County Quality Assurance committee surveys highlighted the high priority of child safety in county practice. Based on the feedback of a group from the county QA coordinators and county QA committee chairperson, the timeliness of responding to, and completing, reports of alleged child maltreatment continues to be perceived as a high priority for the Department.

See also: SAFETY OUTCOMES 1 & 2 – STAKEHOLDER COLLABORATION

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

Item 2. Services to family to protect child(ren) in the home and prevent removal or re-entry into foster care

Purpose of Assessment:
To determine whether, during the period under review, the agency made concerted efforts to provide services to the family to prevent children's entry into foster care or re-entry after a reunification.

QA Baseline:	73%	**QA Benchmark #1:**	66%	
5 Year Goal:	75.5%	**QA Benchmark #2:**	86%	**Measurement Goal Achieved**

Interim Goals:

FY 2015	**73.5%**
FY 2016	**74%**
FY 2017	**74.5%**
FY 2018	**75%**
FY 2019	**75.5%**
Total	**75.5%**

2017 APSR ASSESSMENT

The Alabama child welfare system embraces the philosophy of service delivery in home-based or community-based settings, while maintaining the child in the least restrictive environment. Following and incident of maltreatment, decisions must be made if it is in the best interest of the child to remain with his/her family or to be placed in an alternate setting. If the child is to remain in his/her home, the variety of factors that precipitated the maltreatment must be sufficiently assessed to ensure child safety. When a child is kept in the home, he or she is able to maintain the sense of attachment to loved ones that allow for one's sense of identity and belonging to develop. Typically, family preservation is comprised of intensive, in-home, or wrap-around services. Family preservation can be comprised of a variety of services such as: teaching parenting skills and child development instruction; assistance with emotional well-being; financial assistance; teaching budgeting skills; providing "hard services" such as payment for utilities or provision of food through the utilization of flex funding; respite care; or medical services. Family preservation can also include the follow-up care provided to a family after reunification has occurred to ensure that the family remains in-tact.

Promoting Safe and Stable Families

An important goal of family support services under Promoting Safe and Stable Families is to improve safety for children in families served. Another desired outcome is to improve the number of children who safely remain with their families or another identified relative or significant person. These services help them learn new skills through Family Service Centers and Family Outcome-Centered Unification Services (FOCUS) Programs (currently funded in all 67 counties throughout the state). Progress is documented 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 FOCUS intervention. Numbers are maintained of families safely remaining together at three months, to no less than 80%, at six months, to no less than 80%, at nine 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 (FOCUS) intervention or at the same rates remaining together after the permanency/reunification intervention has been completed. The Family Service Centers' data for FY2015 was 24,836 unduplicated individuals and 41,169 Information and Referrals. The Continuum data was 375 (Reunification) 15 counties; FOCUS was 1125 (Preservation and Reunification); Comprehensive Services: 49 (crisis, family stabilization or reunification). In FY2017, services provided through the FOCUS contracts and those provided through the Continuum contracts will be merged into one service delivery vehicle to be known as Intensive In-Home Services (IIHS). Services will be slightly expanded for both families with preservation as the goal and those with reunification as the goal. Attention will be focused on making these services much more individualized in nature, available in more areas of the state, and easier for the counties to access the specific services they need for the families and children served. Outcomes under the new contracts will be very similar to those identified in the FOCUS/Continuum contracts with better mechanisms for reporting and tracking.

It is important to ensure that community needs are met through Family Preservation and Support Services (FP/SS) Programs. A means of doing so is through utilization of feedback received from County DHR staff during reviews of individual programs. SDHR 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. FOCUS, as well as, Family Service Center providers request that DHR workers and families complete a satisfaction survey at the end of the intervention and this information is reviewed during the program review as well.

Family Service Center providers also complete a peer review every two years that includes staff from DHR and a consumer. They traditionally have a consumer and a DHR liaison on their advisory council which is involved in reviewing data and discussions of new program development and implementation. Suggestion boxes can be found throughout the centers and consumers are encouraged to use them. All of the above information is used in giving feedback to the provider in the written report at the close of the annual program review.

It is important to enhance, through technical assistance, the capacity of staff to utilize natural and creative resources toward the goals of family preservation and support. Resource Development and Utilization consultants provide individualized technical assistance with planning and problem solving, and monitoring and support functions to the FOCUS programs and Family Service Centers. The SDHR Resource Management consultants conduct regularly scheduled site visits to each program in order to provide technical assistance, consultation, and monitor progress toward goals. Providers must arrange in their budgets to provide training based upon the model used to deliver services. Training will be monitored during annual site visits. Consultants evaluate progress and utilization of each program in order to change and adapt them as needed. As site visits are conducted, the State DHR 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.

Family Service Centers
The Family Service Centers are administered by the Family Preservation and Support Services (FP/SS) Programs, funded by Title IV-B, Subpart 2, "Promoting Safe and Stable Families". Service interventions are based on a set of beliefs about children and their families that: 1) children belong with their families if they can safely live at home; 2) most parents love and want their children; 3) most maltreatment is an expression of an underlying, unmet need; 4) most people can change; 5) all children need to experience permanency in their lives; 6) and when children cannot continue to live at home, they still need family and community connections

Family Service Center sites are located in areas of a targeted county/community where there is a high concentration of families who need services to address their safety and stability issues. The current contract requires each provider to serve at least 200 families per year; however, they traditionally serve beyond this number. They provide a broad range of home and center-based services on a continuum from prevention services to intensive intervention. FOCUS providers are encouraged to rely on the Family Service Center in their community to provide needed support services to families both during the intervention and on an ongoing basis afterwards

Core services provided by family service centers are based on a comprehensive assessment process that results in goals identified by the families. These services include: assessment and service planning, case management; and services which support families and parents, such as preventive, educational, or respite services. For example, parents might receive in-home services to coach and teach anger management or conflict resolutions skills, or parents might attend workshops which support their self-sufficiency, etc. They also provide services which address families' survival needs, including clothing, food, housing and transportation, among others; family focused counseling, treatment, and therapy to address family functioning. The goal of such services is to strengthen and empower families so they can meet the needs which led to the occurrence of child maltreatment.

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. 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.

Intensive In-Home Services (IIHS)
The IIHS programs will deliver intensive family preservation services and re-unification services across the state and implement a nationally recognized, evidence-based model of in-home service delivery that is expected to achieve a high rate of family preservation and reunification. IIHS programs provide short-term intensive in-home interventions to help alleviate situations and conditions within families where removal of children from the home is imminent or the child is returning home after placement.

IIHS workers will provide services to a maximum of 4-6 families per worker. Providers may serve families for six to nine months and may request extensions from SDHR if additional service time is needed. The supervisor in the program helps Specialists to determine when to conclude or extend services. The decision to extend services may be largely based upon the likelihood that continued services will substantially decrease the likelihood of placement occurring. The current caseloads still allow staff to work intensively with families to reduce barriers and increase family preservation and reunification.

It is anticipated that the services being provided (through IIHS ensure that no family is experiencing a lengthy wait for services to be provided. Follow-up (on services offered through IIHS should reflects that safety for children is being maintained. The safety of the child is the highest priority. IIHS staff will respond immediately to family crises, and workers generally see families within 24 hours of referral. They meet with families in the home which allows for a more thorough assessment of safety and opportunities for effective intervention.

At the time of the referral, the referring worker will identify the factors placing the child (ren) at risk of removal. Referral guidelines regarding the intervention time-frame are clearly communicated to referring workers, who are asked to convey them to families who may be referred. Once the family is referred, the Specialist educates the family regarding the brevity of the intervention. The Specialist and the family set specific, limited goals and objectives that can be addressed within the intervention time frame and are related to reducing the risk of placement. IIHS staff will request that DHR rate safety at the beginning and end of the intervention. During the first few days of the intervention, the IIHS staff will also assess risk/safety factors and develop a service plan with the family, which will be individualized to meet the needs of each specific family member and is in conjunction with the family's Individualized Service Plan. The treatment plan will address the factors placing the child (ren) at risk of removal from the family strengths, the goals of the intervention and how progress toward the goals will be measured. IIHS   staff will also participate in developing a safety plan as needed.

IIHS staff will provide weekly consultation with DHR and immediate response in the event of health or safety issues that pose a threat to the child. IIHS staff will conduct two or more (as needed) in-home face to face contacts per week in order to provide a quick response to emergencies and to teach skills to utilize during a crisis when families are most willing to learn new behaviors. Workers are available 24/7 and work a flexible schedule to be available to families when they are experiencing difficulty. IIHS training, supervision, and ongoing monitoring and quality assurance will provide additional measures to ensure the safety of families/children. Prior to terminating the intervention, IIHS staff will connect families with other community services to reinforce gains. Programs must provide no less than 90 days of aftercare services. If there are any concerns of disruption, the IIHS   staff will work with the family for a period of time in attempt to alleviate the crisis. As of March 2016, 80% of discharges from IIHS   programs have been successful, i.e., a child returns to or remains with family, is placed with a relative or other significant person as identified for permanency goal for the child. Families are tracked up to 24 months post discharge from the program.

IIHS workers will assess for safety throughout the intervention and safety is always the number one goal. They document progress towards goals established by families in relation to child safety on a regular interval. SDHR maintains monthly statistical reports on families and children served. Each program submits monthly reports to the Program Manager of the Office of Resource Development and Utilization in the Resource Management Division which contains the following: the number of 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, three, six, 12 and 24 months. These statistics are then compiled into a statewide report. The goal is to fund service delivery, with expansion as need dictates and funding allows, in the Intensive Family Preservation and Family Reunification programs. The report allows us to track the increased or decreased numbers of children being served or discharged due to the intervention being unsuccessful. If the utilization falls below 80% the provider is required to submit a utilization rate plan of action to SDHR. These statistical reports are utilized as plans are made for the following fiscal year in terms of funding, staffing or other necessary programmatic changes.

As of FY 2015, no providers fell below the 80% threshold. An increase in families served is possible if providers do not have to extend services to families on a regular basis. IIHS   staff will have individual and group consultation each week where they discuss progress made, safety issues and if there are any barriers to treatment. If they can reduce the barriers and modify goals then the likelihood of extending services is reduced.   Success will be evidenced by reports which indicate an increase in the number served each year.

DHR has three (3) specialty programs in Jefferson and Shelby counties. Both counties have a wraparound services program that is designed to meet the unique needs of individual children and their families and to empower families to cope with daily challenges without external agency involvement. These programs consist of an array of comprehensive, intensive in-home services to children and families identified through the caseloads of the respective counties. Service delivery occurs primarily in the family home setting or other locations based on the identified needs. The programs are required to design their model around intensity, prevention, and reunification services. The third specialty program is in Jefferson County and is a Short Term Assessment and Respite (STAR) program which accesses the use of trained therapeutic foster homes. The staff and foster parents are trained to assess the children within 45 days. The provider uses their capacity to provide appropriate services to the child and family by obtaining appropriate referrals and interventions services as deemed necessary. At the end of the 45 days, the provider gives Jefferson County a complete assessment including a psychological, behavioral and educational assessments and recommendations for achieving permanency.

Barriers to meeting this goal may include the inability to add staff to serve the increased number of families who are placed on waiting lists. Funding is a barrier for the Family Service Centers to expand sites to other counties with high rates of child abuse and neglect. . Barriers may also include the inability to replace consultants who retire or resign, which impacts the number of annual reviews.

SDHR Family Assistance Division – TANF
The **SDHR 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. During fiscal year 2015, a monthly average of 13,755 families received assistance representing about 24,115 children and 7,551 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.

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. Youth participating in our annual National Social Work Enrichment Program and YAC organizations across the state participate in the AIDS and Pregnancy Prevention Program called Making Smart Choices. It is a six hour course regarding sexual health and safety and pregnancy prevention.

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 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 FY 2015 2,286 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. The coalition worked with 1070 SAIL participants, helped 106 participants acquire employment and provided financial assistance to over 200 low income individuals.

See also: **SAFETY OUTCOMES 1 & 2 – STAKEHOLDER COLLABORATION**

Item 3. Risk and safety assessment and management

Purpose of Assessment:
To determine whether, during the period under review, the Agency made concerted efforts to assess and address the risk and safety concerns relating to the child(ren) in their own homes or while in foster care.

QA Baseline:	**92%**	**QA Benchmark #1:**	**89%**
5 Year Goal:	**93.25%**	**QA Benchmark #2:**	**86%**
Interim Goals:			
FY 2015	**92.25%**		
FY 2016	**92.5%**		
FY 2017	**92.75%**		
FY 2018	**93%**		
FY 2019	**93.25%**		
Total	**93.25%**		

Data gathered from NCANDS 2014 and NCANDS 2015 revealed almost no maltreatment or the recurrence of maltreatment for children in foster care. Both FY2014 and FY2015 data revealed there was a 99.9% absence of

abuse/neglect for children in foster care. This was above the national standard and no Program Improvement Plan was noted.

2017 APSR ASSESSMENT
Child safety is the essential focus for the CPS Intervention and is the primary concern throughout the case process. It starts at the point a report is made, and continues throughout the CA/N safety assessment to identify impending danger, and on to the point the family transfers to Ongoing CPS or Foster Care, during the treatment service provision (ISP), and at the conclusion of any CPS involvement with a family.   Safety applies to settings in the child's natural community as well as to any special care or treatment setting in which the child may be served on a temporary basis. Safety, as used here in the QSR, refers to adequate management of known safety threats to the child's physical safety and to the safety of others in the child's home and school settings, not an absolute protection from all possible risks to life or physical well-being. Protection of others from a child with assaultive behavior may require special safety precautions.

Counties have expressed the need for safety assessment training, particularly around identifying impending danger and safety plans. While individual counties have received general training around assessment, we are committed to offer more training statewide in response to the needs expressed. The Office of CPS will continue to address specific county training needs related to child safety. Refer to Improvement Plan. We are committed to improving the caseworker's competency level to implement an appropriate safety plan to control present and impending danger threats. To further enhance child safety during the assessment period, CPS policy was added in March, 2016, which requires a home visit at least once a month for the duration of the assessment period. Also plans have been approved and soon all CA/N assessment workers and supervisors will have access to their own tablet to take into the field to assist in documentation of assessments.

CHILD DEATHS DUE TO MALTREATMENT
The Department has continued to monitor the cases in which child deaths occurred due to maltreatment. With the statewide roll out of FACTS, report 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.   DHR Staff serve on the Alabama State Child Death Review Team (ASCDRT) and the State Health Department's Perinatal Advisory Council. Serving on these committees and others ensures that we gain information that helps guide us in areas such as premature infants and the statewide mortality rates.

FY 2012: In FY 2012, forty-six (46) child fatalities occurred with allegations of death due to child maltreatment. The dispositions on those CA/N reports were as follows:

Child Fatalities w/allegations of maltreatment	46
Indicated	28
Not Indicated	16
Unable to Complete	2
Pending	1
Entered in error	0
12 month prior contact w/ Indicated Finding	13 (46.4%)

FY 2013: In FY 2013, forty (40) child fatalities occurred with allegations of death due to child maltreatment. As of May 31, 2016, the dispositions on those CA/N reports were as follows:

Child Fatalities w/allegations of maltreatment	40
Indicated	26
Not Indicated	9
Unable to Complete	0
Pending	4
Entered in error	1
12 month prior contact w/ Indicated Finding	3 (12%)

FY 2014: In FY 2014, thirty one (31) child fatalities occurred with allegations of death due to child maltreatment. As of May 31, 2016, the dispositions on those CA/N reports were as follows:

Child Fatalities w/allegations of maltreatment	31
Indicated	13
Not Indicated	7
Unable to Complete	2
Pending	8
Entered in error	1
12 month prior contact w/ Indicated Finding	3 (10%)

FY 2015: In FY 2015, thirty nine (39) child fatalities occurred with allegations of death due to child maltreatment. As of May 31, 2016, the dispositions on those CA/N reports are as follows:

Child Fatalities w/allegations of maltreatment	39
Indicated	16
Not Indicated	11
Unable to Complete	0
Pending	12
Entered in error	0
12 month prior contact w/ Indicated Finding	9 (23%)

FY 2016: As of 5/31/2016 in FY2016, twenty five (25) child fatalities had occurred with allegations of death due to child maltreatment. The dispositions on those CA/N reports are as follows:

Child Fatalities w/allegations of maltreatment	25
Indicated	3
Not Indicated	4
Unable to Complete	0
Pending	18
Entered in error	0
12 month prior contact w/ Indicated Finding	1 (33%)

Alabama State Child Death Review Team
The ASCDRT is composed of 28 Members, seven of whom are ex officio members. The ex officio members may designate representative from their particular Departments or offices to represent them on the state team. The Alabama Department of Human Resources and the Alabama Department of Public Heath are two of the Departments represented on the State Team.

The ASCDRT 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 coordination and efficient operation in the review process, using the following causes of death; Sudden Infant Death syndrome; Motor Vehicle Involvement, Fire Related Deaths, Suffocation-Related Deaths; Fire/Weapon Related Deaths. Local Teams do not make a decision as to any child maltreatment cause of death.

Child maltreatment fatalities reported to NCANDS are those children for which the Department has investigated the child death. The circumstances of the child fatality are entered into our SACWIS system as a CAN report and Multidisciplinary

Teams confer during this process. Coroners, LEA and Medical Examiners are legislatively mandated reporters. State DHR staff, as well as county DHR staff, also participate in the child death review teams.

In addition to the state team, each county has a Local Child Death Review Team. The local District Attorney leads the local teams. A representative from the Department team is included in the local team. The local teams throughout the state are responsible for an in-depth analysis of the cases assigned to them by the State Team. Local Representatives share any information the Department may have regarding child maltreatment deaths.

The State Child Death Review Chairman serves on the Alabama State Quality Assurance Committee. In prior years, the State Child Death Committee traveled to assist any counties who did not have local teams in working with their county District Attorneys to re-establish their local teams. We are pleased that, at this time, all Alabama Counties have a local Child Death Review Team. In 2015, the State Child Death Review Team presented a workshop at the Alabama Supervisors Conference. A Representative of the Office of CPS will be attending the Alabama Child Death Conference in 2016.

Populations at Greatest Risk of Maltreatment
Targeted Services for at-risk children in Alabama are accessible both within the organization and through partners across the state. Through the Department's Individual Service Planning process, services to address family needs are identified and referrals made accordingly to programs and opportunities provided by DHR. Internal targeted services and strategies to serve at risk children include:
- ISP;
- Flex Funds;
- Information and Referral to other agencies/entities;
- Maintain Central Registry
- Family Services provide Case consultation services;
- FOCUS

Following are some of our partners who partner with us around identification of vulnerable populations. We work closely with them, and they have provided the Department with critical information regarding this group of children:
1.) Quarterly meetings with Early Intervention
2.) Participation with Perinatal Substance Council
3.) The Children's Trust Fund
4.) State Child Death Review Committee
5.) Development of Training Curriculum on Family Violence Assessment and Intervention in Child Protective Services to provide information for Community Partners
6.) Each county also has created their own network of local providers in identifying children in this age group
7.) Domestic Violence Coalition
8.) One Place Family Justice Center
9.) Public & Private Schools.

Definition of Children at Greatest Risk of Maltreatment*

Risk Factors for Victimization

Individual Risk Factors
- Children younger than 4-5 years of age
- Special needs that may increase caregiver burden (e.g., disabilities, mental retardation, mental health issues, and chronic physical illnesses)
- Child is the product of an abusive relationship
- Lack of attachment between child and parent

Risk Factors for Perpetration
Individual Risk Factors

- Parents' lack of understanding of children's needs, child development and parenting skills

- Parents' history of child maltreatment in family of origin

- Substance abuse and/or mental health issues including depression in the family

- Parental characteristics such as young age, low education, single parenthood, large number of dependent children, and low income

- Non-biological, transient caregivers in the home (e.g., mother's male partner)

- Parental thoughts and emotions that tend to support or justify maltreatment behaviors

Family Risk Factors
- Social isolation
- Family disorganization, dissolution, and violence, including intimate partner violence
- Parenting stress, poor parent-child relationships, and negative interactions
- Limited, unknown, or no access to individuals who can provide protection.

Community Risk Factors
- Community violence
- Concentrated neighborhood disadvantage (e.g., high poverty and residential instability, high unemployment rates, and high density of alcohol outlets), and poor social connections.

*Language and context suggested by the Centers for Disease Control and Prevention

Alabama has strong policy in place describing vulnerable/at-risk children, which is available for review as needed. Policy particularly addresses children who have been brought to the Agency's attention, but we recognize the maltreatment risks noted above throughout our policy, training, and consultation support to counties.

> ***EXCERPT FROM GLOSSARY: VULNERABILITY DEFINED IN SDHR POLICY***
> Refers to (a) a child's capacity for self-protection; (b) the type and extent of access a child has to individuals who are able and willing to provide protection; and (c) the child's susceptibility to experience severe consequences based on age, health, size, mobility, or social/emotional state.

SAFETY OUTCOMES 1 & 2 - STAKEHOLDER COLLABORATION
The strong relationships DHR has made with other agencies have proven to be positive in terms of collaboration around child welfare issues. This includes the Domestic Violence Programs who continue to help us in identifying cases involving child welfare and domestic violence. The Department and the Alabama Coalition against Domestic Violence have completed the Development of a two-day training on Domestic/Family Violence that is open to DHR Staff; Domestic Violence Assessors, and other community partners. This training will continue to be provided four times a year for 25-30 attendees. 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.

The staff from **the Alabama Department of Rehabilitation Services, Early Intervention,** continue to meet with the Department and they also present workshops at our annual Supervisors Conference.

Alabama Department of Child Abuse and Neglect Prevention (ADCANP) / Children's Trust Fund
The ADCANP continues to provide funds for the "Cribs for Kids" project in Jefferson, Mobile and Morgan Counties, which will enable new mothers to have safe sleeping surfaces for their infants. The Alabama DCANP/Children's Trust Fund reported that over the life of the Jefferson County Cribs for Kids project, over 1,500 cribs have been provided to new mothers. Each new mother who receives a crib also receives training on safe sleep, abusive head trauma, child development, etc. The program has expanded to Tuscaloosa County.

All ADCANP funded programs have updated their mandatory reporting policy and have trained all staff members on the new (Mandatory Reporter) legislation. All ADCANP grantees continue to be required to receive and incorporate the Protective Factors training into their community-based work. For the 2014-2015 program year, ADCANP (Children's Trust Fund) funded 118 programs for the maintenance, expansion, and enhancement of at-risk youth and family support through the Children's Trust Fund for a total of $3,176,145. At-risk youth programs serve individuals age 8-17 who are experiencing factors that have brought them to the attention of school systems, courts, and county facilitation teams. Family Support programs are used to continue or expand Family Resource Centers and programs. Also, the Alabama Department of Child Abuse and Neglect Prevention continues to work closely with the Children's Policy Councils to examine the placement prevention programs in underserved areas and populations. ADCANP's present trainings and workshops at multiple Children's Policy Council meetings across throughout the state.

Alabama Children's Justice Task Force
The Alabama Children's Justice Task Force has also recognized the need for continued training in areas that were identified as needs for all CPS staff. Those areas include Investigative Interview Training, Family Violence & Intervention in Child Protective Services and Sexual Exploitation & Child Trafficking. The Investigative Interview Training and Family Violence & Intervention in Child Protective Services will be held twice in 2016 and present plans are for the training to be offered in following years. Multidisciplinary Team Building Training is being planned for FY 2017 and will continue for the next three years. This training is designed to enhance the skills of the local multidisciplinary team members to work together to bring about safe/successful outcomes to child abuse investigations. This training will be offered three times in FY 2017 and continued over the next three years.   Currently, the Children's Justice Task Force is working toward completing a website that will be available to the public to know more about the Alabama's Task Force. There are two phases to this project that should be completed in 2016. The first phase of this website which gives basic information about the Task Force is operational. The second phase has been funded and is in the development stage. Upon completion, the site will then allow participants to register online for trainings offered by the Children's Justice Task Force and also to leave comments including evaluations. Some details about these important trainings follow:

The CPS/Family Violence is a two day training curriculum which is delivered by a CPS Trainer and a Family Violence Specialist. The focus of this training is to enhance the assessment skills and to inform those in attendance of the dynamics of domestic violence as it relates to child abuse/neglect cases.

The Investigative Interview Training is training for all members of the local Multidisciplinary Teams to include CPS workers and supervisors and juvenile law enforcement who serve on the multidisciplinary task force. Training content includes: who interviews the children and why, communicating with children, interviewing preschoolers, latency age children, adolescence developmental concerns, materials and tools, facilitating disclosure, incremental approach, exploration of topics including maltreatment experiences of children, interviewing the reluctant child and interviewing children with disabilities.

The Sexual Exploitation & Child Trafficking was offered once in 2016 but there are no plans to continue this training past 2016. The Child Sexual Exploitation/Trafficking was a one day multidisciplinary training which provided an introduction to understanding the victimization of child sexual exploitation/ trafficking. An overview of the problem, the current State and Federal laws related to human trafficking, and applied case examples were discussed.   How technology serves as a vehicle for child sexual exploitation/trafficking was explored. Information on the difficulties and needs of serving victims of child trafficking was provided.

Alabama's Governor, Robert Bentley and the Department of Human Resources Commissioner, Nancy T. Buckner supported the development of a successful interactive online training for individuals who are Mandatory Reporters of Child Abuse and Neglect. The training is on the DHR website @www.dhr.alabama.gov.

Solicited Input – Surveys
In (approximately) 74 survey ratings completed by county QA committee members, on a scale of 1-6 (6 being optimal, or positive outcomes), the average rating for Safety, was 5.42 (cf to 2015 - 5.32; 2014 – 5.25; 2013 – 5.23; 2012 – 5.20; 2011 – 5.21; 2009 – 5.19).

CAPTA UPATES

I. Alabama State Liaison Officer (SLO)
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State DHR - Family Services Division
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II. 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 children in CAN reports received by allegation, for the following allegations (Note: <u>Referral intake date</u> 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
2013	379	94	275	10
2014	444*	122	319	5
2015	439*	113	319	7

* 436 unique children, as 6 children had two allegations. Of the total, 99% were opened to services.

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 10,086 Prevention Assessments, involving 15,519 children were received in FY2012. Approximately 10,300 Prevention Assessments, involving 15,742 children were received in FY2013. During FY2014 the state conducted 10,823 Prevention Assessments, involving 16,356 children. For FY2015, 11,054 Prevention Assessments were received, involving 16,566 children.

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

<u>Use of Grant Funds</u>

A.   The primary plan for CAPTA funds continues to be maintaining the CAPTA Due Process Requirement through the Administrative Record review process. This program improves the child protective services system by establishing procedures for appeal and responding to appeals of substantiated/indicated reports of abuse and neglect. CAPTA Funding has been the cornerstone of many of the projects that continue to grow as we

protect children. This includes the Central Registry /Adam Walsh Act. Importantly, due process for those individuals with indicated/substantiated child abuse/neglect reports is one of the largest services we provide.

- One part-time Administrative Record Assistant
- Six Program Specialists
- One full time Administrative Record Assistant

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 that 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, a 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. CPS staff continues to assist in providing accurate information to other states who are requesting Adam Walsh Clearances so awaiting placements can be completed timely. In FY 2015, CAPTA funds were utilized for salaries for five Central Administrative Record Review Program Specialists and a Central Registry Program Specialist. These six 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.

Salaries and benefits for the five Administrative Record Program Specialists, one part time Administrative Assistance and one full time Administrative Assistant are paid by funds from the CAPTA Grant. The total expenditure is estimated at $ 468,057.54.

In addition to the normal job duties of the Administrative Record Program Specialists and the Central Registry Specialist, they are involved in a team approach model to assist 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 and providing specialized training to counties as needed.

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 crucial to 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. Within the last five years, technical assistance was provided by the National Resource Center for Child Protective Services. Funding for that Comprehensive Assessment Project Grant was completed effective September 30, 2013. 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 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 noted above.
The Department continues to support Alabama's Parenting Assistance Line (PAL). The Parenting Assistance Line (PAL) is a collaborative service of the University of Alabama Child Development Resources and the Alabama Children's Trust Fund. When citizens call the toll-free number, 1-866-962-3030, a parenting resource Specialist provides helpful information and support. Callers can also request free literature. The PAL website can be accessed at http://pal.ua.edu/. CAPTA funding was utilized for the CPS Program Manager to attend the

Mandatory Conference in Washington, D.C.in 2015. The Program manager and the Deputy Director will attend the same conference in Washington, D.C. in 2016.

B. Referral Of Infants And Toddlers (under 36 months) To Alabama's Early Intervention System (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 any toddler with a 25% delay in the major areas of development (e.g., physical, social, adaptive, cognitive, or communication skills) or a diagnosed condition likely to lead to delay, 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 generates the AEIS-DHR CAPTA Referral Form (DHR-FCS-2121) 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 are sent directly to the attention of ADRS/EI, 602 South Lawrence Street, Montgomery, Alabama 36104, or faxed to (334) 293-7393. AEIS staff may contact the DHR caseworker for additional information needed to process the referral. Under Code of Alabama 1975 § 26-14-8 (c) (9) child welfare staff can share information with AEIS. Refer to *Child Protective Services Policies And Procedures, Central Registry, E. Use And Disclosure Of CA/N Information*. Referrals to AEIS are documented in the service case record. Parental consent is not required when making referrals to AEIS, but the referral should be discussed with the parents or primary caregiver. AEIS assumes responsibility for obtaining written parental consent needed before AEIS can conduct an evaluation for referred infants/toddlers not in the custody of the Department. Child welfare staff shall pursue parental consent only when the referred infant/toddler is in the custody of the Department.

Note: Part C of Individuals with Disabilities Education Act (IDEA) recognizes foster parents as surrogate parents eligible to give written consent for evaluation when an infant/toddler is in foster care. Child welfare staff are not recognized as surrogate parents under Part C and therefore cannot give written parental consent for children in foster care even if DHR holds custody. In order to satisfy both AEIS and Departmental consent requirements for children in our care, both the foster parent(s) and child welfare worker must sign the consent forms. The SACWIS report to generate data on this item is still under development. In all CA/N Reports where there is a child victim under 36 months who is also indicated for abuse and neglect, the referral is required before the CA/N can be dISPosed.

The following is data obtained from the Alabama Early Intervention System State Office
As of the data received from EI on 5/12/2016, the following information is provided regarding referrals from FY 2014. Of the 666 referrals made in FY 2014, there were no concerns of the child having a 25% delay in 520 referrals. One (1) child was activated as a referral by the DHR caseworker as action needed, and twenty-six (26) children were already in the system. Seven (7) children were activated for a Child Find Alert. Nineteen (19) referrals were closed by Early Intervention with no further action and sixteen (16) were closed due to unsuccessful contact. There were thirty-six (36) sent to EI that were over the age of three years and fifteen (15) that were from another state. At the time of this report, Early Intervention Staff was continuing to process 707 new referrals for FY 2015.

This data reflects a tremendous increase in the number of referral as noted   for FY 2013. We believe this is due to an enhancement added to our SACWIS system which now requires the assessment worker to complete the AEIS-CAPTA form for all clients that meets the requirements to be referred to Early Intervention before a referral can be closed.

The Department worked in conjunction with Early Intervention to develop a screening tool to be used by the social worker when making referrals to Early Intervention. This screening tool can be used for children under 36 months of age who are living in the home where a report of abuse/neglect has been determined to be indicated. The tool requires specific information about the infant/toddler being referred; child's current living situation; a statement of concerns about the child's cognitive; physical; communication; social/emotional or adaptive development and referral source information. Early Intervention assesses the infant/toddler's needs and contacts the social worker; parent, legal guardian and/or foster parent to arrange services when needed. The Department's Individualized Service Planning Policy provides guidelines and procedures which result in the development of an individualized

service plan (ISP). The ISP, as developed in partnership with the child and family planning team, is the actual case plan that is designed to achieve the desired case outcome. Comprehensive assessments are essential to the development of successful ISPs and overall well-being. Assessment is to begin at initial contact and continue until the family's case is safely closed. Information is to be gathered from and about all children and family members in order to gain an understanding of the needs to be addressed and to evaluate progress toward meeting those needs. As the information is analyzed and conclusions are reached, a basis can be created for informed decision-making and the development of the family's ISP.

This policy applies to all children and their families who are referred to the Department including those with illegal substance withdrawal symptoms and Fetal Alcohol Spectrum Disorder (which is an automatic eligible diagnosed condition for EI services). Services are to be identified and referrals made based on the individual needs of each child. The same procedure is to be followed if the child stays in the home with the parents; is placed with relatives; placed in foster care or is being reunified with their family. There are occasions where the required referrals for a child have been made by medical professionals, Early Intervention or others prior to the ISP meeting, but those referrals are to be then incorporated into the ISP Plan and monitored by the ISP Team.

The Department continues to work closely with the Alabama Early Intervention System to insure that children are appropriately referred for services. The two agencies believe that it is important to heighten the awareness of line supervisors about the need for appropriate referrals to the Early Intervention Programs and increase awareness of services available to benefit children who are victims of child abuse/neglect who may also have a developmental delay. We have several potential venues for such opportunities over the next 12 months and will plan accordingly.

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 are 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 staff at the Administrative Office of Courts has conducted GAL certification and recertification training since grant year 2003-2004 in order to fulfill the requirements of 42U.S.C.A. Section 5106a(b)(2)(B))xiii) and Ala. Code 1975, §12-15-304(c) that all Guardians-ad-Litem must be trained as to their role. The federal law conditions the Department of Human Resources' receipt of Child Abuse Prevention and Treatment Act (CAPTA) monies on an assurance in the form of "certification" by the Governor that the State has a state law OR a program including the items listed in Section 5106a(b)(2)(B) which includes that GALs in these cases be trained in their role. This training requirement is just for GALs who wish to represent children in dependency and termination-of-parental rights cases and not for GALs who may be appointed in domestic relations, probate or other type cases.

2015 Update: AOC continues to provide trainings for GAL certification and recertification. In 2015, AOC held three (3) certification courses and three (3) recertification courses that provided mandatory training for an attorney to be certified or to maintain their certification. Staff from State DHR frequently provide required sessions at these trainings where the issues of child development and many other concerns are presented.Current GALs have the

option of AOC's online recertification course as well as a live session. At the end of the calendar year, AOC had an active list of 1,256 certified GALs.

IV. Child Fatality and Near Fatality Public Disclosure Policy

Family Services Administrative Letter No. 7452, dated March 19, 2015, addresses the reporting and public release of records in cases of child fatality or near fatality. It was released to County Directors of Human Resources on March 30, 2015, for immediate implementation. The DHR Guidelines for reporting child deaths and near fatalities included guidance on the composition of CHR child death review committees, and procedures for child death reviews. It includes:

- Cause, date (of death / near fatality) and circumstances regarding the child fatality or near fatality.
- Age, gender, and race of the child.
- Child welfare involvement with the child/family during the 12 months prior to the date of the child's death or near fatality incident. Identification of other pending referrals / open cases on the child / family at the time of death or near fatality.
- A description of any other child welfare involvement with the child / family during the 12 months prior to the date of the child's death or near fatality incident.
- The review process will consist of an objective discussion by the Review Committee of DHR's involvement   with the family and an analysis of the Department's performance as it relates to policy, procedures, services, best practices etc.

Upon request for disclosure, information regarding Child Fatalities or Near Fatalities will in turn be provided by the Office of Data Analysis.

V.   DEMOGRAPHIC SUMMARY FOR PROGRAM EFFORT (PE) CODES 03 and 53 EMPLOYEES AS OF PAY PERIOD ENDING 03/31/16

While there are many PE Codes associated with child welfare, the two PE codes used for this report (03 and 53) capture approximately 87% 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.

RACE	SEX	TALLY
AMER IND	F	3
AMER IND	TOTAL	3
BLACK	F	623
BLACK	M	42
BLACK	TOTAL	665
HISPANIC	F	4
HISPANIC	TOTAL	4
OTHER	F	2
OTHER	TOTAL	2
Pacific Islander	F	2
Pacific Islander	TOTAL	2
WHITE	F	624
WHITE	M	55
WHITE	TOTAL	679
GRAND TOTAL		1355

VI. Degrees, Certifications, Salaries, Positions

   See (separately attached) supervisor and worker classifications document for the following positions:
- Service Supervisor (50223)
- Senior Social Work Supervisor (50224)
- Social Worker (50248)
- Social Service Caseworker (50246)
- Senior Social Worker (50221)

VII. Training Provided to New Child Welfare Workers

   See information provided in the 2017 Training Plan.

VIII.   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 for intake, 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 Record 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.

IX.   Staff additions, separations, recruitment and selection
The Program Support Workforce information shown below was obtained from the following SDHR Divisions: <u>Field Administration</u>, <u>Personnel</u>, and <u>Management and Fiscal Analysis</u>.

<u>Information on Child Welfare Staff Additions / Separations</u>
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; 4.) transfer from the CW staff of another county; and 5.) 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; 4.) transfer to the CW staff of another county; and 5.) 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 # Field Placement Students:	139
	Total # of FPS employed:	28
	Total Employed FPS that received Title IV-E Stipend:	9 (5 BSW, 4 MSW)
	Total CW additions: 177	
	Total CW separations: 257	

2013	Total # Field Placement Students:	122
	Total # of FPS employed:	46
	Total # of FPS that received Title IV-E Stipend:	9 (7 BSW, 2 MSW)
	Total CW additions: 195	
	Total CW separations: 229	

2014	Total CW additions: 302	
	Total CW separations: 288	

2015	Total CW additions: 311	
	Total CW separations: 303	

For FY2015, Staff assigned Prevention Assessments are not included in the staffing count. Alabama does not yet include Alternative Responses in our NCANDS Child File. Source: FY2015 NCANDS Agency File – Staffing for CPS Functions.

		FY2014	FY2015	Percent Difference	
WKSIIA	Number of Staff Responsible for CPS Functions (Screening, Intake, and Investigation/Assessment of Reports) During the Year	512	518	1.2%	Alabama determines staff need based on a six or twelve month average of different case types. Intake is one worker per county and for larger counties, more than one based on population. CA/N reports are counted at a 1:8 ratio for sexual abuse; 1:10 for children who enter foster care; 1:12 ratio for all other maltreatment types; Child Protective Service On-Going Cases are staffed at a ratio of 1:18 cases. Therefore, Alabama's total Child Protective Staff for FFY2015 was Intake = 84; CA/N = 183; CPS = 252; Total 518. This number does not include AR workers.
WKSI	Number of Staff Responsible for the Screening and Intake of Reports During the Year	84	84	0.0%	Intake is one worker per county and in larger counties more than one, based on 2010 population data.
	Number of investigation/assessment workers (2.3 - 2.4 = the number of investigation/assessment	428.0	434	1.4%	

workers)				

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 he 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 - see also the (separately attached) worker classifications document for information related to the below positions:

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.

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

Item 4.   Stability of foster care placement

Purpose of Assessment:
To determine whether the child in foster care is in a stable placement at the time of the onsite review and that any changes in placement that occurred during the period under review were in the best interests of the child and consistent with achieving the child's permanency goal(s).

QA Baseline:	79%	**QA Benchmark #1:**	81%	
5 Year Goal:	**82%**	**QA Benchmark #2:**	**83%**	**Measurement Goal Achieved**
Interim Goals:				

FY 2015	**80**%
FY 2016	**80.5**%
FY 2017	**81**%
FY 2018	**81.5**%
FY 2019	**82**%
Total	**82**%

2017 APSR ASSESSMENT
Currently, the FC186A Report (though some defects have been identified) noting the number of moves for children in care indicated an average of **4.23** placement moves in 2013. The data for the end of FY2012 for average number of placements was 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. 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.

Cases continue to be reviewed randomly 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 contract with **the Alabama Foster and Adoptive Parent Association (AFAPA**). This organization provides additional training for foster and adoptive resources and develops them to be trained parent advocates. These identified advocates receive increased training around policy and practice to serve as advocates and empower foster/adoptive resources in advocating for the children and their needs. In addition, regional foster/adoptive representatives are identified through AFAPA to help provide support and training and offer resources in the specific region. In many instances, there have been more stable 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 the child's needs with a provider's strengths and capabilities. The goal is to conduct early assessments to identify needs to secure a placement with appropriate support services to eliminate the need for additional moves and/or disruptions.

The Office of Foster Care and ILP have participated in the quarterly meetings with Alabama Association of Child Care Agencies (AACCA) and the Foster Family-based Treatment Association (FFTA) in an effort to partner, and provide needed support and information. In FY2016, the service providers were trained to better support youth as they participate in their ISPs, the results of the unit's first Congregate Care Study, PL-113-183 and the state's Fostering Hope Legislation.

The Office of Foster Care has continued and strengthened the partnership with the Office of Child Welfare Consultation around the issues of placement stability and support.   As of March 30, 2016, the young people in foster care experience an average of 5.4 placement moves with 33% experiencing 6 or more moves. Though the number of placement moves has decreased from 34% for the same reporting period in FY2015, the unit will continue to promote placement stability with a goal of minimizing placement moves. The units partner specifically around case consultation about moving children and youth to more restrictive placements, approval of out of state residential placements and therapeutic foster care placements for children age six and younger. The information gathered will be used to craft services and to provide access to additional supports in efforts to promote placement stability. All children in out of home placement will be tracked monthly and the information gathered will be reviewed quarterly on those who are approved for more restrictive placements. The unit will provide the counties with case consultation and support to ensure placement in therapeutic and out of state residential

treatment facilities be placements of last resort. As noted earlier in the Report, the Department's service contracts for FOCUS and Continuum of Care have been blended and will be issued as a new RFP for Intensive In-Home Services on prevention and reunification for youth falling into those categories of need. The narrative has been amended to expand the length of time for service and expanded eligibility to anyone providing care for our children, whether birth, adoptive or traditional foster family home. Training will be provided at the 2016 Supervisors Conference promoting appropriate foster care placements and placement stability. The psychotropic medication and monitoring protocol will provide additional insight, when implemented in October 2016, by offering an assessment tool which should aid in informing more appropriate placement decisions, and behavioral modification support to minimize placement moves and reliance on psychotropic medication as a behavioral control. The addition of the new TIPS foster parent training will provide foster parents with trauma-informed training materials that will offer them additional tools to serve the specific needs of foster youth.

The Office of Foster Care and ILP conducted a study of 25 of young people who were in moderate level congregate care settings, visiting 16 counties and 15 congregate care facilities. The project began on October 30, 2015 and ended on February 2, 2016. By the project's completion, 25 young people had been interviewed as to appropriateness of placement. This was done in conjunction with record reviews and discussions with more than 40 service providers and over 50 DHR staff members, supervisors and directors. A standardized list of questions was developed and used by the Office of Foster Care and ILP to facilitate the conversations with youth, providers and DHR staff. There were several trends noted, however, four prominent themes identified have a significant impact on Departmental practice and the youth served; the lack of availability of more appropriate family-like placements; congregate care providers' struggles related to providing individualized services based on the needs of children referred and served; lack of training for staff and providers to equip them regarding engaging and supporting older youth; and ISP and treatment planning at the facilities being dissimilar in content.

The focus on these issues with regard to this population, and improving outcomes for them will promote positive partnering with birth families, foster families and vendor/providers, collaborative planning with the ISP Team and realistic goal setting for the young people with a renewed focus on the importance of living in a family like setting. Efforts have been expanded regarding training and worker support and consultation, training for our providers and older youth regarding the new Reasonable and Prudent Parenting Standards and other elements of PL 113-183. Workers were informed at the Annual Permanency Conference in February, 2016 about the results of the Congregate Care Study and provided with information regarding the tools to improve outcomes. Foster parents received training regarding the law and new requirements during the annual AFAPA Conference in May, 2016. Children's Aid Society partners have developed a series of trainings based on the needs identified by young people and the requests of staff and providers. Our Children's Aid Society ILP Team has provided specific trainings to providers and youth in foster care and those receiving Chafee services in their homes. Regional trainings to staff, providers, GALs, and foster parents will commence in August 2016 along with DREAM Council meetings which will focus on youth participation in ISPs, GAL engagement, strategic planning regarding conflict resolutions, development of services and supports to birth, foster and adoptive parents with a focus on enhancing and developing community partnerships on the local level.

The State Conflict Resolution Committee receives referrals when an issue cannot be resolved at 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 process has specific timeframes given to counties to ensure prompt research and resolution to the issues. The Program Supervisor for the Foster Care Office serves as Family Services liaison to the Committee and assists with recommendations and decision-making through the process. In 2015 there were five cases referred to the CRT process. Revised policy related to the Conflict Resolution Process was submitted to counties via Administrative Record Letter No. 7405 in November 2012.

In (approximately) 74 survey ratings completed by county QA committee members, on a scale of 1-6 (6 being optimal, or positive outcomes), the average rating for Caseworker Visits with Foster Parents, was 5.23.

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 a family is not selected.   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 are seasoned

professionals who have been trained on MEPA compliance in their practice. Workshops on transracial placements have been presented at different conferences and meetings over the course of the last five years including the 2014 Permanency Conference held in May 2014. Alabama has seen an increase of transracial placements over the last five years.

Item 5. Permanency goal for child

Purpose of Assessment:
To determine whether appropriate permanency goals were established for the child in a timely manner.

QA Baseline:	**40%**	**QA Benchmark #1:**	**17%**
5 Year Goal:	**43%**	**QA Benchmark #2:**	**34%**
Interim Goals:			

FY 2015	**41**%
FY 2016	**41.25**%
FY 2017	**41.75**%
FY 2018	**42.5**%
FY 2019	**43**%
Total	**43**%

2017 APSR ASSESSMENT

Permanency Goal for Child
The FACTS System has been in use in Alabama since FY 2009; however, 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). Data is point in time for children in care at the end of the fiscal year and reflects data for the most recent foster care episode:

FY 2013	28.26 Months (approximate)
FY 2014	25.68 Months (approximate)
FY 2015	**23.64 Months (approximate)**

Training and Policy
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 Department recently made the decision to change to TIPS (Trauma Informed Partnerships in Safety) as the required form of pre-service training. Trainers in the newly created Quality Assurance Program have been trained and training is currently being provided to staff and foster/adoptive parent co-leaders. It is estimated it will take two years to have trained co-leaders in all 67 counties as well as the child-placing agencies. 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 thus 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 thus has a goal of ANIR, 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/sibling group identifies 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 includes the county/agency worker for both the child/sibling group and the family. Strengths and needs of the potential placement are identified and weighed at length, then 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.

The Office of Adoption staff partners with APAC therapists during the matching/staffing process, on an as-needed basis, to better inform families as to what the child's diagnoses mean, how the behaviors can impact family life, and assist with a plan for managing the behaviors. During the 2016 reporting period, the (then) Program Supervisor responsible for the post-adoption services contract, examined information about placements and disruptions during fiscal years 2014 & 2015.

Placements in FY 2014	55	Number Disruptions	Percentage that Disrupted
DHR families	22	3	13%
Out of State	10	2	20%
APAC	23	6	26%
Of the 11 families that disrupted 9 had no previous foster or adoption experiences; 1 had previous adoption experience and 1 had previous foster experiences.			

Placements in FY 2015	48	Number Disruptions	Percentage that Disrupted
DHR families	14	1	7%
Out of State	15	7	47%
APAC	19	5	26%
Of the 13 families that disrupted, nine had no previous foster or adoption experiences; two had previous adoption experience and two had previous foster experiences.			

The examination revealed that families prepared & studied through the special needs adoption contract with CAS/APAC experienced disruption at a higher rate than did families prepared/studied by county DHR offices. The families studied and prepared through this contract have no foster care experience. Leadership for the Office of Adoption met with leadership of CAS/APAC in January 2016 to review this information and to hear ideas from CAS/APAC to provide extra levels of support and training, to the families prepared and studied by their agency. CAS/APAC has submitted an amendment (narrative and budget) to their post-adoption contract (currently pending approval by the Resource Management Division). The proposal includes assigning a Family Advocate to all "Waiting Families" and then a "Family Coach" (Counselor) to all families once they are matched.   Individual plans will be developed for each family with services customized for the parents as well as birth children that may already be in the home. It is hoped that this extra support will reduce the number of disruptions. The Office partners with OCWC's Behavioral Analysts, on an as-needed basis, to observe children and work with families toward a behavioral management plan from the beginning of pre-placement visits. These partnerships assist families in making informed decisions that are best for the children and the prospective families.

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 aid in expediting adoption for children with special needs. The legal process of adoption in Alabama includes the Adoptive Home Placement Agreement being entered into 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 three-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.

During FY 2011, 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.

Children in Foster Care < Age Five: Reducing Length of Stay & Providing Developmentally Appropriate Services
In FY2015, 1,541 children under the age of five entered the foster care system. This represents a slight decline from the previous fiscal year in which, 1560 children under 5 entered foster care. Although the number of children entering care decreased, the primary entry reason (parental substance abuse) increased from 32.2% in FY2014 to 38.5% in FY2015. Foster children in the under-five population spent an average of 11.95 months in foster care in FY2014. That number slightly decreased to 11.15 in FY2015. We believe that, through our ongoing partnership with the Administrative Office of Courts (AOC); the expansion of Family Drug Courts around the State; the development of a trauma assessment tool; the continued development of the Psychotropic Medication Oversight and Monitoring Project through our partnership with Auburn University; and our recent changes to the requirements related to our FOCUS and In-Home Intensive service model should result in a decrease in foster care numbers.

Though age-specific policy related to children under five in foster care does not currently exist, it is being developed by our new Services to Foster Youth Under Five Stakeholder Group. The Office of Foster Care has developed a 14 member community partner stakeholder group to address the specialized needs of foster children under the age of five. This group

held its initial meeting on May 13, 2016. The group is divided into two teams; services and research. The group's overall purpose is to work together with the common purpose of helping children and families reunify in a timely manner. The group is comprised of a pediatrician, child psychiatrist, licensed professional counselors, traditional foster parents, behavior analysts, early learning center director and foster home providers both traditional and therapeutic. A drug court representative will be added to the team based on the State's current demographics related to this special population of children in foster care. The group will meet monthly to establish and discuss desired outcomes, review current research and data regarding the needs of foster children zero to five and offer procedural state-wide improvements. The stakeholder group will provide feedback to the State Office liaison regarding assessment tools and suggested protocols to aid in reducing the length of time children under five are in foster care. An in-house assessment tool has been developed to look more closely at how the department can strengthen its efforts in developing a more trauma informed system of care. It is the group's goal to decrease the number of young children entering the foster care system by enhancing current services and supports, developing additional services and supports based on current evidence-based practices and limiting the time between foster care entry and exit to positive permanency. The group was informed about the new Trauma-Informed training for foster and adoptive parents.

Family Services has developed partnerships with specific state level organizations who serve this particular population, such as: The Alabama Department of Child Abuse and Neglect Prevention, Early Intervention through the Department of Rehabilitative Services, CWCI Team members, and work is underway to strengthen our partnership with the State Department of Education and the Office of Child Care Services. The Family Services Division is also working to determine the best mechanism to track these efforts by its review of FACTS data and possibly by information received in QA reviews.

Family Services addressed the under-age five population in an Administrative Record letter distributed to the counties in February 2013. The Quality Assurance process reviews the under-age five group during QSR debriefs to note psychotropic medication usage and monitoring. The Family Services Division will continue to frame its services to meet the needs of the under-age five population by ongoing review of ISP's to ensure permanency is obtained timely. The division will review data more frequently (quarterly) to note any significant changes in the under-age five group. Family Services will continue to coordinate resources and make referrals to the following Alabama agencies that focus on the under-age five children, such as:

- Head Start Child Development and Early Learning
- Women, Infants and Children, WIC (supplemental nutrition program for pregnant women and their young children)
- Department of Child Abuse and Neglect Prevention/Children's Trust Fund- Programs: Cribs for Kids, Mentoring New Moms, and Jefferson County Pilot Project to Prevent Child Maltreatment
- Early Intervention (reviews developmental needs by utilizing a checklist for children from birth to age five)
- Wendy's Wonderful Kids (recruits for an appropriate match for foster care children under age five)
- Alabama School Readiness Alliance (receives appropriations for pre-K programs);
- Individual Service Plans
- Behavioral Analysts supports and assessments
- Protective Service Daycare
- Information and Referrals

Family Services and counties routinely work in partnership with the organizations/agencies listed above. These ongoing key services will be used to assist the under-age five group and our Agency will continue to keep that population's individual needs and concerns at the forefront as we address the guidelines in the public law.

Goals for 2015-2019 (Children Under the Age of Five)
Implement policy for the age group under five to specifically address the timeliness of permanency and the resources available to assist this population.

- Continue to assess, with the Office of Child Welfare Training, training needs for new/current staff and/or resource parents in working with the under-age five population.

- Beginning with FY 2015, analyze data from (FACTS, QSR, AFCARS) quarterly to seek information on and develop/implement improvement plans for the five year and under age group so comparisons by race, length of time in care and timeliness of permanency can be evaluated to note differences when compared to overall foster care youth.

- Utilize data gathered by the Services to Foster Youth Under Five Stakeholder Group to inform and develop policy and practice strategies.

Below is the data through the second quarter of FY 2016 (March 31, 2016). The total population for FY 2015 is 1541 children, with the average number of months in care being 11.15.

(Sorted by # of children)

Race	# of Children Under Age 5 Years	Average # of Months in Care	% of Population
White	1062	11.39	65.76
Black or African American	538	12.63	33.31
Declined	6	7.5	
Asian	4	19.25	
American Indian/Alaskan Native	1	13	
Native Hawaiian or Other Pacific Islander	1	9	0.93
Incapacitated / Unable to Communicate	3	13	
Unable to determine	0	N/A	
Not Documented	0	N/A	

(Sorted by average # of months in care)

Race	# of Children Under Age 5 Years	Average # of Months in Care
Asian	4	19.25
Declined	6	7.5
Incapacitated / Unable to Communicate	3	13
American Indian/Alaskan Native	1	13
Black or African American	538	12.63
White	1062	11.39
Unable to determine	0	0
Native Hawaiian or Other Pacific Islander	1	9
Not Documented	0	0

Comparison of May 2015 to April 2016 (sorted by # of children in May 2015)

Race	May 2015 # of Children	APR 2016 # of Children	May 2015 Average # of Months in Care	APR 2016 Average # of Months in Care
White	952	1062	11.35	11.39
Black or African American	473	538	13.94	12.63
Asian	4	6	27	7.5
American Indian/Alaskan Native	3	4	15.33	19.25
Incapacitated / Unable to Communicate	1	1	19	13
Declined	5	1	26	9
Unable to determine	1	3	11	13
Native Hawaiian or Other Pacific Islander	2		4	
Not Documented	1		4	

Permanency Roundtables

The Permanency Roundtable Consultation Model was expanded statewide in FY2014. All 67 counties have been trained with regard to using this model to monitor and support positive permanency outcomes. Though the county offices were encouraged to use the consultation model, the continued implementation is purely voluntary. Several of the larger counties, such as Jefferson, Mobile and Madison counties continue to use the model. Other counties employ their own permanency review process monthly or quarterly, as every county is required to conduct permanency reviews. There is a statewide initiative through the Division of Field Administration that also conducts permanency reviews.

Item 6. Achieving Reunification, Guardianship, Adoption or OPPLA

Purpose of Assessment:
To determine whether concerted efforts were made, or are being made, during the period under review to achieve reunification, guardianship, adoption, or other planned permanent living arrangement.

|	Reunification		Adoption		OPPLA	
QA Baseline / Benchmark #1 / #2:	35% / 17% / 34%		30% / 9% / 22%		63% / 27% / 50%	
5 Year Goal:	38%		33%		65%	
Interim Goals:						
	FY 2015	**35.25**%	FY 2015	**30.25**%	FY 2015	63.5%
	FY 2016	**35.75**%	FY 2016	**30.75**%	FY 2016	64%
	FY 2017	**36.5**%	FY 2017	**31.5**%	FY 2017	64.5%
	FY 2018	**37.5**%	FY 2018	**32.25**%	FY 2018	65%
	FY 2019	**38**%	FY 2019	**33**%	FY 2019	65%
	Total	**38**%	**Total**	**33**%	**Total %**	**65%**

40

In addition to QSR data, please see below data from a Permanency Achievement Query that is in place. The Query reports data based on reasons children/youth exit foster care. This information is reported below:

Total # Discharges	Reunification		Adoption (finalized)	
3,182	FY 2015	38.9%	FY 2015	17.2%
	FY 2016		FY 2016	
	FY 2017		FY 2017	
	FY 2018		FY 2018	
	FY 2019		FY 2019	

Length of Continuous Time in Foster Care for Children Discharged in FY 2015

Data for fiscal years 2010 through 2012 are based on the FC186A – Foster Care Statistical Report. The 2013 through 2015 figures are based on calculations derived from a permanency achievement query using the children's most recent home removal episode. Since the FC186A is known to have defects, the increase reflected by the 2013 average may not be as significant and should not be used for drawing long-term conclusions.
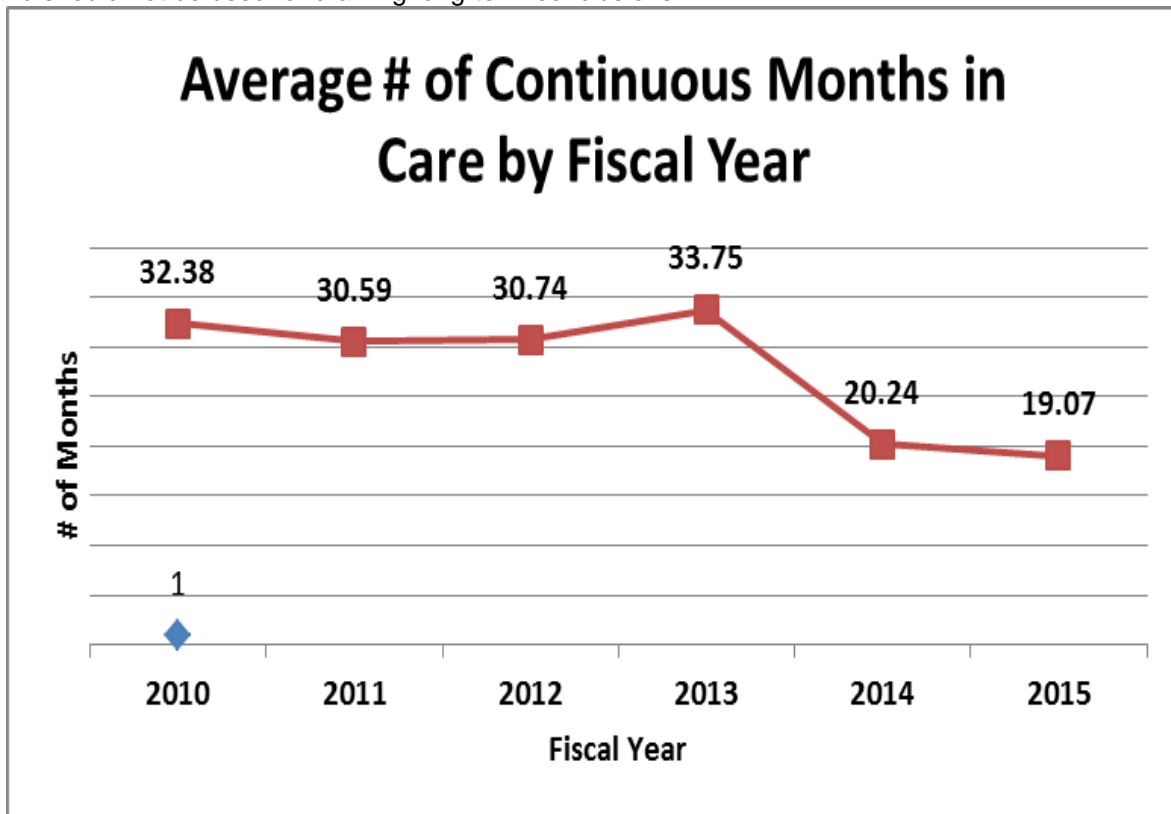
2017 APSR ASSESSMENT
The QSR data used for reporting progress in this area indicates the percentage of cases reviewed by State QA where working toward achieving the stated permanency goal is reported as a strength or for APPLA cases, if the permanency goal can be considered achieved. Achievement of the goal of APPLA is viewed as (1) court-approved and (b) the youth is living in what can be considered to be a permanent living arrangement, preferably with a signed APPLA agreement in place. Generally that occurs with youth who are in foster homes with foster parents verbalizing their commitment to the youth. This is not rated a strength for youth in residential treatment or any facility that is not planned or intended to be permanent. There has been a decrease in the state's foster care population 2011-2013, with noticeable improvements in completed adoptions. The number increased slightly at the end of FY 2014, and the data indicates that nearly 5000 children have been in care at the end of each month in FY2015. With a shift in policy related to positive permanency outcomes, the Office of Foster Care and ILP and the Office of Adoption have refocused efforts related to permanency. The Division is making every effort to encourage, support and train child welfare staff regarding the importance of being trauma-informed and permanency-focused from the point of first contact with children, youth and their families. The Department is moving to make changes in regard to the foster parent training, with a conversion to the TIPS model being launched in fall 2016. There is also new Child Welfare worker training, previously known as ACT, being developed. There are plans to continue to provide training and support to our staff also.

Reunification, Guardianship, and Placement with Relatives

Alabama continues to support foster, adoptive and, most recently, kinship caregivers, especially through collaboration with the Alabama Foster and Adoptive Parent Association (AFAPA). In FY2010, Alabama passed Kinship Guardianship Legislation which provides for certain children to be eligible for subsidy assistance in cases where the court ordered kinship guardianship. Policy was developed and became effective October 2010. At the 2016 Child Welfare Permanency Conference, during a town hall formatted section, a foster care worker from Madison County presented strategies implemented by this county in the area of Kinship Guardianship. Madison County has the largest number of Kinship Guardianship families receiving GAP. The KIN002 report gives information about Active Kinship Guardianship Cases. The initial data on number of providers and children available is dated April 1, 2013. At that time, GAP payments were provided to 28 providers for 60 children. The most recent report, dated June 1, 2016, indicates growth in the program as 79 providers are now receiving GAP for 182 children. Continuous training will be offered by Family Services Division or AFAPA as needed to educate foster parents as well as relatives on Kinship Guardianship. The Offices of Foster Care and Child Welfare Policy Specialists continue to answer questions and consult with counties as questions arise.

As of March 31, 2016, there are 173 young people receiving kinship guardianship assistance. This represents a 19% increase in the number of young people and their families receiving the assistance from the prior program year. Though the increase is significant, the current barriers appear to be lack of knowledge regarding what is required of kin to become kinship guardians: the need for kin to meet the exact standards of traditional providers; the requirement for at least one parent to approve the arrangement; and the continued use of informal relative placement as a method of keeping children out of foster care. Kinship training was provided to staff who attended the Annual Permanency Conference; the Department is reviewing options regarding the standards required. The Department will continue to provide consultation and training on the benefits of kinship care as training regarding the new successor guardianship law and policy moves forward.

Services to support Reunification/Relative Care - See Also Information on FOCUS / IIHS Programs, Under Item 2

The Family Outcome-Centered Unification Services (FOCUS) Programs deliver intensive family preservation services and re-unification services across the state.

Services to support Kinship Care

With the passage of Kinship Guardianship legislation a few years ago, the Department now provides Guardianship Assistance Payments (GAP) to families who are awarded kinship guardianship of children in foster care. To be eligible for GAP, the family must become a licensed related foster family home and the children must be IV-E eligible. The Out of Home Care policies and procedures manual was revised to include policies on the permanency goal of kinship guardianship and outlines the legal and payment assistance processes. Several years ago the Alabama Foster and Adoptive Parent Association decided to include relative caregivers (including those with Kinship Guardianship) as members of the association. This allows them to get the same services and supports through the Association as do foster and adoptive parents.

Services to support OPPLA (APPLA) - See Also Information on CFCIP, Serving Youth of Various Ages and Stages of Achieving Independence.

Another Planned Permanent Living Arrangement is typically used as a permanency plan for youth who are older than 16, per PL113-183, who cannot be safely returned to their biological families and do not wish to be adopted. The primary goal for this group of young people is to develop systems of support and improve skills to ensure successful transitions, with additional emphasis for both the young people and the professionals who serve them to focus on long-term connections to birth families and formal and informal networks of support. County child welfare staff, foster parents, and vendor providers have been trained to encourage the development of natural mentor relationships, improve social worker-child relationships, and keep safe connections with birth families and siblings as strategies to improve positive permanency outcomes. With the additional instructions regarding PL113-183, counties have been trained in ILP Regional trainings conducted in FY2015, and Supervisors and Permanency Conferences in FY 2015 and FY2016. These have focused on continuing and relentless efforts to locate family and non-relative permanent connections. Continued support related to "Unpacking the No" regarding young people who have expressed they are not interested in being adopted will be shared at the Annual Summer ILP Youth Camps. Consultation with counties regarding difficult permanency issues began in earnest following the enactment of PL-113. Counties are encouraged to review permanency often and solicit the input of older, age appropriate youth at every opportunity. Increased focus on youth centered planning, services and supports are goals of both the ILP Program and the 2016 DREAM Council Leaders.

Continued support of their educational and vocational goals will equip our young people to provide for themselves financially through education and support regarding their mental health needs, housing services and physical health services. Consultation regarding real experiences for these young people will allow them to demonstrate their ability to be age-appropriately independent. The addition of three ILP consultants with specific county assignments affords the ILP

Program opportunities to provide specific training for staff, supervisors, vendor/providers and stakeholders regarding the extraordinary needs of these young people to be connected to their communities and to caring, positive adults. These young people receive group and individualized supportive services in placement settings which vary from their own apartments to traditional foster homes. Emphasis is placed on the monitoring and support of the individual goals of these youth. Two important services and supports for APPLA Youth are: Permanency Roundtables which help to identify permanent connections and Annual Independent Living Conferences which provides ILP training and education around ETV, NYTD, basic living skills, healthcare, Medicaid, preparing for college and leadership. Monthly DREAM Council meetings are held in a different county each month, providing peer training to youth across the state. Local ILP meetings held in each county include trainings based on the needs of the youth from and placed in the counties. Those services also include field trips to local Health Departments, college tours and other opportunities. Participation in the Annual Daniel Memorial Conferences gives APPLA Youth an opportunity to receive training from nationally recognized experts and to meet and network with like-minded youth. The Alabama Reach Program provides services and supports to youth in college at the University of Alabama, Shelton State Community College and Stillman College in the form of monthly meetings, service projects, and assistance with housing, food and gas. The students also receive support regarding their educational goals and access to host families. The National Social Work Enrichment Program offers rising juniors and seniors in high school an opportunity to have a six-week, on-campus college experience. Children's Aid Society employs two former foster youth to design and provide trainings across the state to youth, staff, community providers and community stakeholders.

Adoption

DATA & SERVICES - Finalized Adoptions:
FY13   526
FY14   548
FY15   **512**
FY16   238 (as of 3/31/2016)

Since October 1, 2008, 4,084 children have found permanency through adoption from Alabama's foster care system. We are placing children from institutions and congregate care facilities. Successes include a 20-year-old with Cerebral Palsy, a 19-year-old African American male who had lived in group homes since 2005 and children with severe developmental disabilities. Between FY 2011 & 2014, 220 children 14 and older achieved permanency through finalized adoptions. Fifty-nine of those occurred in FY 2014. For FY 2015 the total was slightly less at 58. Currently, 278 children age 14 and older have achieved permanency through adoption in FY 2011-2015. For FY 2015 the number of children adopted under the age of 5 was 226   The number of children age 14 and older adopted is 58. The over 14 number is detailed as follows (see chart).

Age @ Adoption Finalization	FY2011	FY2012	FY2013	FY2014	FY2015
14	15	19	11	18	14
15	8	19	11	17	13
16	12	17	15	10	13
17	3	11	5	9	5
18	2	6	4	3	12
19	0	2	0	2	1
20	0	0	1	0	0
Total	40	74	47	59	58

In FY 2007, the median length of stay from entry into care to final adoption was 40.3 months. As of December 2013 the median length has decreased for FY 13 to 32.08 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 receiving foster care services for a longer period of time. 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 Adoption is monitoring these trends while strengthening concurrent planning, timely TPR and the number of available placement resources.

Termination of Parental Rights
The State's SACWIS system (FACTS) is interfaced with the Administrative Office of Courts, which 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. In 2013 "The Best Interests of the Child Act," Alabama Act 2013-157 was signed into law by the Governor effective April 25, 2013. 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. Effective April 8, 2014 Act 2014-350 amends Alabama Code 1975, § 12-15-114 to provide that the juvenile court shall have exclusive original jurisdiction over all actions for the termination of parental rights.

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. With increased recruitment efforts and matching to Alabama families, a higher percentage of placements are being made in the state as well. 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, in an effort to facilitate a successful placement, the consultant and the child's planning team determine the number of pre-placement visits necessary for the child and the out-of-state resource to feel comfortable in making the transition to a successful placement. If the visits go well, a placement date is scheduled on which the consultant travels with the child to make the placement. The Office of Adoption has increased efforts to identify and develop in-state resources for placement of waiting children to assist in expediting permanency for these children.

Children / Services for Children Adopted from Other Countries (Inter-Country Adoptions)
In terms of **inter-country adoptions,** the Department tracks and reports only those children adopted from other countries who 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. The Inter-country Adoption Act (ICAA) of 2000 (P.L. 106-279) was signed into law October 6, 2000. As of June 1, 2016, no child adopted from another country had entered foster care in FY 2016.

APAC's post-adoption services, including counseling and Adoptive Family Groups (AFG's) are open to all adoptive families. This includes families who have adopted from the foster care system as well as families that have adopted through private means. Families that have adopted domestically and internationally can receive services from APAC. The only restriction on APAC's services is related to the post-adoption camp. Families who adopted children from private means may only participate in camp once the applications (and waiting list) for children adopted through DHR have been served.

STRENGTHS	CHALLENGES
1. There has been a decrease in the overall number of children in care.	1. The Department has no trauma assessment tool that can be used at the time of entry or throughout a child/ youth's time in care.
2. There has been a low level of re-entry into care.	
3. There has been an emphasis and much success in the area of adoptions by current foster parents.	2. According to data on legal orphans provided by the Office of Data Analysis there are 196 youth children in care with TPR and a goal of APPLA. There has been some improvement in this data. As of 3/31/2015 there were 170 youth, age 14 and older, in the permanent custody of the Department with a goal of APPLA.
4. There have been a number of adoptions involving older youth.	
5. There has been a decrease in the number of older youth in foster care.	
6. Six counties from the initial Adoption Pilot included in the 2015 APSR continue to match and place children from their own county (Tuscaloosa, Marshall, Talladega, Etowah, Calhoun & St. Clair).	3. We want to decrease the number of youth in care with TPR who do not consent to adoption.
	4. Foster Families need to be able to better address the special care needs of children/youth in care.
	5. Matching children/youth in care with appropriate placement resources.
7. A monthly adoption report of consultant caseloads has been developed and is used to monitor progress of children in PG with a goal of ANIR in moving toward adoption.	6. Address the increasing use of congregate care facilities for youth in care.

8. There has been an increase in the number of older youth completing high school.	7. Foster families need skills training beyond the current preparation training. Areas of need include: reactive attachment disorder, trauma, and sexual safety in placements.
9. There has been an increase in the number of older youth attending college.	
10. Children from Alabama's foster care system, attending colleges are receiving supports from mentors and staff on college campuses through Alabama Reach.	8. As of -3/31/2016 there were 223children in the permanent custody of the Department with a goal of ANIR (Adoption no Identified Resources) Of these 223 children, 95 are 14 and older.
11. There has been an increase in the number of permanent connections for older youth in care emancipating from the foster care system.	9. Improve county-by-county consistency and support/services in handling adoptive placements that are at risk of disruption (particularly for adolescents).
12. Leadership among youth in care is being strengthened.	
13. There is a successful partnership in place between Children's Aid Society, Alabama Reach and the National Social Work Enrichment Project.	10. Explore with stakeholders a consideration for "therapeutic adoption", e.g. what it would consist of, what resources are available/needed, etc.

Services to support Adoption (See also Post Adoption Service & Suppoerts, p. 50)

Currently, adoption services are provided by the Department of Human Resources through the Office of Adoption 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, clearing Petitions to Adopt and acknowledging the receipt of the petition and documenting the findings in an acknowledgment letter 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. However, as this update is being prepared, the task of adult adoptee services is not assigned.   Adoption services also consist of providing supervision of the post adoption services program and providing training forums for building staff capacity and understanding.   The newly appointed manager for the Office of Adoption is currently working with the units staff to revise the method by which higher rates of subsidy are negotiated and approved. A request has been made of the Regional Office for Technical Assistance in the area of Federal Adoption Assistance when the child is an SSI recipient.

Putative Father Registry

The Office of Adoption continues to maintain the Putative Father Registry.   When an adoption petition is received, names are checked against the Putative Father Registry and the court is 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. The Office of Adoption has developed and disseminated via LETS a power point presentation for county staff that provides information on the purpose and utilization of the Putative Father Registry. This training is mandatory for all new Family Services workers. The presentation is used during conferences and 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 to local offices and agencies. The DHR website has a link to Putative Father Brochure and all forms associated with registering so the public can easily access the information and start the registration process.

Adult Adoptees

Adult adoptees are served each year by providing non-identifying background information on their birth families and the reasons for their placement. A Program Specialist /permanency consultant is assigned to serve and respond to inquiries from adult adoptees. Currently, this Program Specialist is within the Office of Foster Care, as the prior consultant recently transferred to the Resource Management Division, and these tasks have not yet been re-assigned. 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 court order is required for birth parent searches as a reunion search is not a mandated service. The ability of the Department to assist with searches has decreased with fewer to no free Internet search sites. At the same time, as older child adoptions are being completed, the adult adoptees are able to search the Internet for themselves as they remember their birth family's identifying information.   Over the last five years this Office has served approximately 65 adult adoptees per year. Numbers of adult adoptees served are tracked manually by the specialist providing the service. In FY 2015, 57 requests were received from adult adoptees. Thus far in FY 2016, 12 adult adoptee requests have been received. 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 the original certificate is requested. (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.

See also: PERMANENCY OUTCOMES 1 & 2 – STAKEHOLDER COLLABORATION

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

Item 7. Placement with siblings

Purpose of Assessment:
To determine whether, during the period under review, concerted efforts were made to ensure that siblings in foster care are placed together unless a separation was necessary to meet the needs of one of the siblings.

QA Baseline:	**92%**	**QA Benchmark #1: 82%**
5 Year Goal:	**95.5%**	**QA Benchmark #2: 94%**
Interim Goals:		
FY 2015	**92.25%**	
FY 2016	**92.75%**	
FY 2017	**93.25%**	
FY 2018	**94%**	
FY 2019	**95.5%**	
Total	**95.5%**	

2017 APSR ASSESSMENT
Attention to sibling placement and connections has been a focus of the Office of Child Welfare Consultation; Foster Care/ILP; Adoptions; Training, and Policy for years. The curriculum for formal training, the policy that supports practice, and best practice in the field focus on the fundamental needs of children to be with, nearby, or connected to their siblings. When QSR or other review activities occur, counties are given feedback about placements, and data regarding sibling placements is discussed/monitored at the supervisory level in the field as well. OCWC has continued in 2014/2015 to support counties through record reviews, and sibling placement is one of the review items. Feedback is then provided directly to the county as needed.

Item 8. Visiting with Parents and Siblings in Foster Care

Purpose of Assessment:
To determine whether, during the period under review, concerted efforts were made to ensure that visitation between a child in foster care and his or her mother, father, and siblings is of sufficient frequency and quality to promote continuity in the child's relationship with these close family members.

QA Baseline:	**51%**	**QA Benchmark #1: 37%**	
5 Year Goal:	**56%**	**QA Benchmark #2: 65%**	**Measurement Goal Achieved**
Interim Goals			
FY 2015	**52**%		
FY 2016	**53**%		
FY 2017	**54**%		
FY 2018	**55**%		
FY 2019	**56**%		
Total	**56**%		

2017 APSR ASSESSMENT
In addition to the strategies and actions in place as described above in terms of best practice, Judicial or Administrative reviews occur to assess visitation. During the administrative review, progress is evaluated to ensure that necessary services are being provided to the child and natural family, and a treatment plan, including visitation, is formulated with accompanying time frame.

Item 9. Preserving connections

Purpose of Assessment

To determine whether, during the period under review, concerted efforts were made to maintain the child's connections to his or her neighborhood, community, faith, extended family, Tribe, school, and friends.

QA Baseline:	77%	**QA Benchmark #1: 69%**	
5 Year Goal:	82%	**QA Benchmark #2: 88%**	**Measurement Goal Achieved**
Interim Goals:			
FY 2015	**78**%		
FY 2016	**79**%		
FY 2017	**80**%		
FY 2018	**81**%		
FY 2019	**82**%		
Total	**82**%		

2017 APSR ASSESSMENT (See PL 113 Synopsis)
Alabama has in place a "Foster Parent Bill of Rights" as well as delineated Birth Family Rights which are shared during Individualized Service Planning meetings and at other points during casework with families. Connections are a major part of these rights, and reviews to assess the preservation of connections have been conducted by OCWC; Permanency Roundtables for APPLA and other teens occurred in 2013 and 2014, then some follow-up with counties to monitor how well those established connections have lasted.

Item 10. Relative placement

Purpose of Assessment:
To determine whether, during the period under review, concerted efforts were made to place the child with relatives when appropriate.

QA Baseline:	81%	**QA Benchmark #1: 87%**	
5 Year Goal:	84%	**QA Benchmark #2: 82%**	
Interim Goals:			
FY 2015	**81.5**%		
FY 2016	**82**%		
FY 2017	**82.25**%		
FY 2018	**83.5**%		
FY 2019	**84**%		
Total	**84**%		

2017 APSR ASSESSMENT

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.

Item 11. Relationship of child in care with parents

Purpose of Assessment:
To determine whether, during the period under review, concerted efforts were made to promote, support, and/or maintain positive relationships between the child in foster care and his or her mother and father or other primary caregiver(s) from whom the child had been removed through activities other than just arranging for visitation.

QA Baseline:	73%	**QA Benchmark #1: 64%**	
5 Year Goal:	76%	**QA Benchmark #2: 71%**	
Interim Goals:			
FY 2015	**73.25**%		
FY 2016	**73.75**%		
FY 2017	**74.25**%		
FY 2018	**75.5**%		
FY 2019	**76**%		

Total   **76%**

2017 APSR ASSESSMENT

Alabama Fatherhood Initiative
The foundation of the Alabama Fatherhood Initiative (AFI) has over six 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.

ASSESSMENT – PERMANENCY OUTCOME 2

STRENGTHS	CHALLENGES
1. Permanency roundtables have been introduced and trained in all 67 counties. 2. Kinship-Guardianship legislation is now in effect. As of As of May 31, 2016 79 kinship-guardianship providers are receiving GAP for 182 children. This is up from 64 providers receiving GAP for 140 children. 3. Training has been provided at Permanency Conferences, Supervisory Conferences, Judicial Summits, County Director Forums and the Education/Court/Child Welfare Summit. 4. See the chart below that provides data currently available on caseworker visits. 5. When children on the Adoption No Identified Resource (ANIR) waiting list are part of the Wendy's Wonderful Kids or other Child-specific recruitment, and a part of separated sibling groups, the recruiters focus efforts on visits and connections between sibs as an assessment and recruitment strategy. 6. When children on the ANIR waiting list are part of a sibling group, adoption planning and placement efforts focus on reuniting these children in adoptive placements. There have been some instances where large sib groups separated in FC placements have been placed together for adoption.	1. Although the number of caseworker visits with children in the home is within the national standard, we are uncertain of the quality of those visits. 2. We are not currently tracking caseworker visits with parents/family. 3. Permanency round tables for older youth did not include participation on the part of the young person. We need training an opportunities for youth to participate in youth-centered roundtables. 4. Counties are underusing the permanency goal of Kinship-Guardianship. 5. When it is in the best interest of siblings to be separated, the Agency needs to continually assess the need for on-going separation. 6. Services need to be put in place that address the need for the separation 7. While FACTS has the capability to track sibling visits, the fields on the FACTS screen are not being consistently documented by users. The Department needs to strengthen, clarify and better monitor FACTS data entry for this area of policy and practice as well as incorporate into county training.

PERMANENCY OUTCOMES 1 & 2 - STAKEHOLDER COLLABORATION

Solicited Input – Surveys
In (approximately) 74 survey ratings completed by county QA committee members, on a scale of 1-6 (6 being optimal), the average rating for the Timely Achievement of <u>Permanency</u>, was 4.75 (averages for previous years were as follows: 2015 – 4.67; 2014 – 4.61; 2013 – 4.71; 2012 – 4.70; 2011 – 4.57; 2009 – 4.95).

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 is featured on the Alabama DHR page. This page includes 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 of Alabama to provide a link to their videos from the AdoptUsKids and DHR sites. During fiscal year 2014, the Recruitment Unit within the Office of Adoption added an additional Program Specialist s who has the day-to-day responsibility of coordinating photo shoots, gathering completed recruitment packets and working to register available children (TPR and goal of ANIR) on the four photo listing sites utilized by the Department. This Specialist is also responsible for receiving and processing all inquiries from both in-state and out-of-state families as well as receiving out-of-state studies and routing them to the placement staff for review and consideration. If a Diligent Recruitment Specialist is hired as requested, the web site responsibilities may be transferred to

them. Currently, responding to child-specific inquiries through this site is the responsibility of the placement specialist noted here. However, a review of how the Office of Adoption matches and places children is currently underway. The emphasis is to determine if changes in protocols and processes could expedite permanency through adoption and improve customer service to potential adoptive families.

Heart Gallery of Alabama
Heart Gallery of Alabama continues to photograph new children as they become available. They also do photo and video updates annually on children previously photographed, but still waiting for adoption. Heart Gallery of Alabama (HGA) no longer has funding from Casey Family Programs. However, they continue to conduct exhibits throughout the state. The Department entered into a contract with HGA in February 2012. The purpose of the contract is to provide funding for staff to respond to families that inquire about children on the HGA web site and exhibits. During FY 2014 HGA took 103 portraits, 72 were of new children and 31 were updates. During FY 2015 109 portraits were taken. These included 77 new children and 32 children had their portrait and/or videos updated. Thus far in FY 2016 they have taken 99 portraits (71 new and 28 updates). HGA's current database was put into place four years ago. Since that time they estimate having photographed 855 unique children. Heart Gallery Alabama is dependent upon reports from DHR regarding placements and/or finalization of adoptions for the children they photograph. They estimate, since the current data base was established, 516 (60.4%) of children photographed have been placed for adoption by State consultants, or their foster parents adopted them following a photo shoot. Including children they photographed prior to establishing the data base, the estimate a total of 550 children placed or finalized.

During FY 2014 they responded to 2,555 inquiries from 1,666 unique families (some families inquire about multiple children. Heart Gallery Alabama responded to 3,204 inquiries from 1,908 unique individuals during FY 205. Since 10/1/2015, they have responded to 2,473 inquiries from 1,576 unique individuals.

Heart Gallery Alabama has also developed partnerships with several media outlets that promote both general awareness and child-specific recruitment for our children. They produce an electronic newsletter that is broadcast through their web site, social media and constant contact e-mail distribution. They also provide child-specific features to television stations in the Birmingham metro market. They currently enjoy partnerships with the FOX affiliate in Birmingham (WBRC Channel 6) and the NBC affiliate in Montgomery (WSFA Channel 12) to feature a different child/sibling group in a weekly Heart Gallery features. Work is on-going to develop a similar partnership in the Mobile metro-area.

Regarding on-site visits mentioned earlier, the following is a list of exhibits held during FY 2015.

Date	Type of Exhibit	Name of Exhibit	County
10/01/2014	Main Exhibit	University Mall	Tuscaloosa
12/8/2014	Main Exhibit	Easter Shore Premier Cinema	
11/3/2014	Main Exhibit	Brookwood Village Mall – NAM	Birmingham
12/1/2014	Main Exhibit	Oak Mountain Presbyterian Church	Birmingham
03/02/2015	Main Exhibit	Mountaintop Community Church	
2/13/2015	Main Exhibit	Phenix City Public Library	Phenix City
02/02/2015	Main Exhibit	Premier Cinema	Gadsden
03/02/2015	Main Exhibit	Selma Mall	Selma
04/08/2015	Main Exhibit	Permanency Conference	Birmingham
05/05/2015	Main Exhibit	Alabama State Capitol	Montgomery
05/01/2015	Main Exhibit	LJCC (Jewish Community Center)	Birmingham
05/03/2015	Main Exhibit	Eastdale Mall	Montgomery
06/01/2015	Main Exhibit	Carmike Cinema 12	Dothan
07/01/2015	Main Exhibit	Bryan Whitfield Memorial Hospital	Demopolis
08/10/2015	Main Exhibit	Brookwood Village Mall	Birmingham
09/01/2015	Main Exhibit	Birmingham Museum of Art (HGA 10th Anniversary)	Birmingham
11/20/2014	One day event	NAM tabletop exhibit	
11/16/2014	One day event	Orphan Sunday @ Gardendale FBC	Gardendale
10/28/2014	One day event	Restaurant Give Back Night @ ROJO	Birmingham
10/29/2014	One day event	Partnership Lunch @ Summit Club	Birmingham
04/09/2015	One day event	Kids at Heart Event	Birmingham
11/2/2014	Tabletop event	Cullman County Orphan Sunday	Cullman
11/2/2014	Tabletop event	Harvest Church Orphan Sunday	
11/16/2014	Tabletop event	Rivertree Church – Adoption/ Fostering Into the Night	

Post Adoption Service & Supports

Post-adoption services in Alabama are provided through contract with Children's Aid Society via a program known as Alabama Post Adoption Connections (APAC). APAC is a collaborative effort between the Office of Adoption 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. The current contract extends through FY 2016 for both pre and post adoption services.

1. **Pre Adoption Services**

    The pre-adoption services contract provides funds for recruitment, training and completion of home studies for families interested in adopting children that meet the special needs definition. 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 when utilized. APAC is currently reviewing their ETO system to see how they can better analyze this and articulate it in a more statistical manner.

2. **Post Adoption Services**

    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 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. In 2014, the partnership between Alabama DHR & APAC was recognized in a national forum hosted by AdoptUSKids and NACAC as a leading model for linking diligent recruitment and post adoption services. In June 2015, APAC was invited to present at the first national conference on Post Adoption Support, held in Nashville, Tennessee, showcasing Alabama's successful model to other states around the nation. In January 2016, APAC staff presented a national webinar on Family Violence and its Impact on Foster and Adopted Children.

    APAC consumers are asked for specific feedback related to the individual services they receive. This feedback is obtained by anonymous surveys for most services and direct questions and documentation of responses for others. 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 Adoption In addition, APAC's Pre-Adoption Services team distribute surveys after families attend GPS classes, and also Post Placement surveys to APAC families who have had a child placed in their home. Many changes have been made based on consumer feedback in one or more of these forums. Beginning with (2013), regular meetings were established between SDHR and APAC program staff to continuously monitor outcomes and review areas of concern.

    The post-adoption services contract provides for the following services:
    *   Information & Referral (includes lending library of print and video materials.
    *   On-site, webinar, and other training and conferences – for parents and professionals
    *   Adoptive Family Groups (AFG's) and Adoptive Family Mentoring
    *   Counseling (includes a crisis hotline 24/7)
    *   Trained therapist network – available to adoption professionals and families
    *   Annual Summer Camp for children/youth who have been adopted.

    In January, 2014, APAC's Program Coordinator and the Program Supervisor from the Office of Adoption were invited to attend a two day meeting in St. Louis, Missouri to share expertise in the areas of diligent recruitment and parent support. The link between pre-adoption and post-adoption services and support were discussed. Alabama was the only project invited that was not also a recipient of a diligent recruitment/adoption opportunities grant. Both the coordinator and supervisor have participated in the development of a publication entitled, "Effective Support Services

for Adoptive, Foster and Kinship Care Families" and they shared their skills, knowledge and expertise with the AdoptUsKids Integrated Diligent Recruitment and Parent Support Team. Both were among the key speakers during an important webinar, produced by NRCDR in August, 2015.

A. Information and Referral

APAC continues to provide Information and Referral Support to anyone who desires information about adoption related issues. In FY 2012-2013, APAC provided 552 units of Information and Referral to 467 individuals coming from 339 families. In FY 2013-2014, APAC provided 716 units of Information and Referral to 667 individuals coming from 418 families. In FY 2014-2015, APAC provided 644 units of Informational and Referral to 591 individuals coming from 415 families. Additional Information and Support services were provided to PRE-Adoptive families (385 incidences of Information and Support involving 117 consumers from 114 families). In the first six months of FY 2015-2016, a total of 344 units of Information and Referral were provided to 337 individuals (242 families). Additional Information and Support services were provided to PRE-Adoptive families (237 incidences of Information and Support involving 98 consumers from 71 families).

B. Onsite Webinar and Other Training

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; Lying, Cheating and Stealing ; "Holidays with our Foster and Adopted Children"; "Transracial Adoption"; "Practical Play Techniques"; "Working with Adolescents"; "Importance of Healthy Attachments"; "Family Violence and Its Impact on Foster and Adopted Children"; "The Impact on Trauma on Child Development" and more. A total of 11,259 webinar service units have now been provided to professionals and families since the webinar trainings were initiated.

C. Adoptive Family Groups (AFG's) and Adoptive Family Mentoring

Through APAC, Adoptive Family Support Groups are offered throughout the state. The AFG's include activities focused on parents as well as a children's component for the adoptee and/or siblings. Each AFG has a parent support group, a children's (and/or teen) support group, as well as a childcare socialization group for younger children unable to benefit from a support group. They meet in locations and at times that are most accessible to those families that participate, and topics discussed are driven by parents within each group. During the last two years of our contract, APAC has added an adoptive-parent mentoring program to allow adoptive families in smaller, rural communities without AFG's to access support of families that have adopted. 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 2014-2015 607 special event service were provided to 633 adoptive family members coming from a total of 191 adoptive families. During the first six months of FY 2015-2016, 320 special event services were provided to 305 adoptive family members coming from a total of 84 adoptive families.

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. 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 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 14-15   3,116 adoptive family members attended APAC support groups
        10/15 – 3/16   1,565 adoptive family members attended APAC support groups

In 2013 an Adoptive Family Mentor Service was initiated as another support option for adoptive families. This service pairs an experienced adoptive parent with a newer adoptive parent who seeks individual adoptive parent phone support.   Rural areas were targeted for marketing the service, since Adoptive Family Groups were not available in most of the less populated rural counties who also had fewer resources in general. It was hoped that, in addition to or in lieu of support groups and counseling, some adoptive parents wish to just talk with and gain support from other adoptive parents who have walked a similar adoption path. Two families have followed through with having an

"official" mentor assigned to them for support. Marketing the mentor service has been a priority with multiple different approaches taken, but results have still not produced families requesting mentor services. APAC continues to market the service, partnering with the Pre-Adoption Services training teams in GPS (Group Preparation and Selection) to get the word out early on with the pre-adoptive family resources.   Additionally, in an effort to continue to reach adoptive families that may not be participating in monthly AFGs, APAC created a Closed Adoptive Family Support Group through the Children's Aid Society website in October of 2014. It is administered by an adoptive parent who posts new material five times a week and responds if needed to support parent posts. The online Adoptive Family Support Group has now grown to include 235 adoptive parents.

As a part of the matching process, State adoption staff work with families (prior to placement) to make sure they are aware of programs/services that can meet the needs of the children they are adopting. These include post-adoption services provided by CAS/APAC, but also community resources and programs. Depending on the needs of the family, this would include the crisis hotline provided through APAC, how/when to call or seek treatment at local emergency rooms or even when/how to call local law enforcement.

D. Trained Therapist Network

The APAC contract expanded several years ago to include education of the Alabama clinical community who work with 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. 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 to these workshops, the annual APAC hosted Permanency Conference continues to provide training on permanency topics to approximately 200 DHR direct staff and to approximately 75 interested non-DHR professionals. This Permanency Conference is provided to supplement the 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.

As a part of the post-adoption services contract for 2013-2014 with APAC, a community resources directory was developed. The directory provides information supplied by counselors, therapists, mental health professionals, and others as they have attended training sessions through the "Trained Therapist Network", which is also a part of the post-adoption services contract.

E. Annual Summer Camp

The APAC Camp service continues to provide support for children and families adopting through the DHR system. In the past the camp provided 100 slots; however, due to the increased demand the contract was expanded in in 2012 to provide 140 slots. A minimum of 140 children are served each year in a 4 day/3 night camp that helps them better understand adoption, normalizes their adoption experience, provides lifelong friendships with other adopted youth, and also provides the adoptive parents a respite opportunity. Year after year, 98-100% of the parents with youth attending Camp APAC share that the camp experience provided support related to the adoption experience.

3. __General__

Quantitative QA Reports from APAC noted the following services and trends regarding consumers served through the contract over the last few years.

14-15	4,718 consumers served	15,476 service units
10/15-03/16	2,797 consumers served	7,315 service units

A. Counseling Services

APAC's services also include a counseling component. With the initial contract between the Department and APAC, counseling was provided after a referral was received from the county worker, state adoption worker or self-referral by the parent. Over time, the counseling component has become more flexible. There have been instances where state adoption workers have referred families potentially matched with waiting children to counselors at APAC to review the child/sibling group's non-identifying background summary to help the potential family better understand the needs of the children and to discuss potential parenting strategies, etc. Also, the families recruited and trained through the APAC Pre-Adoption Services team are now routinely asked to participate in counseling at agreed upon stages: upon home study approval, upon potential child match and placement, three months post placement, prior to finalization, and beyond as needed. The counseling services initiated in 2005, have grown each year, helping adoptive families with adjustment issues and crisis times throughout their adoption journey. By FY 12-13, a total of 321 adoptive family members received a total of 1,286 counseling sessions. By FY 13-14, a total of 428 adoptive family members (170 families) received a total of 1,299 counseling sessions. In FY 14-15, a total of 393 adoptive family members (161 families) received a total of 1,175 counseling sessions. Already in the first six months of FY 15-16, a total of 259

adoptive family members (105) families have received a total of 515 counseling sessions.

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 extensive in-home family services and to provide more than just brief, short-term therapy. In FY 12-13, a crisis intervention model was implemented 24/7 and served 16 people (11 families). Many of the families that receive APAC Counseling could actually be considered in crisis throughout many phases of their counseling, but these are not documented as "crisis calls". In FY 13-14, crisis services served 39 people (10 families). In FY 14-15, 14 crisis sessions were provided to a total of 17 clients (8 families). All of these families already had finalized adoptions. Five of them were served in an effort to preserve placement. Two of the families ultimately ended in dissolved adoptions. Three of five (60%) of the placements that received crisis intervention were preserved. Within the first six months of FY 15-16, crisis services have been provided to 13 clients in 8 crisis intervention sessions to a total of four families. Three of these were families who also received services in the previous years. All placements 100% were preserved. In one of the three, the child was hurting herself and it did result in a hospitalization (this was an International family and not a child adopted from our foster care system).

B. Lending Library
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, Ebooks, Recorded Webinars, 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 2013-2014, 1764 check-out resources were made to 491 consumers (354 families). In FY 2014-15, 2,512 check-out resources were made to 553 consumers (381 families). In the first six months of FY 15-16, 1,662 check-out resources were made to 352 consumers (238 families)

C. Group Preparation and Selection (GPS)
Hundreds of families have now been recruited by APAC, trained in 10 week GPS (Group Preparation and Selection classes), had home studies prepared, and we have provided assistance 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 matches of children with these families.

FY 13-14   1,825 inquiries on fostering/adoption were provided information
                252 consumers received APAC orientation recruitment services
                158 individuals attended GPS classes (93 families)
                59 individuals (32 families) were approved as adoptive resources
                27 children were matched with 19 "APAC" families

FY 14-15   1484 inquiries on fostering/adoption were provided information
                210 consumers received APAC orientation recruitment services
                143 individuals attended GPS classes (84 families)
                73 individuals (43 families) were approved as adoptive resources
                13 children were matched with 10 APAC families

10/15-03/16   579 inquiries on fostering/adoption were provided information
                149 consumers have received APAC orientation recruitment services
                 93 individuals (52 families) have attended GPS
                  3 children have been matched with three APAC families.

Alabama Foster/Adoptive Parent Association
The Department continues with the strong 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. The association has Nine Regional Representatives who serve as trained advocates and liaisons with the Department. The AFAPA representative is a significant member on Conflict Resolution Teams statewide whenever foster parents have grievances or concerns regarding certain actions taken or not taken by the Department. The process utilizes various individuals and groups that can help the county and the foster parent(s) work through and resolve problems and conflicts. All of these will consider applicable policies related to the problem. They will offer guidance to all parties through a process in which they discuss the issues, options and design their own agreement to resolve the dISPute. The

intent of this process is not to remove the authority from the local DHR office to handle problems within the county or to be punitive in nature. This process gives foster parents and the local office an opportunity to be heard when problems arise and when all parties cannot come to an agreement or acceptable resolution to the problem. The AFAPA has a very comprehensive website with guidance around this and other areas of advocacy for foster/adoptive parents. The Foster Parent Bill of Rights is posted as well for convenience of our partners in caring for foster/adoptive children. See https://afapa.org/ for more information.

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 was a key partner in implementation of Alabama's PIP through assisting in identifying and implementing steps to improve dependency case flow 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 attorneys, court employees, 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. 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. 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 had begun planning an Adoption Conference for May of 2015, but, with the assistance of Casey Family Programs, decision was made to conduct Judicial Summits across the state. Three have already been hosted; one in October, 2014, the second in April, 2015, and the third in November, 2015. Significant information about child development; child welfare federal and state laws; our Individualized Service Planning process, and a focus on permanency were highlighted. Judges, County Directors and a representation of supervisors and line social workers attended.   A Judicial Summit has again been planned for October, 2016, which will focus on the issues outlined above. Casey Family Programs has been a generous partner in the development and success of these Summits.

Lifeline Family Services
Since January 2012, Lifeline Family Services has assisted 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 an employee to be approved to conduct co-leader training and this helps DHR by having an additional trainer to turn to for this service. Lifeline has recently proposed a change to their traditional foster family home recruitment/approval model. They propose to continue to recruit, prepare, assess/study families and then transfer the family to the applicable County DHR office for approval and ongoing support and supervision.

Wendy's Wonderful Kids
The Office of Adoption has two positions dedicated to child-focused recruitment through the Wendy's Wonderful Kids Grant through the Dave Thomas Foundation. These positions were approved 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. The Jefferson County WWK grant renews annually in July. The chart below (next page) shows the number of matches and finalized adoptions in each of the project years. Some children may be matched more than once. Not all matches move to placement and finalization after pre-placement activities begin.

WENDY'S WONDERFUL KIDS GOALS/OUTCOMES					
Southwest Alabama			N. Central Alabama (Jefferson/surrounding)		
Project Year (Jan-Dec)	Match Goal	Match Achieved	Project Year (July-June)	Match Goal	Match Achieved
2009	16	20			
2010	16	9			
2011	13	12	2011*	10	3
2012	12	11	2012	10	5
2013	12	10	2013	6	12

Project Year (Jan-Dec)	Adoption Goal	Adoptions Finalized	Project Year (July-June)	Adoption Goal	Adoptions Finalized
2014	12	15	2014	6	**9**
2015	12	**6**	2015	**10**	**10**
2016 (Jan – May 2016)	12	1	2016 (July 2015 – May 2016)	8	4
TOTAL MATCHES: 77 children w/ 102 total matches			TOTAL MATCHES: 40 children with 44 total matches		
Project Year (Jan-Dec)	Adoption Goal	Adoptions Finalized	Project Year (July-June)	Adoption Goal	Adoptions Finalized
2009	4	10			
2010	6	6			
2011	7	6	2011	0	0
2012	6	6	2012	3	3
2013	6	3	2013	3	5
2014	6	10	2014	6	9
2015	8	2	2015	8	8
2016 (Jan – May 2016	8	1	2016 (July 2015 – May 2016)	6	1
TOTAL ADOPTIONS:		44	TOTAL ADOPTIONS:		26

A child-specific recruitment 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. There continues to be a need to address the capacity to respond to the Hispanic culture. Currently there is limited capacity to translate materials into Spanish and the State is exploring more 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 this year and distributed to Spanish language radio stations through the Alabama Broadcaster's Association's Public Education Program.

Through the continued work of our Wendy's Wonderful Kids recruiters we are matching and placing children with more significant physical and developmental disabilities. The Alabama Department of Senior Services is now the lead agency in an ACT (Alabama Community Transition) Waiver that assists in moving children with severe developmental delays from an institutional setting to a family setting by providing respite, skilled nursing, personal care services, medical supplies and equipment. In FY2014 we finalized an adoption of a child with microcephaly and profound developmental disabilities with an adoptive resource who is also a teacher's aide at the special school he attends utilizing the waiver to remove the barriers. As a result of the success of realizing permanency for the child with significant developmental disabilities Jefferson County has turned to the adoption placement staff as they (Jefferson County) have been preparing for TPR trials involving children with similar significant developmental disabilities and residing in a similar type of facility. They asked that the adoption placement staff serve as an expert witness during TPR trials. The adoption placement staff testified to recruitment methods and use of the waiver as a means for achieving permanency for children traditionally thought to be "unadoptable". As we work on this report, we are awaiting ICPC approval for another child with significant special health care needs. The receiving state for this child does not have the ACT waiver, but the placement specialist for said child is working with staff in their Medicaid Waiver Office to get the child on the state's waiting list for their Home & Community-Based Waiver and self-directed services through this waiver combined with services already available through regular Medicaid should meet this child's needs.

Adoption and Legal Guardianship Incentive Funds – 5 Year Goals:
Alabama has consistently been awarded Adoption (and Legal Guardianship) Incentive funds for moving children to permanency. This money is used to provide adoption focused training for state and county staff, foster and adoptive parents, therapists and counselors as well as removing barriers for children to be adopted. As a result of the Fostering Connections Bill, Alabama's baseline was changed to FY 2007 for which Alabama reported finalizing 328 adoptions. The 2013 Adoption Incentive Funds final award as of March 13, 2014 (2013-2015 funds) is $1,540,000. The 2014 award (2014-2016) was $984,764. We received one award announcement indicating that the 2015-2018**.** Adoption and Legal Guardianship Incentive Funds award, thus far, is $397,923. Adoption and Legal Guardianship 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. Some uses of the funds are outlined below:

1.) Continue to increase post adoptive services by expanding current contract with Children's Aid Society which currently provides post adoptive services in/to the larger and surrounding counties. These services are also available to related caregivers.
2.) Increase awareness and recruitment through funding initiatives with Heart Gallery of Alabama. As noted earlier, this organization 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); ALGIF were utilized this year to purchase the new TIPS (Trauma Informed Partnerships in Safety) curriculum.
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 and ICPC 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.

All counties received an allotment of Adoption and Guardianship 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. If a county's allotment is exhausted or obligated, a protocol is in place to ensure they are able to secure more funds through the Office of Adoption. The State Office utilizes a large portion of the Adoption and Legal Guardianship Incentive Funds to pay for a number of recruitment and public awareness activities. Heart Gallery Alabama's contract is funded with Adoption & Legal Guardianship Assistance Funds. The contract for CAS/APAC's pre-adoption contract, which provides for recruitment, training/preparation and home studies for families interested in adopting children meeting the Department's Special Needs definition, is paid for through these funds. Both of these agencies, as do the County Departments, focus a substantial amount of the recruitment activities in Faith-based settings. Information provided earlier in this report demonstrates that over 30% (seven of 23) exhibits coordinated by Heart Gallery Alabama were dISPlayed in various communities of faith settings. CAS/APAC reported the following Faith-Based recruitment activities.

Date	Portion of State	Type of Activity	Specific Location
9/11/2015	Birmingham	Presentation	Know More Orphans Conference (mega church-sponsored conference)
11/8/2015	Dothan	Flyers	Calvary Baptist Church
11/8/2015	Dothan	PSA Provided	Joy FM Radio Station – PSA ran the entire month.
11/15/2015	Birmingham	Booth	Gardendale FBS Orphan Sunday
11/22/2015	Montgomery	Booth	Frazer UMC Orphan Sunday
02/9/2016	Fairhope (Baldwin)	Posters	20 posters dISPlayed in Cities of Fairhope, Daphne and Spanish Fort
03/13/2016	Montgomery	Radio Program Guest	Hallelujah FM – 30 minute radio program, "Viewpoint Montgomery"
04/8/2016	Southern region	Booths/brochures	"Empowered to Connect" simulcast hosted by Frazer UMC
04/24/2016	Birmingham	Speaker	Cross Creek Church Orphan Sunday
05/1/2016	Birmingham	Mission's Fair / Speaker	Grace Covenant Church
05/22/2016	Huntsville	Distributed promos and information at a prayer meeting	Huntsville area church
05/13/2016	Montgomery	Appreciation Breakfast for FCAM	Frazer UMC
05/22/2016	Montgomery	Booths	Frazer UMC – all three morning services were focused on Orphan Ministry

In addition to the activities illustrated above CAS/APAC's Pre-adoption Program has on-going partnerships with the following faith-based groups.

Dothan: Partnership to conduct orientations and trainings approximately 3 years
Calvary Baptist Church
901 Montezuma Avenue
Dothan, AL 36303
Huntsville: Partnership to conduct orientations and trainings approximately 4 years
Mayfair Church of Christ
1905 Carl T Jones Drive Southeast
Huntsville, AL 35802

Montgomery: Partnership to conduct orientations and trainings since 2015
Frazer United Methodist Church
6000 Atlanta Highway
Montgomery, AL 36117

Tallassee: Partnership to conduct orientations and trainings since 2016
East Tallassee Baptist Church
314 Central Blvd
Tallassee, AL 36078

Birmingham: For Panel on 6/6/16 only
Baptist Church of the Covenant
2117 University Blvd.
Birmingham, AL

In addition to Faith-based recruitment, Alabama DHR entered into a new partnership with Digital Boostr. Digital Boostr provides video table advertising in basketball arenas. During the first year in existence, Digital Boostr's presence was primarily in Alabama's two-year (Junior) college system. Near the end of the season a number of Historically Black Colleges (HBC) were also participating.

The following is the current list of participating colleges and universities:

- University of North Alabama
- Alabama A&M
- University of Montevallo
- Tuskegee University
- Alabama State University
- Faulkner University
- Alabama Southern Community College
- Bishop State Community College
- Chattahoochee Valley Community College
- Enterprise State Community College
- Gadsden State Community College
- Faulkner State Community College
- Shelton State Community College
- Southern Union State Community College
- Lawson State Community College
- Jefferson Davis Community College
- Wallace State Community College (Selma)
- Wallace State Community College (Hanceville)
- Lurleen B. Wallace Community College
- Snead State Community College
- Marion Military Institute

Sports have historically been an important part of Alabama's culture, and a ripe source for recruitment or other information-sharing. We entered into agreements with Crimson Tide Network Sports (Learfield) and Auburn/IMG sports to purchase radio advertising during the 2015-2016 Regular Season. Auburn University Athletic Director Jay (and his wife Angie) Jacobs are foster parents for Alabama DHR. He is the spokesperson for the radio spot that runs on the Auburn Network. Former University of Alabama & Washington Redskins player Bobby Humphrey is the voice of the Alabama spot. Mr.

Humphrey pursued a social work major while he played at Alabama, and his mother is an LPC who frequently worked with children and families with whom DHR was involved.

For the 2016-17 regular season proposal, the University of Alabama has included some basketball advertising. The proposal is for one game per month, and once the schedule is released, games where UA plays an out-of-conference opponent (i.e., Historically Black College or University) will be identified. In addition to the video advertising, we hope to have a take-away item and partner with the county DHR offices in and around the area where the arena is located to encourage a physical presence at the games.

During November, 2015 (National Adoption Month), Alabama DHR secured statewide advertising services from Screen Vision, Inc. During this month the "Open Your Heart, Open Your Home" video Public Service Announcement aired just prior to the "coming attractions" segment of movies shown in 27 multiplex theaters throughout the state. This may be repeated in years to come, depending on the amount of future Adoption & Legal Guardianship Incentive Awards received. There has been some consideration given to utilizing some Independent Living Funds to conduct a movie theater campaign with a message targeted at recruitment of families for older teens.

Extension of Adoption Incentive Funds through PL 113-183

In accordance with PL 113-183 and the provision to expand Adoption and Legal Guardianship incentive funds to kinship care placements, the Office of Data Analysis, Adoption, Foster Care, and Child Welfare Policy are examining our current data collection methodology to determine how to best identify and report to the Children's Bureau information on the children for whom Guardianship Assistance Payments are made until such time that AFCARS edits are completed.

CHAFEE FOSTER CARE INDEPENDENCE PROGRAM (CFCIP)

Program Design and Delivery

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. The Education Training Voucher Program was implemented in 2004. Direct and indirect services are provided to youth for whom the Department holds custody and planning responsibility. Alabama's Independent Living Program is a state-administered, county-managed program. As such, the Alabama Department of Human Resources, Family Services Division through the Office of Foster Care and ILP Services, administers and supports the programs and services carried out by the 67 County Departments of Human Resources under the Act. Thus, each county DHR office is able to create and maintain 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 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 healthy adults who will contribute to their community. The role of the State team is to provide services, supports, training and consultation to the counties, assisting them in the development of group and individual services and supports to youth in foster care. We partner closely with Children's Aid Society to focus on leadership development in the DREAM Ambassadors and DREAM Council.

The partnership with Children's Aid has expanded over the past three fiscal years and employs one former foster youth and one MSW who has extensive experience with this population of young people as a foster care worker and licensed counselor. The Team also employs an ILP Coordinator and a Media Specialist .The CAS ILP Team serves youth, foster parents, congregate care providers and community stakeholders statewide. Our supports and services are enhanced through direct services and trainings provided monthly by our Youth Leaders and annually at the State and national conferences for our youth age 14-21 and county and state staff - See also system factor, "Agency Responsiveness to the Community", Older Youth Input.

Strategic planning is a key component to the successful delivery of services to our youth in care. Each year the state staff, county staff, former foster youth, community care providers, foster parents and community stakeholders convene to share successes and challenges and develop networks of support to ensure that our young people receive appropriate services related to their health, education, employment opportunities, financial management, housing and mental health so that they may become self-sufficient, interdependent adults with strong and supportive ties to their communities. The development of the current service plan was in collaboration with current and former foster youth, community providers, congregate care providers and county and state staff from both the foster care and Independent Living programs. Youth have an active voice in program planning by setting goals and providing input around programming, services and supports at the beginning of each fiscal year. They are also an integral part of our training model, providing training to their peers, judges, community members, Quality Assurance Committees, foster care training classes, Tribal members and others. The Independent Living Program in partnership with the CAS ILP Team also provides Regional Consultation Trainings to line staff, supervisors, County Directors, and providers to share strategies and challenges related to serving this group of young people.

The work moving forward into FY2017 will include the statewide training, implementation and support of the Reasonable and Prudent Parenting Standard, Serving Youth in Congregate Care and youth participation in court and their Individualized Service Plans. Training regarding these issues has been provided to the staff and foster parents, service providers and stakeholders at the Annual Foster and Adoptive Parent, Permanency and ILP Networking Conferences. Education and training will be provided to youth at the Annual ILP Camps held in June and July 2016. The Program has provided support to staff, young people and providers at Individualized Service Plan meetings, promoting youth empowerment, involvement and preparation. As a result of the Congregate Care Study, the Program will provide monitoring and consultation to the young people, staff and providers involved on a quarterly basis to continue to promote positive permanency. Another cohort will be interviewed beginning July 2016 and will also be reviewed quarterly.

There are limited services currently available to LGBTQ youth in the State. Consultation is provided to counties regarding services available to these young people. There is a support group for LGBTQ youth in our largest county. Services are provided to all young people without regard to their sexual orientation. Training has been provided regarding appropriate placement for all young people to staff at our annual Permanency Conference The new foster parent training model Trauma Informed Partnering for Safety (TIPS) will provide additional instructions and support so that our foster parents will be better equipped to serve these youth. We recognize the needs of this growing population of youth and know that more discussion must occur around best practices and service development.

The National Youth in Transition Database (NYTD)
The information received from NYTD has been important to our understanding of the lives and well-being of youth after leaving our care. The data has been shared with providers and community stakeholders, staff, Tribal partners and our young people since the initial results collection was released in 2011. The NYTD information was shared in a series of trainings, consultations and presentations. Alabama did reach the benchmarks set, but we remain concerned about the outcomes for youth who have exited the system of care and the reluctance of our foster care alumni to participate in the survey. We have developed a 20-year-old survey in hopes that completing it will keep our young people engaged and willing to assist us in developing and supporting services which will ensure positive transitions. Very few of our young people agreed to participate. Though we met the benchmarks required for the first 21 year old baseline group, we have concerns regarding our ability to meet the benchmarks moving forward in light of the too-often transient nature of our young people and their unwillingness to participate in the NYTD survey once they have left foster care.

In fiscal year FY 2014 we surveyed a new group of 17 year olds. We will work with our current DREAM Council and youth participating in our DREAM Council meetings and summer camps and conferences regarding the importance of NYTD. We will continue work with our young people to develop strategies to ensure that youth are aware that they are required to participate at age 19 and at age 21. Incentives are provided. We have requested additional staff in this program to ensure that the data is properly collected and utilized to improve services and supports to older youth in foster care.

Though the NYTD data is collected to inform and craft services, we continue to struggle regarding youth participation once they have exited the foster care system. The young people seem extremely resistant to any contact with the Department, whether they have located permanent connections and are doing well, or if they are struggling in achieving successful interdependence. Therefore, use of the data proves challenging. Participation in the NYTD survey will continue to be encouraged.

Serving Youth across the State
All youth in our system of care are considered Alabama's children. In an effort to ensure that all young people receive the same level of support and services, the Program has gone to great lengths to provide training directly to youth provided by DREAM Council Youth and community providers in the counties all over the state. We are currently strengthening our partnership with the Poarch Band of Creek Indians to provide training directly to their Youth leaders. This training will occur yearly. All available services and supports are offered to all foster youth in Alabama. Youth and their caregivers and social workers can access information regarding ILP policy, NYTD, camps, conference, services, job opportunities, health services, Medicaid and trainings at our website, www.ilconnect.org. Services to our foster youth and those youth being served in their own homes are individualized to meet each youth's unique needs. Smaller counties often struggle with placing youth in their home counties, as there are a limited number of resources in our rural counties. We are working with our Resource Management Division and Foster Care Recruitment and Retention and Alabama Foster and Adoptive Parents in order to develop and train foster homes specifically designed to provide care to this population.

Serving Youth of Various Ages and Stages of Achieving Independence
The focus of our Independent Living Program is to provide services and supports to promote healthy interdependence. Our young people enter care at various stages and levels of maturity. Because of the unique nature of their circumstances, proper assessment and youth engagement are key when serving this age group. Our ILP Partner, Children's Aid Society, developed transition toolkits based on levels of maturity and competence identified by the Individualized Service Planning

(ISP) team. We will continue to focus on and provide training to staff regarding the appropriate use of the Daniel Memorial Assessment in the development and delivery of identified needed services and supports. More importantly our focus will be on identifying and facilitating authentic permanent connections. The provision of service is key, but without familial support our young people will continue to struggle post foster care. Breaking down the myths regarding the needs of older foster youth, addressing their unique mental health needs related to trauma, abandonment and loss and empowering them to develop and retain lifelong relationships will be key to breaking down the barriers that often lead to homelessness, mental health facilities and jail. We began a partnership with the Alabama Department of Public Health in 2012. They have provided several of our young people across the state with relationship training focusing on abstinence, safe relationships, safer sex practice and pregnancy and sexually transmitted disease prevention.   We will continue to offer this support to our young people.

Youth 14 to 21 are able to participate in all Independent Living activities provided by the counties and state. There are no age restrictions. Youth have participated in trainings geared toward their specific age group annually in summer or fall conferences/camps. Those youth aged 14-16 participate in a camp which provides introductory training regarding what they are eligible for as a foster youth, how to effectively participate in their in ISP's, basic NYTD, social media safety, money management, preparing for college by successfully completing high school, sex education and human trafficking. The older youth aged 17 to 21 participate in more detailed trainings focused on college, technical and trade school success, credit reporting, household management, permanency pact, sexual safety, NYTD, internet safety, health and fitness, and Medicaid to 26. All youth in the system of care can participate in state and county trainings. ILP age youth in our protective service caseloads are encouraged to participate in ILP activities, but there are no incentives offered for their participation. Unlike many states, Alabama allows youth to remain in foster care until they reach age 21. There are no additional supports specific to those young people outside of existing services detailed in policy.

However, services are intensified to promote a smooth transition into adulthood concurrent with a concentrated focus on the need for each youth to be connected to a caring and capable adult.

Providing personal and emotional supports to young people aging out of foster care through mentors and promoting positive interactions continues to be a focus. True permanent connections developed through safe interactions and potential reunification with biological families, the use of the Permanency Pact, the development of host families through our partnership with Alabama Reach and the development and enhancement of foster and adoptive homes to serve older youth are strategies we will continue to employ to ensure that our older youth have the best possible opportunities to achieve legal permanency. Encouraging our youth to develop natural networks of support and to allow themselves to be open to familial relationships has been supported through the Permanency Roundtable Process as well. We will continue to develop and enhance these efforts through the continued use of the Permanency Roundtable process and the expansion to the Youth Centered Roundtable process. We continue to explore best practices and skills development around support for discussion of life-altering decisions made by our youth relative to adoption.

Our Children's Aid partners developed and distributed toolkits geared toward the varying stages of youth development and shared them at DREAM Council meetings and other locations based upon staff requests.

Our Finance Division ensures, through monthly monitoring, that no more than 30 percent of our allotted federal CFCIP funds are expended for room and board for youth who have left foster care after 18 and have not yet attained 21 years of age. Young people are made aware at the time of discharge that they are still eligible for services and supports post-foster care.

Alabama offered foster care to youth up to age 21 prior to the title IV-E foster care extension. There are provisions regarding school attendance or work in our current policy in order to access title IV-E funding. Young people may remain in foster care continuously past their 18th birthday without signing themselves back into foster care. They remain eligible for all services and supports until they reach age 21. Youth who have left foster care after attaining 16 years of age will continue to be eligible for and participate in our adoption subsidy and kinship guardianship supports. Young people reside in all levels and types of foster care placements post 18, ranging from traditional foster homes to Independent Living apartments and college dorms. We are working diligently to offer services and supports and foster home placements for young people so that they can remain in foster care in their home counties as needed. There are programs, supports, services and placements available to support all special needs populations to include substance using youth, pregnant and parenting young people, and those with mental health needs. We are working with a community provider to develop a facility or facilities to address the special placement needs of those young people who have been victims of sex trafficking. We have a partnership with our Adult Services and Mental Health communities to ensure that our young people with developmental disabilities receive the services needed as they transition to adulthood.

National Social Work Enrichment Program, NSORO, and the **Alabama Reach Program**
A good education is the great equalizer for our young people. We have developed strong partnerships with the **NSORO** and the **Alabama Reach Program** to promote post- secondary education. Because of these partnerships, we have more young people graduating high school and receiving GEDs and more attending two and four year colleges and universities, technical and training schools. We will continue to work with these community partners and work to expand our partnerships with Job Corps and the high school systems, the United States Armed Forces and the Department of Youth Services to promote graduation and dual enrollment programs that are being offered in high schools across the state.

Alabama Reach
The Reach Program is currently housed at the University of Alabama with support from the University and Casey Family Programs. Alabama Reach provides group sessions, access to host families, year round dorm access, financial support, training, and volunteer opportunities for any youth identifying themselves as current or former foster youth. The program supports all foster care youth at the University of Alabama and at Shelton State in Tuscaloosa. We conducted preliminary program meetings with Alabama State University in Montgomery. That program successfully launched in Fall, 2014. They provide group sessions for foster youth on the campus of Alabama State University on a limited basis. It is their goal to serve all foster youth in the seven of the two and four year colleges and technical and training schools in the area. Alabama Reach will continue to work with the Department to expand their programs to other colleges and universities in the State. Our young people are grateful to participate in the ETV Program, but as college costs increase, their ability to remain in college, technical, and training programs is seriously challenged. We are pleased to announce that, on April 28, 2015, the "Fostering Hope Scholarship Bill" passed in the State of Alabama. This bill will provide funds for tuition and all required fees for all youth in foster care at the time they graduate high school and all youth adopted at age fourteen and older. The Fostering Hope Bill took effect immediately. The $3 million appropriated will become available on October 1, 2015 to be used at any two or four year state college or university and qualifying workforce preparation programs. The bill also provides for DHR staff who will act as mentors to youth in college.

Room and Board
Counties often need to know how board payments are to be used to meet a child's needs. Board payments vary according to the age of a child and the core rate does not include difficulty-of-care payments. The maximum monthly core board payment should be used according to the following breakdown. These percentages are used as a guide and may vary according to a child's specific needs. **Note:** Incidentals include purchases for a child such as school supplies, movie tickets, etc.):

- Room and Board   85.0%
- Clothing   7.5%
- Medicine Chest Supplies   2.0%
- Incidentals   5.5%

Data on Youth Over the Age of 18
As of April 1, 2015, 32% of our young people have chosen to remain in foster care. As stated in the current APSR, they reside in every type of placement from traditional foster home to college dorm rooms and apartments. There are no specified supports for them with regard to employment. All young people are eligible to receive training and employment support. Young people all over the state have access to local employment services, receive training regarding resume writing and interview techniques. All youth exiting foster care receive the $1000 aftercare payment and services and supports three months post their exit from foster care to ensure smooth transitions.   There are two counties, Montgomery and Madison, which have specific staff designated to provide intensive ILP services to youth who are 20 years old and other youth per the workers' requests. Per the information received, our 18 to 21 year old youth reside in every type of placement setting available ranging from traditional foster homes to their own apartments. Thirty-three percent of our young people over 18 reside in traditional and Therapeutic Foster Care settings and twenty-eight percent reside in congregate care settings. Young people, without regard to age, receive the placement setting services deemed most appropriate by their ISP teams.

Foster Youth 18 and Older Placements as of 3/31/2016		
Placement Types	# of Foster Youth	# of Foster Youth
Adoptive Home	1	1
DYS Operated or Licensed Facility	1	1
Group Home	96	70
Independent Living	44	45
Child Care Institution	81	79

Other	13	16
MH Operated or Licensed Facility	21	20
Own Home	19	16
Therapeutic Foster Care	78	59
Foster Family Home	98	101
Foster Family Related Home		1
Nursing Home	5	5
Out of State Residential Treatment Facility	3	6
Transitional Living	28	19
Related Home	16	11
Residential Treatment Facility	0	0
Runaway Status	35	29
Unrelated Home Court Ordered	0	0
Psychiatric Hospital		3
Missing Placement		10
Total	539	492
	FY2015	FY2016

Credit Reports and Health Care Proxies

Credit reports are requested by county staff each year upon each youth's 14th birthday, per PL-113-183. The results are shared with the young person and documentation of the results is recorded in their files. Social workers, county directors, foster parents and vendor/service providers have been advised at the Annual Permanency Conference, the Annual ILP Networking Conference, at meetings with the ACCA and FFTA groups. and during ILP Regional Consultation and at the annual AFAPA Conference of the new provisions regarding the credit reporting and documenting efforts to resolve any issues on the youth's credit reports. Youth are also provided training regarding the importance of maintaining good credit and responsible fiscal management. The youth will be trained regarding maintain good credit and will request their own credit reports during the 2016 Camp Life, summer youth conferences. Health care proxies are a new area of focus for the Department. They are encouraged with youth who have not identified permanency resources to speak on their behalf, should they become incapacitated. Individualized consultation regarding this matter will continue to be provided to staff.

Collaboration with other Private and Public Agencies

There have been several initiatives related to private and public agencies which will continue. The Independent Living Program works closely with Children's Aid Society to provide services and supports to older youth in foster care. We have developed great collaborations with Alabama Adoptive and Foster Parent Association, Alabama Department of Education, Alabama Reach, the Alabama Medicaid Agency, Alabama Department of Youth Services, the Child Welfare Collaborative Initiative, the National Social Work Enrichment Program, Foster Care to Success, Alabama Department of Public Health, Casey Family Programs and NSORO. These collaborations have yielded improved outcomes with regard to older youth adoptions, improved educational outcomes, college retention and matriculation, an improved knowledge of psychotropic medication use and trauma-informed practice, and a focus on ensuring that older youth re-enroll in the Medicaid program. We have had the opportunity to coordinate services to Department of Youth Services crossover youth, provide training and education to our Tribal partners and Court Improvement Program staff regarding older youth issues. We have also had an opportunity to utilize a new permanency consultation model and prepare our young people for academic life beyond high school. We will be working to develop more comprehensive collaborations with Job Corps, the United States Armed Forces, the Department of Mental Health and the Alabama Department of Labor. A stronger and more defined partnership with Alabama Department of Mental Health regarding smooth transition would improve outcomes for our youth with serious mental health issues, reducing the numbers needing to be hospitalized and possibly becoming homeless as adults. Our work with the Armed Forces, Job Corps and the Department of Labor is meant to improve and provide improved options to a population of youth who may struggle with transitions post foster care.

We will also work to develop a partnership with Housing and Urban Development to decrease the number of homeless youth. There are several organizations around the state which focus on supporting youth as they exit foster care. Kids to Love, Youth Towers, My Father's House, the BigHouse Foundation and Camp Hope all seek to serve young people state wide, with job training and preparation, housing assistance, hard services and supports to improve older youth well-being and avoidance of homelessness. Focus in this area would target those teens who participate in our traditional Independent Living apartment settings and youth needing to move out independently to better maintain stable housing by taking

advantage of opportunities and programs offered by HUD. This collaboration will focus on the access to and availability of funding needed for this unique population of young people.

We have worked closely with our Medicaid Agency to ensure that young people who are eligible for the extension of Medicaid coverage to age 26 are made aware of this opportunity. The information regarding the expansion was provided to all Department staff and they were advised to share that information to all eligible youth. We have coordinated training for our staff and youth making them aware of their eligibility and directing them to Alabama's Medicaid website to re-enroll for insurance coverage. Training has been provided to caseworkers and youth, and will be presented to county supervisors at upcoming conferences. The information and link to the website is also on our Independent Living website. As of October 1, 2016, all young people who are eligible upon their exit from out of home care will be automatically converted to the Medicaid to 26 health insurance program. The Department has been working on an interface with the Alabama Medicaid Agency to ensure that all eligible young people will continue to receive this much needed service without interruption.

County Staff, young people, community partners and foster parents have received training regarding sex trafficking. We will continue to provide this training to all stakeholders to combat this issue. We are working with a local agency to develop a possible treatment/placement facility for young people in the state who have been identified as victims of human trafficking.

Services, supports and trainings have been provided to ILP staff and young people to address homelessness. The Department works in partnership with the youth homelessness prevention programs provided through Children's Aid Society and Youth Towers. A partnership with Housing and Urban Development with the goal of securing a partnership to provide long-term, affordable housing for former foster youth across the state will be developed.

Determining Eligibility of Benefits
All youth aged 14 to 21 in the foster care system or receiving services through our Protective Service Program are eligible to receive services. Foster youth age 14-21 are eligible for all benefits and services. There are no restrictions for the use of CFCIP funding for foster youth residing outside of the state.

Participation in National Evaluations
The State of Alabama's Independent Living Program will cooperate and participate in any and all national evaluations required regarding the effect of the programs in achieving the purposes of CFCIP.

Education and Training Vouchers Program
Our young people are supported with CFCIP monies allotted for Education and Training Vouchers through our partnership with Foster Care to Success. The Department works in partnership with Foster Care to Success to ensure that the total amount of educational assistance to youth does not exceed the total cost of school attendance. Foster Care to Success maintains a web portal which our young people and their caregivers, university officials and state office staff can access 24 hours a day seven days a week.   The young people apply online, the information is verified by our office, they submit all required documentation related to their institution and are awarded ETV funds based on their need. Foster Care to Success provides comprehensive support to include care packages, school supplies, and equipment. Our young people are required to check in with an identified staff member once monthly to report their progress. There were 202 young people participating in FY2015. The data collected by Foster Care to Success assists us in improving the provision of services to our young people. Current data shows that college and technical school graduation is an area of needed concern and focus. Our number of freshman enrolling far outnumbers our seniors near completion. We will work with our partners at the State Department of Education, the National Social Work Enrichment Program, Alabama Reach, Casey Family Programs and NSORO to improve our college completion success rate through better preparation for college and additional supportive services while participating in post-secondary education. The focus moving forward will be improved permanent connections and support and increased financial support through tuition waiver. The Fostering Hope Scholarship legislation with the additional staff required will have a positive impact on college success. We have worked closely with colleges and universities to ensure college success for our young people. 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. Alabama's Youth participating in the Program received an average of $3,100 per year. There are currently 176 current and former foster Youth participating in the program, attending 56 colleges, universities, training and technical schools. 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. Though many of our young people are attending institutions of higher learning, the graduation rates are an area of concern. Our number of freshmen greatly outnumbers those of our young people who move through the college/university system to actual graduation. We are working in partnership with our ETV provider, Foster Care to Success, the Alabama Reach Project and the National Social Work Enrichment Program to develop strategies to improve matriculation. Current and former foster and adopted youth will begin receiving funds to cover the cost of college tuition and all required fees beginning

fall 2016. All young people who graduate while in foster care or were adopted from Alabama's foster care system at age 14 or older will be eligible to receive the college assistance up to age 26. There are currently 943 young people eligible to participate in the program.

Consultation with Tribes
We consult on a quarterly basis with our federally recognized Tribe, the Poarch Band of Creek Indians. It is our goal to expand this partnership by planning an annual convening of our youth leaders and tribal youth leaders. The Tribe is an active partner in our Child Welfare Collaborative Initiative with full access to all information regarding services and supports available to young people. There are no restrictions with regard to the Tribal members accessing any benefits or services available to all other youth in the state.

CFCIP Program Improvement Efforts
Our plan will continue to involve youth. Our Youth Leaders meet once monthly during the school year and participate in camps, leadership trainings and state and local conferences annually. They set and develop goals based on information received from youth during their monthly meetings which occur in a different county each month. They develop strategies related to their goals and consult with ILP staff and our Children's Aid Society partners to effect the change that they would like to see. Our focus on the youth voice will continue and will be enhanced by more leadership and training opportunities related to working with the Legislature and effective youth advocacy.

CFCIP Training
We will continue to provide comprehensive, innovative and relevant training to our youth, providers, county and state staff, foster parents, judges and interested community stakeholders. We will conduct annual networking opportunities for ILP staff, providers and community stakeholders. We will continue to provide regional trainings to the county related to Independent Living policy and procedures and NYTD. We will provide online trainings as deemed appropriate using our LETS training system. We will improve our capacity to provide training upon request to counties and community stakeholders if staff can be added to our Program. Youth will be provided annual leadership and ILP training. Youth will participate in national conferences annually and in monthly trainings around the state. Youth, county staff and stakeholders will participate in training focused on successful transitions supported through the Youth Centered Roundtable permanency process. Twenty-five staff members were trained to provide training and support the youth around the State regarding the Youth Centered Roundtable Model, August 3-7, 2015.

Older Youth Input
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 locally, statewide and nationally on the issues identified in the PIP specific 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 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. Additionally a panel of older youth were involved in the May 2014 meeting of county QA coordinators and county QA committee chairpersons. The panel addressed questions including those related to quality caseworker visits. See also CFCIP section on further collaborative endeavors.

In FY2015 the ILP DREAM Ambassadors provided training in Montgomery, Jefferson, Lauderdale, Calhoun, Talladega, Tuscaloosa and Madison Counties. The trainings included human trafficking awareness and prevention, social media and internet safety, ISP and court participation, credit reporting, self–advocacy, education and ETV, law enforcement, college

and career preparation and strategic sharing. The DREAM Ambassadors participated on several GPS Panels around the State. They served on Youth Panels at two Judicial Summits and our annual meeting with the Managers of Region 4 of the Children's Bureau. The DREAM Council hosted their 3rd Annual Celebration of Scholars commending the accomplishments of the 110 high school graduates in the State. The DREAM Council Leadership Field trip was held June 1 through 6, 2015. The Youth traveled to Atlanta, Georgia to tour Spellman and Clark Atlanta Universities. They also participated in a college tour at Howard University. They met with two of Alabama's State Representatives in Washington D.C. to share their experience and offer suggestions to improve foster care. They participated in tours of both New York and Philadelphia. The Youth leaders also provided training and support at the annual ILP Youth Camps June 23-25 and July 28-30, 2015.

Our youth continued to provide training to their peers, judges, foster parent panel and stakeholders across the State. Unduplicated persons totaling 464 were served by the ILP Program in partnership with our CAS ILP Team and our DREAM Ambassadors. Young people provided direct training at both youth camps held in July 2015 and in Montgomery, Jefferson, Tuscaloosa, Lauderdale counties, to complete their year's service.

Report on the specific accomplishment achieved to-date in FY2016 (and planned) for each of the following eight purpose areas:

1. Help youth transition to self-sufficiency:

The number of foster youth age 14-21 decreased only 1% from the same reporting period in 2015. As if March 31, 2016, our older youth, age 18 and older, represent 28% of our overall ILP population. Young people receive an array of services to promote successful transitions to self-sufficiency. The number of older youth in foster care is continuing to decline, though slightly. A larger number of older youth are exiting to positive permanency, such as adoption and relative placement. More of the young people are completing high school and transitioning to college, training programs and work. We are working diligently to establish a partnership with the Alabama National Guard. The goal of the partnership is to raise the young people's awareness of careers, increase mentorship opportunities and increase the opportunities for positive permanent connections available through the armed forces. Staff, youth, foster parents, our Quality Assurance Committee and CWCI Team have all been provided information and have provided input regarding services and supports to our older youth, through dual degree program and vocational programs available at high schools across the State, training opportunities available through partnerships with Kids to Love and local employment agencies. During the fiscal year, the Program has worked to improve self-sufficiency outcomes through expanded collaboration with the Alabama National Guard, the implementation of the Fostering Hope Scholarship and partnerships with community partners, such as Casey Family Programs and Foster Care 2 Success to develop Communities of Hope to serve the youth beyond foster care. We will provide training to the young people regarding the Reasonable and Prudent Parent Standard and continue to provide periodic review and monitoring through the NYTD data collection, case review and special studies. We will continue efforts to reduce the number of young people in congregate care by reviewing 25 young people each quarter and monitoring the progress of the first cohort, review October 2015 through February 2016.

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%
	FY2014 (as of 4/30/2014)	18.8%
	FY2015 (as of 4/30/2015	17.51%
	FY2016 (as of 3/31/2016)	14.65%
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 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.

APPLA permanency goal numbers had a significant decrease, with a nearly 3% decline. The passage of P L-113-183 and its restrictions regarding the use of APPLA as a permanency goal for young teens had an immediate positive impact. We will continue to monitor and review the impact the legislative changes will have on the number of children who experience positive permanency and the length of time required to achieve permanency with youth 14 to 18.

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 schools, ready to enter the workforce (Source Foster Care to Success). Alabama had 115 foster youth graduate from high school in 2015.

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

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
2013-2014 School Year	183	96	87
2014-2015 School Year	202	91	111
2015-2016 School Year	202	81	75

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 work. 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. As of 2013, there were 19 NSEP 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 reported that they will be pursuing higher education in the fall of 2013 at the two and four year levels. Two of the youth joined the Armed Forces. Further, all of the young people pursuing their GEDs received them. The program will began its fifth year summer 2014. Since 2010, NSEP has graduated 139 participants. NSEP has had two former participants graduate college and several others currently attending. 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.

Scholarships and Interships- in 2014-2015 three Alabama students received a total of $12,000 in funding. Three participated in the Aim High summer internship program formerly known as InternAmerica.

4. Provide personal and emotional support to youth exiting care through mentors and the promotion of interactions with dedicated adults: 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 Program has instead shifted to a combination of services and service models which will improve permanency outcomes and foster long-term success. The current model 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

Attending and making academic progress towards completing a degree or certificate is the goal of the AL ETV Program. To help students progress academically, Foster Care 2 Success developed its Academic Success Program (ASP) so Mentors 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 student's 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.

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 startup costs. 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 his 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 represented 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.

Though total number of youth in foster care has increased 8% since the same reporting period last year, the number of 14 to 21 year old youth in our foster care system continues to decline. However, we experienced our smallest decline in the population of one percent between FY2015 to the same time period in FY 2016. Permanency outcome data will continue to be closely monitored.

6. Make available vouchers for education and training, including postsecondary education, to youth who have exited foster care due to their age: See chart under #3, page 66.

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. Services provided by our Alabama Pre and Post Adoptive Services Program are also available to these young people free of charge. Youth and their families may also participate in the free family support services provided by our extensive network of Family Service Centers.

NEW CFCIP PROGRAM PURPOSE FOR 2016 APSR:
8. Ensure children who are likely to remain in foster care until 18 years of age have regular, ongoing opportunities to engage in age or developmentally-appropriate activities as defined in section 475(11) of the Act.
We will continue to provide supportive services to those youth likely to remain in foster care until age 21. We will work with all stakeholders, community providers, AFAPA and foster youth to develop policy to encourage participation in age and developmentally-appropriate activities.

The number of foster youth age 14-21 decreased only 1% from the same reporting period in 2015. As if March 31, 2016, our older youth, age 18 and older, represent 28% of our overall ILP population. There have been no changes in the percentage of young people 18 and older choosing to remain in foster care. Young people who choose to remain in foster care past age 18 experience that process without interruption in services or supports and reside in placements ranging from traditional foster homes to college dormitories. These young people are strongly encouraged to take advantage of education, training and vocational opportunities available to them while encouraging their participation in their transition planning. Staff, youth, foster parents, the Department's Quality Assurance Committee and CWCI Team have all been provided information and have provided input regarding services and supports to our older youth. During the fiscal year, the Program has worked to improve self-sufficiency outcomes through expanded collaboration with the Alabama National Guard, the implementation of the Fostering Hope Scholarship and partnerships with community partners, such as Casey Family Programs and Foster Care 2 Success to develop Communities of Hope to serve the youth beyond foster care.

FIVE-YEAR PLAN: 2015 – 2019, OBJECTIVES
GOAL: Independent Living services will be provided to all youth ages 14-21 the means by which to successfully transition into adulthood with appropriate supports and services. All Youth, who are currently in the planning responsibility of the Public Child Welfare system, will receive the services and supports need to become successful interdependent adults.

1.   OBJECTIVE
The Independent Living Program will conduct, coordinate, and provide consultation and training for all county social workers with ILP responsibilities, community providers, transitional and Independent Living providers, congregate care providers, foster parents and federally recognized Tribes and community stakeholders to develop programs to promote successful outcomes for youth.
The Office of Foster Care and Independent Living will work to expand support to counties in building capacity to understand and serve older youth needs through funds available through Chafee. There is currently one State Office staff serving as a consultant for our Program. Having one staff person serving 67 counties is a challenge. We will continue to seek to expand the program. Adding additional staff will enhance our ability to serve the counties, provide a dedicated Consultant to focus on our NYTD Data Collection, and enhance our ability to assist those youth who are exiting our system of care due to their age. We will continue to provide annual trainings and regional consultations for state office and county staff, Tribal staff, foster parents and community stakeholders. In order to enhance our capacity to properly consult and train around permanency and transition goals, IL Consultants will complete one site visit per quarter to assess current practices and programs provided to older youth served by the transitional and Independent Living programs and congregate care facilities. We will use the feedback provided to the county site to include recommendations and strategies to improve outcomes through the IL program. With strong support from our partners, we have been able to provide training in both a large and small group settings utilizing The ILP Regional Consultation Model coupled with the Annual ILP Networking Conference. The Annual ILP Networking Conference was held March 9-10, 2015 and provided training to 60 staff members and 15 older youth service providers. Participants were provided training information regarding PL-113-183, College Readiness, Effectively Working with Foster Parents, Innovations Related to Working with Older Foster Youth, Internet and Social Media Safety, Permanency for Older Youth, Human Trafficking Services and Effective Strategies for Serving Children in Congregate Care. The ILP Regional Trainings began on February 25, 2015 in Montgomery County and will continue through the end of the fiscal year. Five additional ILP Regional Trainings will be conducted providing an opportunity for all 67 counties to receive training by fiscal year's end.

2.   OBJECTIVE
Safely reduce the number of Youth who have APPLA as a permanency goal.
Improved policy regarding positive permanency, focused transition planning, placement stability, a focus on positive permanency through family, sibling and community connections are the keys to reducing the numbers of Young People who have a permanency goal of Another Permanent Planned Living Arrangement. We partner with community stakeholders and our ILP Youth and Alumni, develop a Transition Toolkit that not only addresses the global needs related to safety, health, transportation, education and the financial competency of our Youth, but one that focuses on individual goals of Youth with emphasis placed on their input to the overall transition plan. This will also be a focus on quarterly monitoring of transition plans for older youth. Improving placement stability through the use of appropriate matching and assessment tools is essential. The DREAM Council has the development of a placement assessment tool as a goal of their work this fiscal year. Appropriate matching has been identified as a barrier to their overall success. We will work with our Foster Parent Association to deliver additional training to those parents who are interested in serving older Youth and seek their input in the development of a placement matching tool. We will emphasize the use of the permanency tools delivered in the Achieving Permanency through Roundtable, formerly Permanency Roundtables consultation model supported by our partnership with Casey Family Programs. That training was successfully delivered to all 67 counties. We will also focus on tools to support older Youth in their current placement, reducing placement moves and enhancing their ability to manage and mitigate crisis. We will partner with our member agencies, Office of Adoption, AFAPA, CAS, the Poarch Creek Band of

Indians and our DREAM Council to develop additional training for all stakeholders serving our Youth in an effort to improve placement stability with an emphasis on the changes and development typical to teens based on current research. Focus on increasing responsibility and accountability balancing safety, crisis stabilization and increased autonomy regarding foster parent decision making and permissions will be essential. We will train Youth regarding the importance of permanency at our monthly and annual Youth trainings. We will also employ the Youth Centered Roundtable process to improve positive permanency outcomes. Youth will be provided all documents as outlined in PL-113-183 at the time of discharge.

The number of youth in foster care with APPLA as a primary permanency goal has had its most significant decrease related to the PL-113-183 legislation. The Program will continue to provide consultation and support to reduce the APPLA permanency goal through increased support of young people related to the Reasonable and Prudent Parent Standard, recruitment and development of therapeutic-style foster/adoptive placements, and specialized older youth ISP planning and support.

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. Youth Leadership will be promoted and enhanced**.**
The DREAM Council will receive and provide leadership training to their peers on a monthly and annual basis. The State ILP staff will assist Children's Aid Society, (ILP partners) with providing relevant and appropriate content for our www.ILConnect.org. This website will provide pertinent information and helpful tips for teens regarding foster care policy, educational and vocational information, scholarship opportunities, peer achievements, information regarding camps and conferences, NYTD portal, policy relevant to foster parents, Independent Living and transitional living providers, congregate care providers and the community at large. The site is regularly updated. Our peer to peer training model has yielded some success. Youth have been empowered through training and advocacy to participate in ISPs and Judicial proceedings.

4.   OBJECTIVE
Improve educational outcomes for ILP Youth partnering with our education systems to provide additional supports and services. The Independent Living Program will seek to enhance the educational services provided to our Youth. The Program will explore the possibility of issuing a request for proposal for an Education Specialist to act as a liaison to consult with our state and county staff to review educational needs of our young people and offer individualized consultation. The Educational Liaison would serve to provide training to staff and interested stakeholder regarding assisting our Young People as they navigate the education system. 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 six months from exit of care. Chaffee funding will be accessed to provide services that will aid youth as they transition out of care. The Program will continue to provide opportunities for our Young People to have real life higher education experiences through our continued partnership with Alabama Reach, NSORO Foundation, Casey Family Programs, and the National Social Work Enrichment Program. We will work to enhance that partnership in our efforts to institute tuition waiver for older foster Youth in the State. We will work to engage Children's Aid Society, Foster Care to Success, Alabama Reach, Alabama Foster and Adoptive Parents Association, State Quality Assurance and the National Social Work Enrichment Program in developing policy and promoting legislation to secure tuition waiver for Alabama's current and former older foster Youth. The Program will enhance services to Youth in college through the expansion of the Alabama Reach Program and the supportive services they offer to other colleges and universities across the State. Our Young People also struggle financially and we will seek to alleviate that barrier. The Independent Living Program, in partnership with Alabama Reach, the National Social Work Enrichment Program, Alabama Foster and Adoptive Parents Association, with support from Casey Family Programs will also lobby for tuition waiver for all foster care youth exiting the foster system after their 16th birthday.

We have continued to focus on positive educational outcomes for our older foster youth in out of home care. The Children's Aid Society, NSEP, NSORO and Alabama Reach and ASU Connect Programs have all worked to promote higher education, increase interest in trade and technical schools, and dual enrollment in high schools. The Kids to Love Foundation, which has focused on positive foster youth outcomes, has also expanded their services to include an intensive job training and placement services exclusively for former foster youth. One of the goals set for FY2015 by our DREAM Ambassadors was to work to make tuition waiver a reality here in the State. The Governor and Commissioner worked diligently to make that goal a reality and on April 28, 2015, the Fostering Hope Scholarship Bill was passed. The Fostering Hope Scholarship with provide tuition and required fees for all young people who are in care at the time of high school graduation or the receipt of their GED and any youth adopted at age 14 or older. It was funded through special appropriations at $3 million beginning October 1, 2015. The legislation includes funding to support ILP staff members who will serve as mentors to the young people participating in the scholarship program. The mentors will assist our young people in completing college applications, securing safe housing, completing the FASFA application, meeting with academic counselors and advisors, college tours and interviews and establishing and enhancing permanent connections to improve college success.

The Fostering Hope Scholarship will be implemented Fall 2016, with all eligible current and former foster and adoptive youth receiving scholarships to cover the cost of their tuition and fees to any state, public two or four year institutions. Registration for the program began May 2016. Eligible young people will submit applications through our Foster Care 2 Success website on July 1, 2016. There are 943 eligible youth. The Department has provided two trainings to college and university partners, one in September 2015 and a second in May 2016. Foster Care 2 Success will provide online and webinar style trainings to foster and adoptive parents, DHR staff and community stakeholders.

5.   OBJECTIVE
The Department will enhance its system to track youth exiting care due to age from the system of care in order to meet National Youth in Transition Data requirements to monitor outcomes for youth transitioning out of care. Enhanced aftercare services will be available to all teens eligible and served for participating in the ILP Program.
The Independent Living Program is currently developing a plan to continue to support around activities and monitoring of NYTD requirements. There is a need to have at least one staff member dedicated to this project. The proposed additional position we have presented would support the monitoring of NYTD across the state to help assure implementation of IL services and implementation of NYTD so that youth have permanent connections upon leaving the child welfare system. NYTD information gathered will be used to develop needed services and to craft more intensive aftercare services based on recent studies regarding the full maturation of young adults occurring at age 26. The Department will continue to monitor trends in youth who request or need aftercare services beyond our monitoring period and work to develop resources in communities and connect youth to available supports. This objective continues to present challenges as young people exit care due to their age but refuse our requests for information that would allow them to participate in the NYTD survey. We will be seeking input from our ILP teens at the summer camps and conferences and at our DREAM Council meetings to enhance our ability to stay connected with this group of young people to not only improve outcomes, but also their relationship with the Department.

The Department did not achieve its goal related to the most recent NYTD submission. Several of our youth who had exited the system refused additional contact with the Department. The effective use of NYTD data collected is seriously compromised by the youths refusal to participate and can do very little to inform practice. The rate of worker turnover and youth disconnection is hampering efforts to use the data provided effectively. Input from other states related to more effective methods of youth engagement and data collection will be solicited. The Program provided effective youth engagement training at both the annual ILP Networking Conference held March 8-9, 2016 and the Permanency Conference held April 6-8, 2016.

6.   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 outside the state", which is located in the report section of the APSR.

WELL-BEING Outcome 1 - Families have enhanced capacity to provide for children's needs

Item 12. Needs/services of child, parents and foster parents

Purpose of Assessment:
To determine whether, during the period under review, the Agency (1) made concerted efforts to assess the needs of children, parents, and foster parents (both initially, if the child entered foster care, or the case was opened during the period under review, and on an ongoing basis) to identify the services necessary to achieve case goals and adequately address the issues relevant to the Agency's involvement with the family, and (2) provided the appropriate services.

QA Baseline:	**21%**	**QA Benchmark #1: 17%**
5 Year Goal:	**24%**	**QA Benchmark #2: 14%**
Interim Goals:		

FY 2015	**21%**
FY 2016	**21.75%**
FY 2017	**21.75%**
FY 2018	**22.25%**
FY 2019	**24%**
Total	**24%**

2017 APSR ASSESSMENT
Skills around parenting and child development through services provided by the Behavioral Analysts has continued. These services have shown much success as documented in their MOTIVATE classes (which were provided to interested counties for all levels of staff) and the Tools of Choice program. In addition, Family Service Centers continue to offer a range of services to families throughout the state.

Fatherhood programs (through DCAP) continue to provide needed services to fathers in six locations throughout the state The Fatherhood Programs are funded with TANF dollars thru an interagency agreement (MOU) between DHR and ADCANP (Children's Trust Fund). For the past three years, six (6) programs have been funded through a non-competitive process. The 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.

Staff from the Office of Child Welfare Consultation provide individual county coaching and mentoring around the ISP, and they have also conducted specific ISP training. The Child Welfare Judicial Summits; the Supervisors Conferences, the Permanency Conference and other venues over the last year have been utilized to specifically teach DHR staff and partners about the ISP process; policy; the actual meeting(s), etc .

In (approximately) 74 survey ratings completed by county QA committee members, on a scale of 1-6 (6 being optimal), the average rating for ISP, was 4.91 (averages for previous years were as follows:2015 – 4.93; 2014 – 4.80; 2013 – 4.69; 2012 – 4.80; 2011 – 4.90; 2009 – 5.03).

Item 13. Child/family involvement in case planning

Purpose of Assessment:
To determine whether, during the period under review, concerted efforts were made (or are being made) to involve parents and children (if developmentally appropriate) in the case planning process on an ongoing basis.

QA Baseline:	**67%**	**QA Benchmark #1: 52%**
5 Year Goal:	**70%**	**QA Benchmark #2: 54%**
Interim Goals:		

FY 2015	**67.5%**
FY 2016	**68%**
FY 2017	**68.5%**
FY 2018	**69%**
FY 2019	**70%**
Total	**70%**

2017 APSR ASSESSMENT

The Behavior Analysts conducted a behavioral parent training that proved effective in improving the skill performance of foster caregivers and biological parents of dependent children during role-play assessments. To date, however, no studies have examined the impact of behavioral parenting skills training on child placement outcomes. Behavioral Analysts conducted a quasi-experimental archival analysis of the case files of 171 biological parents who completed a behavioral parent training program and 171 control families who did not participate in the program but were matched on the county of service and time of Child Protective Services involvement in Alabama. Results indicate that parents were not only able to demonstrate use of the new skills after behavioral parent training, but that skill acquisition was associated with better placement outcomes for their children compared to control families and a greater number of closed cases for the state service-delivery system.

It will be important to continue to strengthen the knowledge base of line workers regarding developmental disabilities, as well as their awareness of community resources that are available to assist children and families to deal with these issues. Additionally, finding ways to facilitate and promote networking among (and between) related/foster care givers and Department staff will enhance the work being done in this area. Another way to promote improved outcomes in this area will be to continue to focus on ensuring that the membership of county QA committees is reflective of varying disciplines (e.g. law enforcement, educators, etc.) as well as the community at large.

Through the OCWC record review process and subsequent feedback, attention has been focused on the strengthening of the ISP process. 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 in 2014 regarding specific cases and additional training has been provided to several counties.   The OCWC has continued in 2014/2015 to support counties through record reviews. Feedback is being provided directly to the county. There is now a formal "Office of Child Welfare Intake" with a Program Manager. She and two in-based staff receive and process calls/emergencies from constituents and counties; provide guidance around policy and best practice; and respond to inquiries and assignments from the Governor's Office; Commissioner's Office, Deputy Commissioner, Director, and State Legal Division.

FY 2016 OCWC Program Specialists   will use data on well-being to identify counties with the greatest need for training and consultation support. Random Record Reviews will be conducted in these counties and training and supportive work will focus on the needs identified from the reviews.

Item 14. Caseworker visits with child

Purpose of Assessment:
To determine whether the frequency and quality of visits between caseworkers and the child(ren) in the case are sufficient to ensure the safety, permanency, and well-being of the child(ren) and promote achievement of case goals.

QA Baseline:	**92%**	**QA Benchmark #1: 87%**
5 Year Goal:	**94%**	**QA Benchmark #2: 78%**
Interim Goals:		

FY 2015	**92.25%**
FY 2016	**92.5%**
FY 2017	**92.75%**
FY 2018	**93%**
FY 2019	**94%**
Total	**94%**

2017 APSR ASSESSMENT

Caseworker Visits With Child

In (approximately) 74 survey ratings completed by county QA committee members, on a scale of 1-6 (6 being optimal), the average rating for Caseworker Visit with Child was 5.25 (averages for previous years were as follows: 2015 - 5.20; 2014 – 5.24; 2013 – 4.69; 2012 – 4.80; 2011 – 4.90; 2009 – 5.03).

It should be noted that Alabama calculates caseworker visit data on a month by month basis vs. federal method, 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 information captured on FACTS relative to children in out-of-home care is used to report information to HHS/ACF in the AFCARS report. **Alabama chooses to use a** sampling methodology when reporting federal caseworker visit data. The Children's Bureau provides a sample of children from the AFCARS submissions from which calculations are determined. In addition, a Caseworker Visit Report is submitted each year. The data are as follows:*

	Caseworker Visits With Child			
	Measure 1 Percentage of Worker to Child Visits		Measure 2 Percentage of Visits Occurring in the Home	
	Target	Actual	Target	Actual
FY2007 Baseline		59%		68%
FY2008		46%		89%
FY2009		58%		88%
FY2010		65%		94%
FY2011	90%	78%	Over 50%	96%
FY2012	90%	95%	Over 50%	97%
FY2013	90%	97%	Over 50%	98%
FY2014	90%	96%	Over 50%	99%
FY2015	95%	96%	Over 50%	99%

*For FY2015, Alabama reported caseworker visits data based on the population taken from the fiscal year AFCARS submissions.

Alabama standards for Meaningful Caseworker Visits include children in foster care, homes of relatives, emergency shelters, residential facilities, childcare institutions and pre-adoptive homes as well as children in ICPC placements. Quality Caseworker Visits continue to be consistently made each month and planned through the ISP process to include scheduled and unannounced visits to the child's living environment. Visits include exploration of goals and examination of any changes. Workers are supportive and prepared to deal with any changes or challenges through individualized assessment and skill building so that the child and family feel prepared and safe to explore both known and new opportunities. Visits are carefully documented with plans for follow up and continuing ongoing assessment of strengths and needs. Caseworkers continue to contact children and families through telephone calls. Visits to children in other settings may occur to provide opportunities for private discussions. Visits to parents and caretakers may also occur in other settings for the same reason, however these types of visits in no way take the place of the required face to face in home monthly visits. When the goal is reunification the workers continue to visit parents and caretakers monthly where they live. Caseworkers are able to assess strengths and needs on an ongoing basis and they are able to identify these through the ISP process to support the child and family in meeting their goals. Workers visit foster homes, related homes, pre-adoptive homes and other providers on a monthly basis at their location or residence. These visits are scheduled or unannounced and may occur when visits to the child are made. Documentation in the record includes narrative that reflects the substance and quality of casework. It includes monitoring of child's safety and wellbeing, engagement of birth and foster parents in development and involvement of the ISP, assessment, of permanency options on an ongoing basis, monitoring progress and helping children to perceive their wellbeing is a priority to the caseworker.

Use of Caseworker Visit (CW) Funds (See also Training Plan, Checklists)
In the State's Training Plan, which has been submitted, further details are provided on the initiatives listed below, with the

exception of item twelve (12), which is related to equipment purchased to enhance the training of child welfare staff.

1. **Tools of Choice Parenting Program**
   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 five areas of the state. One area is served through a Memorandum of Agreement with Auburn University. Three areas are served by employees of the Department and one area is jointly served by the Auburn employee and a state employee. This program has been so successful that it has been replicated through a Memorandum of Agreement with the University of South Alabama. 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. The outcomes have been published and demonstrated as contributing to increased safety, permanency and case closure. The program is regularly offered to caseworkers to directly support the families they serve and refer to the program as well as improve case practice decision making. See Training Checklist in the Alabama 2017 Training Plan.

2. **Supervisor Conferences**
   The Supervisor Conferences will address permanency issues such as permanency planning, family-centered practice, culturally competent practice and outcome-based supervision/practice. In addition, policies around (at least) monthly visitation are featured in discussions focusing on good practice. See Training Checklist in the Alabama 2017 Training Plan.

3. **Family Services Policy Training Sessions**
   These training events address Family Services policy requirements, with child welfare staff being the participants. See Training Checklist in the Alabama 2017 Training Plan.

4. **MAT Training**
   The Department will continue to train/recertify staff to complete the Multi-Dimensional Assessment Tool (MAT). Training is now completed on a website, canstraining.com. The Child Adolescent Needs and Strengths Assessment Tool was developed by Dr. John Lyons and a large group of child welfare professionals. The CANS/MAT is an open domain tool that is free for anyone to use. The Praed Foundation only requires that the persons using the CANS/MAT be trained and recertified each year. With training, and individual with a bachelor's degree can learn to complete the tool reliably. See Training Checklist in the Alabama 2017 Training Plan.

5. **Adjunct Reviewer Training**
   Adjunct Reviewer Training is provided to staff who will be completing Quality Service Reviews to ensure there is a uniform and consistent training process as required. See Training Checklist in the Alabama 2017 Training Plan.

6. **Training Events Related to PL 113-183**
   Training activities are anticipated for the CFSP time frame that include training sessions related to psychotropic medications, sex trafficking procedures and protocols, and reasonable and prudent parenting standards. Participants will include DHR staff, community partners, and resource parents. NOTE: the funding for the respective training events would come from several funding sources that could include caseworker visit funds (see the training checklist forms located in the Alabama 2017 Training Plan).

7. **Children's Bureau, Region IV, CWCI Meetings**
   For any CWCI meetings coordinated by the Children's Bureau for Region IV states during the CFSP 2015-2019 time frame, caseworker visit funds would be utilized. Such meetings facilitate and promote improved communication and coordination among staff from the Region IV states. See the checklist form in the Alabama 2017 Training Plan.

8. **State Quality Assurance / County Quality Assurance Coordination Meeting**
   This annual meeting brings together county QA coordinators and county QA committee chairpersons, along with state QA committee members to share and discuss information relative to state QA functions. See the checklist form in the Alabama 2017 Training Plan.

9. **AFCARS, Improving Data Quality Training**
   Staff are provided with information as to how safety, permanency, and well-being data, documented in FACTS, is used for state and federal reporting. See the checklist form in the Alabama 2017 Training Plan.

10. **IV-E Waiver Grantee Meeting**
    Participation in above-identified meeting. See the checklist form in the Alabama 2017 Training Plan.

11. **CWLA Conference**
    Attendance at the above-identbied conference. See the checklist form in the Alabama 2017 Training Plan.

12. **Equipment to Enhance Training of Child Welfare Staff**
    Caseworker visit funds were used to purchase a number of items for the Office of Child Welfare Training staff. The items were: laptop computers, DVD players, wireless interactive whiteboard systems, sound bars, multi card readers, memory cards, video recording cameras, utility carts, tripods wireless headsets gaffers tape, equipment bags, a heavy duty mounting bracket and a LED interactive dISPlay system.

Family relationships have been reiterated many times with staff at various opportunities; including onsite case reviews from consultants, trainings such as Permanency and Supervisory Conferences, and one-on-one work with the Judiciary and larger Judicial Trainings held in order to strengthen the commitment to and utilization of family relationships as a vital piece of casework practice In particular, select judges in Alabama were trained in October, 2014 and in May, 2015 at two separate Judicial Summits co-sponsored by AOC; Casey Family Projects; and DHR. Workshops and information shared centered on Individualized Service Planning with a focus on what they should expect in terms of family involvement; ongoing relationships, visitation, etc.

Item 15. Caseworker visits with parents

Purpose of Assessment:
To determine whether, during the period under review, the frequency and quality of visits between caseworkers and the mothers and fathers of the child(ren) are sufficient to ensure the safety, permanency, and well-being of the child(ren) and promote achievement of case goals.

QA Baseline:	**63%**	**QA Benchmark #1: 55%**	
5 Year Goal:	**68%**	**QA Benchmark #2: 57%**	
Interim Goals:			
FY 2015	**63%**		
FY 2016	**64%**		
FY 2017	**65%**		
FY 2018	**66%**		
FY 2019	**68%**		
Total	**68%**		

2017 APSR ASSESSMENT
Behavior Analysts continue services within the OCWC relative to work with parents. Their services show success as documented through their MOTIVATE classes. These classes are provided to all interested counties and for all levels of staff. The OCWC Continues a record review process providing feedback with a focus on strengthening the ISP process. They assess all areas of child wellbeing and recommendations are made. Consultant support continues to be offered to counties on specific cases and training offered to counties as needed and requested. Feedback is provided directly to the county by the use of a review tool being provided to the Management Team of Family Services and the County Director to use to enhance capacity and skills to their staff. The Office of Child Welfare Intake continues to offer guidance around policy and best practice and to respond to inquiries and research requests from the DHR Commissioner's Office, Deputy Commissioner, Director and State Legal. The Behavior Analysts continue to conduct behavioral training that proves effective in improving the skills and performance of foster caregivers and biological parents and other family members of dependent children during role-play assessments. Through continued analysis of the program we are confident that further use of these analysts will indicate that parents are able to demonstrate use of the new skills from the training as well as skill acquisition associated with improved placement outcomes for their children. Efforts to strengthen line workers' knowledge base regarding developmental disabilities continue, and our work to promote awareness of community resources that are available to assist children and families continues to be strengthened. Networking with other agencies and providers continues to prove essential in accessing these important resources and services.

In (approximately) 74 survey ratings completed by county QA committee members, on a scale of 1-6 (6 being optimal), the average rating for Caseworker Visit with Birth Parent/Relative was 5.00 (averages for previous years were as follows: 2015 – 4.96; 2014 – 5.24; 2012 – 4.87. In approximately 373 surveys completed by DHR county and state staff, on a scale of 1-6 (6 being optimal or positive outcomes, the average rating for Caseworker Visit with Birth Parent/Relative was 4.79 (Note: there were no previous staff surveys to which survey outcomes could be compared).

See also: WELL-BEING OUTCOMES 1, 2 & 3 – STAKEHOLDER COLLABORATION

WELL-BEING Outcome 2: Children receive appropriate services to meet their educational needs

Item 16. Educational needs of the child

Purpose of Assessment:
To assess whether, during the period under review, the Agency made concerted efforts to assess children's educational needs at the initial contact with the child (if the case was opened during the period under review) or on an ongoing basis (if the case was opened before the period under review), and whether identified needs were appropriately addressed in case planning and case management activities.

QA Baseline:	**80%**	**QA Benchmark #1: 74%**
5 Year Goal:	**84%**	**QA Benchmark #2: 78%**
Interim Goals:		
FY 2015	**80.25%**	
FY 2016	**80.75%**	
FY 2017	**81.25%**	
FY 2018	**82.75%**	
FY 2019	**84%**	
Total	**84%**	

2017 APSR ASSESSMENT

In (approximately) 74 survey ratings completed by county QA committee members, on a scale of 1-6 (6 being optimal), the average rating for Education, was 5.22 compared to 5.08 in 2015, 5.03 in 2014, and 5.01 in 2009 (ratings on Education have not been requested each year).

Assessment of educational needs for children continues through record reviews and child-specific directives and consultation conducted by OCWC. Workers are prompted to know the child's grade level and reading level children, and to monitor their progress through the ISP. Cases with outstanding examples of advocacy are highlighted such as ISP' held jointly with IEP's, holding ISP's at school to encourage more education participation, communication with teachers through emails and telephone calls. This is encouraged through every opportunity for more consistency across the state.

See also: WELL-BEING OUTCOMES 1, 2 & 3 – STAKEHOLDER COLLABORATION

WELL-BEING Outcome 3: Children receive adequate services to meet their physical and mental health needs

Item 17. Physical Health of Child

Purpose of Assessment:
To determine whether, during the period under review, the Agency addressed the physical health needs of the children, including dental health needs.

QA Baseline:	**98%**	**QA Benchmark #1: 94%**
5 Year Goal:	**99%**	**QA Benchmark #2: 96%**
Interim Goals:		
FY 2015	**98.1%**	

FY 2016	**98.3%**
FY 2017	**98.5%**
FY 2018	**98.8%**
FY 2019	**99%**
Total	**99%**

2017 APSR ASSESSMENT

In (approximately) 74 survey ratings completed by county QA committee members, on a scale of 1-6 (6 being optimal), the average rating for Physical Well-Being, was 5.48, compared to 5.41 in 2015, 5.27 in 2014, and 5.36 in 2009 (ratings on Physical Well-Being have not been requested each year).

Item 18. Mental/Behavioral Health of the Child

Purpose of Assessment:
To determine whether, during the period under review, the Agency addressed the mental/behavioral health needs of the children.

QA Baseline:	77%	**QA Benchmark #1: 67%**
5 Year Goal:	79%	**QA Benchmark #2: 74%**
Interim Goals:		
FY 2015	**77.25%**	
FY 2016	**77.5%**	
FY 2017	**77.75%**	
FY 2018	**78.25%**	
FY 2019	**79%**	
Total	**79%**	

2017 APSR ASSESSMENT

In (approximately) 74 survey ratings completed by county QA committee members, on a scale of 1-6 (6 being optimal), the average rating for Emotional Well-Being, was 5.12, compared to 5.05 in 2015, 4.93 in 2014, and 5.06 in 2009 (ratings on Emotional Well-Being have not been requested each year).

Consultant staff review cases statewide and often access Behavior Analysts who work for our Agency and have greatly supported improving the behavioral health of children in our custody and those at risk. The Behavior Analysts continue to provide significant support to counties in assisting them to meet the mental health needs of our children. OCWC random record reviews continue to provide counties with assessment of progress in meeting the physical and mental health needs of our children and families. Child Welfare Intake continues to provide approval providing overall directions in regard to restrictive placements and out of state placements. OCWC continues to provide support to counties to ensure placement of children in the least restrictive settings.

The Agency will continue to improve and support these factors by:

- Family Services staff conducting and coaching effective Individualize Service Plans to address appropriate needs of the families that we serve.

- One element of support in regard to meeting our children's emotional needs is an expectation that the counties monitor their medications including, but not limited to, psychotropic medication. This includes the dosage and the effects that these medications produce on our children. Additionally, ISP's are required to reflect an assessment of the child's emotional needs and the referral to appropriate mental health or other services if indicated.

- Regarding meeting the physical needs of our children, the county agencies will receive coaching and policy reminders or development around their responsibility to monitor all screening , including EPSPT screenings to ensure that all preventable immunizations have been completed on a timely basis and that any other health concerns are addressed.

*   This is different from QSR data, and reflects the frequency with which a given Best Practice Indicator (from the 51 indicators) is determined to be a strength in onsite QA reviews.

<u>**WELL-BEING OUTCOMES 1, 2, & 3 – STAKEHOLDER COLLABORATION**</u>
ADCANP will continue to promote the educational and job opportunities through DHR on the county level. ADCANP-funded programs will also assist in educating DHR caseworkers and the local court system of the benefits of the TANF funded programs. Below is a summary of individuals served through the TANF program:

	Participants Currently Employed (*through program related services*)	Completed Educational Program	Completed Short Term Skills Training	Total Number of Participants	Total Payments
PY **2014-2015**	86	18	12	223	$313,225
5 Year Total	1,563	82	106	2,734	$3,917,554

ADCANP has concluded the final year of funding for the *Pathways to Responsible Fatherhood* program through the Department of Health and Human Services. The Responsible Fatherhood program supported <u>non-court mandated</u> fathers. It had three goals: (1) become a better parent (2) expand educational opportunities (3) provide job readiness or placement. ADCANP worked closely with county DHR's and the courts for referrals. There were 14 partners that were funded with programs located in each Congressional District.

DHR continues the work with the Behavior Analysts Fellowship Program at Auburn University and the University of South Alabama. The collaboration with these two schools supports our work with the emotionally and behaviorally challenged children. Also, the Behavior Analysts continue to review management plans upon special assignment on a case by case basis. Casey Family Programs has collaborated 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 age 3. A barrier of concern is that we are rarely able to go back and monitor if the counties were able to operationalize feedback around specific cases.

Systemic Factor I: Statewide Information System

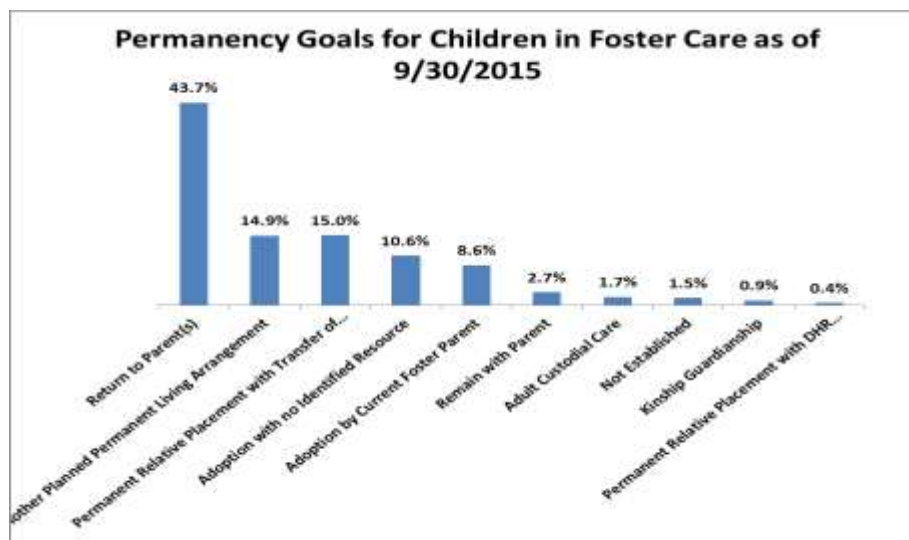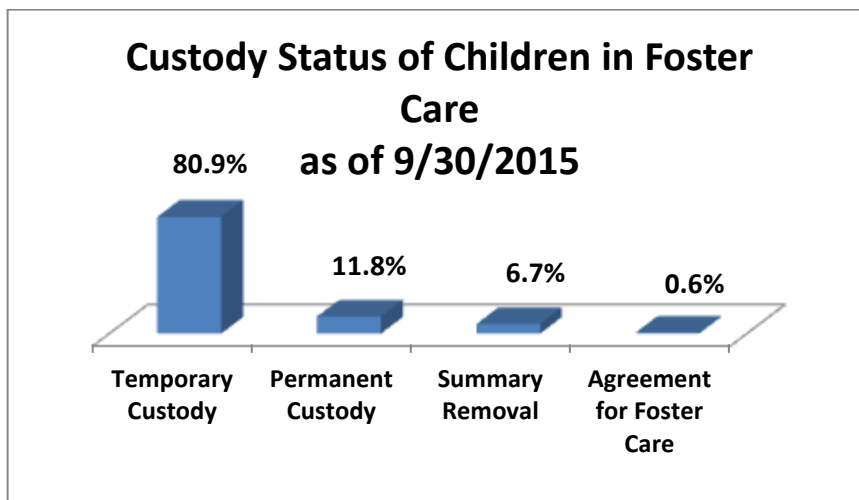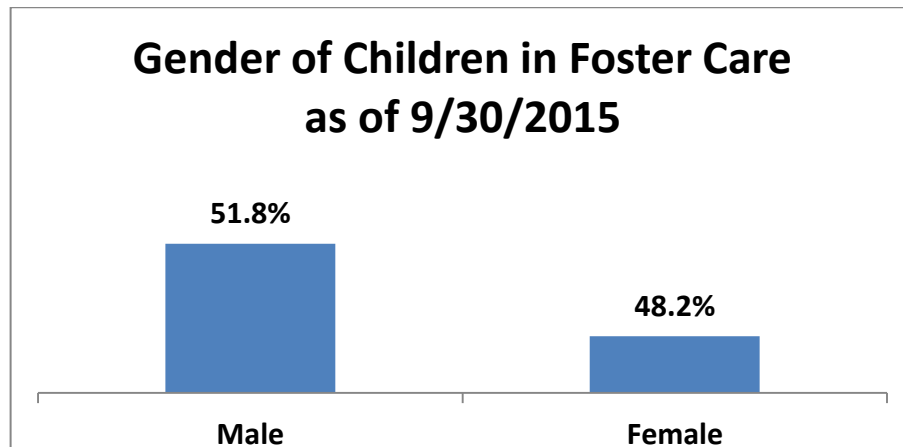| Item 19. Statewide information system |
|---|

2017 APSR Assessment
Alabama implemented an automated child welfare information system, known as Family, Adult and Child Tracking System (FACTS) statewide in January 2009 with the capability to comply with federal reporting requirements. Federal submission from FACTS include: yearly NCANDS submissions and Federal Caseworker Visits Reports, bi-annual AFCARS and NYTD submissions. FACTS captures and reports all AFCARS required foster care and adoption data elements. An AFCARS review in April 2011 resulted in an AFCARS Improvement Plan that continues. Management and statistical reports are produced for all program areas and are available to all FACTS users. AD Hoc report capability has been achieved to provide weekly AFCARS data for foster care and finalized adoptions. Children in permanent custody with a plan of adoption are tracked through the adoption process. A permanency achievement query provides valuable information used in the case review system. Specific safety and permanency queries are produced for evaluation of program and staff effectiveness. Many queries have been developed to address data needs within the Agency and to assist stakeholder and Agency partners, such as Alabama Office of Courts, Department of Education, Department of Public Health, Drug Court Assessments, The Alabama State Legislature and Casey Family Programs initiatives.
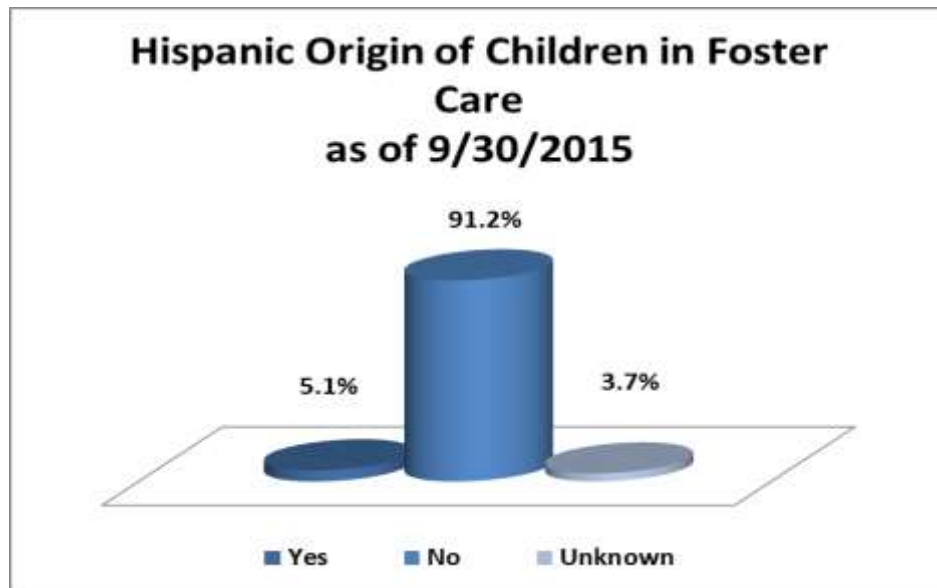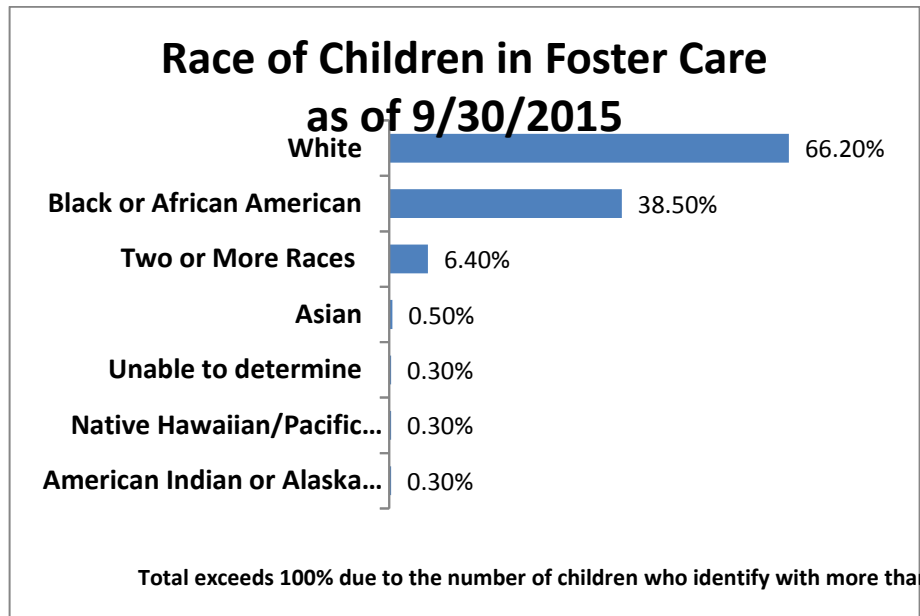
Some examples of FACTS functionality are provided in the charts below. Two independent ACCESS data bases are maintained. The Child Death Database captures all child deaths reported per policy to the state office. The Quality Assurance Database captures all county and state quality service review data. Queries from this system provide qualitative data measures.

Strategies for improvement of data quality include:
- Complete implementation of the AFCARS Improvement Plan through enhancements to FACTS, extraction program updates and data quality improvement steps.
- NCANDS Mapping Work Group will assess and improve data quality for all 154 data elements. Work began on this in FY2014 and will continue into FY2017.
- Continue FACTS system enhancements identified in the SACWIS Assessment Review.
- Regional Training for FACTS users with emphases on data quality. Training will began in June 2015 and continued to April 2016 to provide training to workers in every county.

- Prioritize and improve key management statistical reports for enhancement. Office of Data Analysis will continue advocacy for staff dedicated to management and statistical report development.

Gender of Children in Foster Care as of 9/30/2015

51.8% Male

48.2% Female

Custody Status of Children in Foster Care as of 9/30/2015

Temporary Custody	Permanent Custody	Summary Removal	Agreement for Foster Care
80.9%	11.8%	6.7%	0.6%

Permanency Goals for Children in Foster Care as of 9/30/2015

Return to Parent(s)	Other Planned Permanent Living Arrangement	Permanent Relative Placement with Transfer of...	Adoption with no Identified Resource	Adoption by Current Foster Parent	Remain with Parent	Adult Custodial Care	Not Established	Kinship Guardianship	Permanent Relative Placement with DHR...
43.7%	14.9%	15.0%	10.6%	8.6%	2.7%	1.7%	1.5%	0.9%	0.4%

Race of Children in Foster Care as of 9/30/2015

Race	Percentage
White	66.20%
Black or African American	38.50%
Two or More Races	6.40%
Asian	0.50%
Unable to determine	0.30%
Native Hawaiian/Pacific...	0.30%
American Indian or Alaska...	0.30%

Total exceeds 100% due to the number of children who identify with more tha[n]

Hispanic Origin of Children in Foster Care as of 9/30/2015

91.2%

5.1%   3.7%

■ Yes   ■ No   ■ Unknown

Systemic Factor II: Case Review System

Item 20. Written case plan
2017 APSR ASSESSMENT
Policy reference demonstrating this as a requirement is "Individualized Service Plan" Policy. See data chart example of "Permanency Goals for Children in Foster Care", which is located under the Systemic Factor of Statewide Information System.

Cases are methodically reviewed as a result of Quality Assurance site visits. These are conducted throughout the year according to a detailed schedule. However, other cases are reviewed through the course of work in the Office of Child Welfare Consultation in particular. These Consultants work in assigned counties, often with the task of 100% review of child welfare cases. Last year, OCWC worked in four targeted counties, reading, interviewing workers and supervisors, and checking SACWIS documentation for hundreds of cases. Reports regarding those targeted counties are produced, and

feedback/instructions for next steps, best practice, and planning is provided for each individual case reviewed. This information is shared with county leadership, supervisors, and line workers. In addition to review and feedback from Family Services, the Division of Field Administration has frequent contact with County Directors and their upper management to review data; spreadsheets; actual case plans and reviews; and assess strengths and needs around practice relative to timely reviews and other important issues. For the past two years, Permanency Roundtables have been conducted in all 67 counties. These called for a methodical, scheduled opportunity for each county to present for review and assessment cases that may need other perspectives or ideas from a larger group. Youth Roundtables will be next and will create a systematic review schedule for that set of cases as well. In addition to scheduled onsite reviews conducted by the Office of Quality Assurance, Family Services policy helps staff understand timeframes, importance of reviews relative to expectations from the Court and state and federal law. One important component ensuring that successful/timely case reviews occur is the presence of and compliance with existing policies as highlighted below. Best practice and legal mandates are supported by Family Services Policy.

Item 21. Periodic reviews
2017 APSR ASSESSMENT
Data is produced and evaluated for county leadership and SDHR administrators and consultant staff regarding periodic reviews. This is another area that is assessed during QSR work; consultant coaching and case reviews; feedback is given or exploration of barriers that might exist with the Court occurs. Guidance regarding Our Agency's policies ensuring periodic reviews are found in "*Out-of-Home Care Policy" – section "Permanency & Concurrent Planning"*

Item 22. Permanency hearings
2017 APSR ASSESSMENT
SDHR Administration reviews reports monthly regarding permanency hearings to monitor the 12-month threshold. This information is frequently discussed with County leadership from staff in Field Administration. Our requirements around timely permanency hearings are addressed in "Out-of-Home Care Policy" – section "Permanency & Concurrent Planning"

Item 23. Termination of Parental Rights
2017 APSR ASSESSMENT
SDHR Administration reviews reports monthly regarding TPR data. The level of research is significant enough that individual cases may be discussed from SDHR Administration or the   This information is frequently discussed with County leadership from the Division of Field Administration. Our requirements around timely permanency hearings are addressed in "Out-of-Home Care Policy" – section "Permanency & Concurrent Planning" Policy addresses TPR hearings in "Out-of-Home Care Policy" – section "Permanency & Concurrent Planning". Policy includes cases requiring TPR, exceptions, and compelling reasons. Our Division trains TPR and Concurrent Planning as an additional piece complementing our fundamental ACT Training.

Item 24. Notice of hearings and reviews to caregivers
2017 APSR ASSESSMENT
Earlier we reported that Alabama has in place a "Foster Parent Bill of Rights" as well as delineated Birth Family Rights which are shared during Individualized Service Planning meetings and at other points during casework with families. Foster parents and others listed above are notified of their rights through brochure, in-person discussion, and during ISP meetings as well. This involvement of foster parents is part of what is assessed through QSR Reviews; individual case reviews from consultants and others**.** This process is addressed in "Out-of-Home Care Policy" – section "Permanency & Concurrent Planning" and "Code of Alabama 12-15-307". The completion of local (county) protocols was a R2 PIP step that was completed in Q-10 of the R2 PIP. See EOC, CC, AS 6.4, Updated.

Systemic Factor III: Quality Assurance System

Item 25. Quality Assurance System

2017 APSR ASSESSMENT
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. In addition to examining and assessing the Department's Best Practice Indicators, the QA system 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.

Technical Assistance Plans
Alabama has been in communication with the liaison from the **Capacity Building Center for States**, through conference calls and onsite visits. An onsite visit is also planned for July 16, 2015, with the liaison and the state's Region IV, Program Specialist. The purpose of this visit is to work toward finalizing the capacity building assessment, which will help determine planning and next steps related to capacity building assistance that will be requested. The assessment was completed with a determination assistance would be provided with data management and training. A meeting was held in March 2016 with the Program Specialist to identify data needs and the vision for strengthening data collection, use and distribution. The Program Specialist and Deputy Commissioner for Quality Assurance are to collaborate on some next steps.   After deliberation and internal discussion, the department decided to draw upon the established and ongoing working relationship with Casey/Casey recommended resources to (at this point) continue the CQI work that had been initiated. Collaboration with the Capacity Building Center for States continues in other respects, with future TA very much a consideration.

Round Three (R3) CFSR
Alabama's R3 CFSR will take place in FY 2018, and the state must formally submit its request for CFSR methodology (state conducted or traditional) by July 2017. In making this determination, the state desires to obtain feedback from the Children's Bureau and "year one and year two states" as to the experiences encountered and lessons learned in using these two methods. Also, the state will coordinate with the Region IV, Children's Bureau staff, on establishing a means by which questions the state has can be discussed further. The state has previously shared its case review instrument with the Children's Bureau staff (and can do so again if desired), though it realizes that the Federal Onsite Review Instrument will need to be used for the CFSR. The case review instrument was designed to measure child and family status and system performance using a rating scale of 1-6. There are 14 status items used to measure child and family status and 12 status items for system performance.   Over the course of the last few fiscal years, the number of cases reviewed by state QA review teams is shown below. In addition to these totals, county QA review teams have reviewed many other cases, using the same instrument as that used by state QA review teams.

FY	# of cases reviewed by State QA Review Teams: foster care (FC); ongoing services within the home (CPS)		
2010	168	FC – 95	CPS - 73
2011	219	FC – 127	CPS - 92
2012	267	FC - 145	CPS - 122
2013	170	FC - 87	CPS - 83
2014	134	FC - 70	CPS - 64
2015	69	FC - 35	CPS - 34
2016 (scheduled)	110		

Onsite reviews were suspended from November 2014 through April 2015 due to the assignment of QA staff to other duties. Onsite reviews and the completion of QSRs resumed in May 2015. There are 14 onsite reviews scheduled to occur in 2016 and it is anticipated the same number will be scheduled for 2017. The decision was reached to perform fewer onsite reviews to provide an opportunity for existing QA staff to provide technical assistance to county quality assurance systems. A request was made in early 2016 for additional staff. Approval was granted for two additional staff members in April 2016. One position was filled in May 2016 with a former staff member who retired in June 2014. It is anticipated the remaining position will be filled by the end of July 2016.

ASSESSMENT UPDATE: **Alabama's Continuous Quality Improvement Components**

I. Foundational Administrative Record Structure
It is important for States to have strong Administrative Record 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 Record 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 four Consultant staff) and a State QA Committee.
- All counties have an assigned state QA Consultant. These consultants are available to their assigned counties to provide training to county QA coordinators and committees. QA consultants provided numerous trainings to coordinators and committees throughout the year.
- 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.* The Best Practice Indicators were revised in November 2014 to 50 indicators.
- 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.
- Four persons completed the CQI Training Academy in 2014. Those four persons were the CFSR Coordinator, the Program Manager for the Office of Quality Assurance, the Program Manager for the Office of Data Analysis, and a County Director with quality assurance experience

Identify those aspects of the foundational Administrative Record structure that can be STRENGTHENED:
- Providing mechanisms and opportunities for input from county staff on all CQI foundational components. A CQI survey was provided to county and state child welfare staff, county and state QA committee members and other external stakeholders in November and December 2013. Information on the CQI process was provided to county QA coordinators and county QA chairpersons at a joint meeting with the State QA Committee in May 2104
- Standardized statewide training plans / meeting schedule for county QA coordinators and county QA committee chairpersons. Statewide meetings for county QA coordinators and QA committee chairpersons as well as State QA Committee members were held in May 2014 and January 2016. County QA systems were provided with information on revised QA forms and procedures, the Plan for Improvement, changes in training curriculum, and provided with training on the evaluation of caseworker visits. The next meeting is planned for January 2017.
- Written guidelines as to what activities will comprise state QA onsite county reviews across all counties. The best practice indicators were revised in November 2014 to better reflect current practice expectations and to be more closely aligned with the CFSR. This resulted in an additional revision of the reporting format and revisions of some forms utilized in the onsite review process. The rating for the Best Practice Indicators was also revised to remove "Both" as an option. Remaining rating options are now "Strength" and "Area Needing Improvement". These changes were incorporated into the QA Guide which was revised in November 2015. The additional component in the onsite review process of review of QSRs completed by county QA committees added for 2014 remains in place. This component has enhanced the assessment of the performance of the county QA system during onsite reviews.
- Consistent and complete accountability for, and implementation / monitoring of, the County Improvement Plan process. One required subject of biannual QA reports is county improvement plans. Counties report on the status of their county improvement plan in each biannual report with review and feedback by state QA staff. The assigned District Administrative Specialist (DAS) is included on the in the feedback provided on biannual reports. A revision has been included in the QA Guide for inclusion of county QA committees in the planning process for County Improvement Plans. QA consultants attend county improvement plan meetings and can assist in the development of measures of progress. Plans are in development for additional strengthening of the county improvement plan process

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 quality, 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 CFSR 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 CFSR.
- 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. The Summary of Findings of State QA reviews are provided to the Deputy Commissioners for Field Administration Quality Assurance, and Children and Family Services, the Director of Family Services, and the two Deputy Directors. Beginning with the onsite review reports for FY2015, Program Managers in Family Services were added to the distribution list.
- Continued attention to improving accuracy of, and clarification about, FACTS data (e.g. what constitutes the permanency hearing date). Specific details can be located in the Data Quality Plan section of the SACWIS Advance Planning Document (APD) update, which also addresses SACWIS Assessment Review (SAR) findings. The state continues to address the AFCARS Review findings through the AFCARS Improvement Plan Update (AIPU).

- Attention to promoting consistency in applying the QSR protocol ratings across all reviewers. Each QSR is debriefed onsite with the lead and co-lead for each onsite review as well as with the other case reviewers. Also present in the debriefing is the county director and county QA coordinator. Debriefings are utilized to promote consistency across 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.

<u>Recommendations:</u>
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. Adjunct reviewer training is planned for the summer of 2016 to qualify additional adjunct reviewers to participate in the review process. One of the training components is on the review tool to promote consistency among reviewers. Plans are to provide adjunct reviewer training annually over the next four years. Adjunct reviewers are additionally required to shadow a QA consultant prior to serving in that role in an onsite review. Four additional adjunct reviewers were trained individually through shadowing the onsite review process in 2014 and 11 were trained in 2015.

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 designed to strengthen the practice assessment and better inform the resulting findings and recommendations. These include a review of a sample of resource records, QSRs completed by the county QA committee, 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. State QA staff continue to train county QA committee members on the use of the rating instrument. County QA committees are encouraged to debrief cases during committee meetings to promote rating reliability. State QA staff will continue to train county QA committee members in the use of the rating instrument. Refresher training on the use of the protocol is planned for the fall of 2016 for all trained adjunct reviewers.
- A process is currently being used to train state reviewers; however, having a uniform and consistent training process that underlines reviewers to serve in that role could be strengthened. See Item II, Quality Data Collection, recommendation #3.

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. These reports were moved to ERD in June 2015.
- 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. Data profiles were revised in 2014 to include the data utilized for county director evaluations.

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. One of the best practice indicators was developed to assess and make recommendations on the county utilization of data to assess, plan and monitor their child welfare program. Specific recommendations will continue to be provided when this indicator is not determined to be a strength of practice.
- 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. One of the best practice indicators was developed to assess and make recommendations on the timely and correct entry of data. Specific recommendations will continue to be provided when this indicator is not determined to be a strength of practice. The Office of Data Analysis provided AFCARS Data Quality Training to all foster care and/or adoption workers and supervisors statewide beginning in June 2015 in order to improve the quality of the data. The training was completed in April 2016.
- 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. Practice meetings were initiated early in 2014 for the Family Services Management Teams to review data, assess practice, and develop the Plan for Improvement. These meetings continue.

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. A summary of the findings from onsite reviews by best practice indicator is revised at the completion of each onsite review. Distribution of this data was recently expanded to include applicable program managers within Family Services as well as program supervisors with the Office of Child Welfare Consultation.

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. The Best Practice Indicators were revised in November 2014 to 50 indicators. Two of the indicators directly address data collection and utilization for assessment and monitoring of child welfare practice.
- Data is utilized as a factor in the evaluation of 28 of the 50 Best Practice Indicators in determining whether the indicator is primarily a strength of practice or systemic performance or an area needing improvement.

- 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. Data profiles developed for onsite reviews were revised in 2014 to include the data utilized for county director evaluations.
- 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. Data on some safety and permanency indicators (e.g., CAN and Prevention assessments received and dISPosed, reports pending over 90 days, children in foster care, open CPS cases, etc.) is regularly provided to the State QA Committee at their quarterly meetings. The State QA Committee will continue to be afforded the opportunity to provide comment and recommendations on data information. This distribution of data continued throughout 2015 and early 2016 with plans to continue through 2017.

Recommendations:
- See IV, Analysis and Dissemination of Quality Data, recommendation #1.

Systemic Factor IV: Staff and Provider Training

Item 26. Initial staff training

2017 APSR ASSESSMENT
Alabama Child Welfare Training (ACT I) is the initial staff development and training program for staff. Generally, the majority of new staff completes ACT I training no later than 3-6 months upon employment. In the past five years there have been approximately 620 staff who have completed ACT I. In the current fiscal year, the Office of Child Welfare Training (OCWT) has scheduled eight sessions. For the next fiscal year 2-4, ACT I sessions will be (tentatively) scheduled.

The Office of Child Welfare Training is currently revising the Child Welfare Pre Service Training, formerly ACT I. The new training, Striving Toward Excellent Practice (STEP), will have more focus on such areas as Trauma, Meaningful Casework Visits, Sexual Trafficking, Use of Psychotropic Medications, and the Involvement of Fathers.

The new design will include "Steps" of development. The first "Step" will be the foundational tools all workers need. "Steps" 2 and 3 will include specific modules for staff based upon their particular duties at DHR. (Striving Toward Excellent Practice in Intake, Striving Toward Excellent Practice in Investigation, etc.). The new design will also incorporate more online resources. The classroom modules will be designed for the specific duties of the worker, saving time spent away from the office. Additionally our SACWIS system, FACTS, will be incorporated into the Child Welfare Curriculum, so that staff will not have to go to a separate training and they will be able to see how the work they do in the field is incorporated and supported in our FACTS system.

Alabama Child Welfare Training (ACT I)   **Strengths**
- Participant evaluations reflect an overall satisfaction of ACT I.
- Participants are able to enroll for ACT I via the Department's Learning Management System.
- Every ACT I participant is given the opportunity to complete a Professional Development Plan with their Supervisor during the session.
- Prerequisite work and the Professional Development Plan are online.
- The Office of Child Welfare Training has developed a plan to clear the ACT I backlog prior to the upcoming fiscal year 2017.

Alabama Child Welfare Training (ACT I)   **Challenges**

1. The Office of Child Welfare Training will explore ways to include more pertinent information in ACT I training that pertains to domestic violence and its effects on children. As part of this objective, OCWT plans to coordinate efforts with the Office of CPS and the Alabama Coalition against Domestic Violence.

2. We are compelled to explore the possibility of developing a panel that includes representatives from the courts, the medical community, law enforcement, mental health, etc. The purpose of the panel would be to provide new workers the opportunity to ask questions regarding the roles and responsibilities of the members of the panel and how they help the population served, as well as how they all can work together.

3. Throughout the first module of ACT I, participants view several videos that demonstrate the use of interpersonal helping skills when working with family members. They are one of the many tools used in training to reinforce learning points, as well as to afford individuals the opportunity to visualize the usage of skills needed as child welfare workers. Videos are very effective method to use for training. Many people are visual learners. The videos are quite dated and we are exploring creative options on updating the video content for ACT I training.

4. The Office of Child Welfare Training is currently experiencing a backlog of staff (over 200) who have not completed ACT I training.
   Four (4) ACT I sessions have been completed since June 2016 and three (3) are currently in session and scheduled to be completed by the end of September 2016. Therefore, as of September 2016 it is anticipated that the resulting backlog of staff that need to complete ACT I, will be 138. The number of staff who are NOT currently enrolled in an upcoming session is zero (0). At this time, as soon as staff are hired, they are enrolled in an ACT I session. Seven (7) more ACT I sessions are scheduled to be completed by January 2017 which should train all staff hired at that time, at which time STEP will be launched. Going forward the Department will continue to monitor/address the number of staff needing/completing initial child welfare training.

5. FY2015 new staff were averaging 24 new workers a month. So far FY 2016, new staff have been averaging 32 new workers a month, increasing the need for Pre-Service Training.

Item 27. Ongoing staff training

2017 APSR ASSESSMENT
See 2017 Alabama Training Plan.

Item 28. Foster and adoptive parent training

2017 APSR ASSESSMENT
For the remainder of this current fiscal year, OCWT has scheduled 5 TIPS 3-day Update sessions for current GPS Co-Leaders and 1 TIPS 8-Day session for staff and foster/adoptive parents who want to become a TIPS Co-Leader. For the next fiscal year, OCWT plans on scheduling 20 TIPS 3-Day Update sessions and 12 TIPS 8-Day sessions.

GPS Co-Leader Certification Training   **Strengths**

- The Department requires successful completion of a pre-service curriculum for foster/adoptive applicants. This same curriculum is utilized by County Departments and agencies with which we contract for traditional and Therapeutic Foster Care as well as adoptive resource homes.
- The Department requires continuing education hours for both traditional and therapeutic foster families. This training requirement is intended to improve the skills necessary to parent children victimized by abuse and/or neglect.
- Resource Record Reviews are now a component of on-site reviews conducted by State QA.
- The Department has a contract with AFAPA that provides supports and services to foster/adoptive parents statewide including training.
- CAS/APAC (post-adoption service provider) provides on-site and webinar-based training at no-cost to foster and adoptive parents.
- Participant evaluations reflect an overall satisfaction of the GPS Co-Leader Certification training
- OCWT/Department staff coordinates and partners with the various contract providers who need the training for their staff.
- Staff and foster parents attend the training together and build positive relationships.
- Participants are provided the basic tenets and principles of foster care and adoption as a privilege in the state of Alabama.
- Participants develop an understanding of the skills required for successful application of the 12 core skills needed for approval and mutual selection process for foster and adoptive parents.
- Participants learn a variety of training and facilitation skills to enhance, empower and engage prospective foster and adoptive parents' experience and appreciation for their role in the lives of children who have experienced abuse,

abandonment and neglect.
- The Office of Child Welfare Training has begun training TIPS (Trauma-Informed Partnering for Permanency and Safety) certification training for leaders, certifying foster/adoptive parents and providers of residential services to our children as TIPS Leaders. TIPS incorporates trauma-informed research, philosophy, and practice related to the roles of foster and adoptive parents. Input and materials from the National Child Traumatic Stress Network (NCTSN) are incorporated throughout.

GPS Co-Leader Certification Training   Challenges
- During the resource record reviews conducted during on-site State QA reviews indicate that some (but not all) counties do not have a consistent method for tracking completion of on-going training hours.
- During the resource record reviews conducted during on-site State QA reviews it is not noted that the material for which families are given credit does not always agree with the intent of continuing education training requirement (i.e., credit is sometimes given for reading material that is of a fictional nature, etc.) – this is true in some, but not all counties.
- Not all counties consistently have trained foster/adoptive parent co-leaders for GPS.
- Counties are placing newer, inexperienced workers in resource worker positions. Therefore, workers are dependent on the curriculum and not real-life experience and observations for delivering information to foster/adoptive parent applicants. Note: several of the resource workers in counties where recent onsite state QA reviews have occurred, are experienced staff. There are new, inexperienced workers throughout the state in all program areas.
- Although the current Learning Management System has the capability to register county staff for GPS Co-Leader Certification training, in its current state, it is unable to register foster/adoptive parents and contract providers, nor give them credit upon completion of the training.
- OCWT must maintain certified trainers to train the GPS Co-Leader Certification Training. There are several steps involved to become a certified trainer and the process takes about 1-2 years from beginning step to certification. As certified trainers are lost, OCWT has to be sure to fill the gaps, in order to maintain capacity within OCWT. At this time there are only 2 Certified Master GPS Trainers who can certify Trainers for the Department. Once these two have retired, the State will need to contract with the Children's Alliance of Kansas to conduct the certification process.

Program Support
Describe the state's training and technical assistance provided to counties and other local or regional entities that operate state programs and its impact on the achievement of CFSP/APSR goals and objectives since the submission of the 2015-2019 CFSP. Describe training and technical assistance that will be provided by the state in the upcoming fiscal year.
Staff from the Office of Quality Assurance provides periodic training to county quality assurance systems based on the needs and requests of the counties. Training is provided to new quality assurance coordinators as well as county quality assurance committee members from the duties of coordinators to the completion of QSRs. Additional technical assistance includes consultant review of QSR write-ups and county biannual reports to provide feedback on the merits of those reporting formats as well as on practice issues as needed. Program Specialists and program supervisors in the Office of Adoption provide training and technical assistance to counties and stakeholders in the following manner:
- Adoption Intake Specialist – provides telephone support to county workers, supervisors, attorneys, probate judges' offices on a variety of adoption –related tasks.
- Adoption Program Specialists with recruitment and/or placement responsibilities participate in ISP's, provide one-on-one technical assistance to workers and supervisors on recruitment, adoption planning and placement activities. Adoption Program Specialists provide on-site assessment of county staff's adoption skills and provides training and technical assistance where need indicates. During the 2016 reporting period on-site assistance has been provided in Pike, Tallapoosa and Limestone Counties. Escambia and Connecuh staff received assistance in Subsidy documentation (in FACTS).

  An adoption training session was held in Randolph County, along with coaching provided to a resource supervisor in Montgomery County regarding ICPC issues concerning a child from another state that was placed in that county.

  A meeting/training on how to handle ANIR (adoption no identified resource) cases (and collaborate with SDHR staff), took place in February 2016 for supervisors, the program manager, and the assistant director, in the Bessemer (Jefferson County) Office.

- Adoption Program Supervisor provides phone support as well as on-site training to counties in the area of diligent recruitment planning and then implementing those plans. Program Supervisor participates in select staffings to discuss best practice, appropriate matches, and other permanency issues.

Describe the technical assistance and capacity building needs that the state anticipates in FY 2016 in support of the CFSP/APSR goals and objectives. Describe how capacity building services will assist in achieving the identified goals and objectives. The Office of Adoption plans to submit a request to the NRCDR for assistance in developing policies and procedures for use of social media in recruitment. During planning meetings with the Capacity Building Center, review of our Adoption Subsidy policies has discussed. This need has also been expressed to the Atlanta Regional Office.

Alabama began work with the Capacity Building Center for States in July 2015 with an abbreviated meeting to gather information for assessment. Jacqueline Melton is Alabama's assigned liaison with the Center. Our Children's Bureau Regional Office Consultant, Donna Dummett was in attendance, as well as state leadership and management. An assessment summary was produced which captured agency strengths and needs and the potential areas for capacity building. A Work Plan was developed for deeper problem exploration. A Capacity Building Work Planning Meeting was held on August 18, 2015 for the purpose of reviewing the Assessment Summary and the Theory of Change. In so doing, a high level Theory of Change was created for work related to capacity building for our state.

In September 2015, a meeting was held to formulate a State Integrated Capacity Building Plan. Two areas, <u>Training</u> and <u>Data Analysis</u> were chosen as the initial areas for which specific goals and steps would be formulated. The final Capacity Building Center for States Assessment Summary for Alabama was produced in November 2015 and updated in February 2016. The Office of Child Welfare Training began working with the Capacity Building Center for States in December 2015, when our outline for our new Child Welfare Curriculum was shared with the CBCS along with the work plans for each module. We continued our discussions with the Center in January 2016 through a conference call where we described our needs related to the development of the curriculum. Our immediate needs were to finish our research into other states and agencies to see what curriculum was being used nationwide. The gaps in our research were shared with the Center who provided us with a consultant, Julie Breedlove, who helped provide questions to use with our work groups who were assisting with the design of the training. These questions were provided through Survey Monkey and the responses were integrated into the training design.

After following up in May 2016, the Center agreed to provide technical assistance related to the measuring of the transfer of learning. Michelle Greaf was assigned to be our consultant with this task. As of June 2016, we are in the process of setting up phone consultations as part of our work with the Center in the task of measuring the transfer of learning. In terms of Data Analysis, a conference call was held on 2/3/2016 with Ms. Melton and Consultant Lynn Dupree and DHR Staff, including management, Data Analysis and FACTS staff. On March 8, 2016, a meeting was held to continue to build working partnerships, determine information needed to inform practice, Data Management Strategy and the data needs and Data Visualization facilitated discussion. An internal meeting was held on April 29, 2016 to discuss our needs around data to inform staff and management on practice issues and assistance needed from the CBC. Next steps included a formulation of data needed to be dISPlayed in a "dashboard"; and a further conversation between Deputy Commissioner Simson and Ms. Melton, with the Capacity Building Center for States. Jacqueline Melton was also in attendance at the Spring APSR Joint Planning Meeting with State leadership and the Children's Bureau Regional Office Staff in both 2015 and 2016.

Describe child and family services related research, evaluation, management information systems, and/or quality assurance systems that have been or will be updated or implemented since the development of 2015-2019 CFSP. Specify any additions or changes in services or program designs that have been found to be particularly effective or ineffective based on the state's evaluation of programs. (See 45 CFR 1357.16(a)(5).)

The framework for the evaluation of practice, the Best Practice Indicators, was revised in 2104 to be consistent with information assessed in the CFSR as well as with county director evaluations. This also resulted in a revision in the data profiles utilized in the assessment of practice. Reports providing the findings of onsite reviews are shared with the director of the county reviewed, the Deputy Commissioners for Child and Family Services, and the Director, three Deputy Directors, and Program Managers for Family Services.

Systemic Factor V: Service Array & Resource Development

Item 29. Array of services

2017 APSR ASSESSMENT

According to feedback received from the completed county QA committee and DHR staff surveys, a general theme appeared to be one of identifying various service array needs. A fairly diverse listing was identified that included: substance abuse services (inpatient treatment, support groups, etc.), transportation, and an array of mental health services.

In (approximately) 74 survey ratings completed by county QA committee members, on a scale of 1-6 (6 being optimal), the average rating for <u>Service Array,</u> was 4.54 compared to 4.66 that was noted in the 2016 APSR. Some of the most "basic" services, e.g. Parenting Classes or counseling, are not immediately available in all 67 counties. It is clear that the development of in-home and other accessible services is important at this point in our focus on adding or diversifying services.

Item 30. Individualizing Services

2017 APSR ASSESSMENT
Some of the below information consists of collective data and collaborations with State Resource Management and the Office of Child Welfare Consultation. In addition to family foster homes, our Agency has an array of residential services/options to be used relative to the recommendations/findings of the ISP Team. Those services include:

- 800 Therapeutic Foster Care Homes
- 39 Child Care Institutions,
- 28 Group Homes
- 4 Shelters
- 30 Child placing Agencies

These facilities are licensed and appropriately able to provide and/or access appropriate services for the children with greater needs than can be met in a foster family home setting. Thus selected information below reflects the strengths and needs of these Providers, which are vital in achieving best outcomes for the children we serve.

Work continues on refining the Provide Query in an effort to get meaningful information on our Foster Family and Adoptive Resource Homes. The Managers of the Offices of Data Analysis and Adoption have reviewed and discussed the query results at length. Multiple issues and questions have been noted as a result of these reviews. A meeting is planned with functional staff from FACTS (our SACWIS), the Resource Management Division, the Office of Data Analysis, Adoption and Foster Care.

Strengths	Needs

• The Department has a contract for post adoption services that includes
    a. Information & Referral
    b. Library & training services available to both families and professionals
    c. Nationally known speakers on issues such as attachment and trauma have provided day-long seminars in various locations throughout the state through the Trained Therapist Network.
    d. Adoptive Family Groups
    e. Camp for children/youth who have experienced adoption
    f. Adoption-competent professionals who provide counseling services.
• The Department has access to consultative services from Dr. Brent Wilson in the area of psychotropic medication usage by children in foster care. Dr. Wilson has also been available to consult with foster parents of behaviorally-challenged children to provide support and technical assistance.
• Development and Maintenance of a resource directory of adoption-competent/trained mental health professionals is part of the CAS/APAC contract (Trained Therapist Network)
• Supports keeping our particularly troubled children close to home or at least within the State.
• Providers adapt their programs/services to the child's emotional, behavioral, and educational level.
• Programs are monitored for the length of stay and
	• Intensive crisis intervention for families post-adoption is typically accessed through services outside of the Department (i.e., mental health, hospitals, other services funded by Medicaid and/or private insurance.
	• Although the trained-therapist network provides training, the state would like to have more adoption-competent mental health providers.
	• Develop and/or obtain a trauma-informed (infused) training curriculum for our staff and our resource families.
	• More resource families who can parent children with significant behavioral issues, in an effort to
	    a. Lessen our dependence on congregate care facilities
	    b. Achieve permanency for these children through adoption.
	• Autism services have been identified by our counties, the State Office Consultants, and Resource Management Staff.
	• Service development to assist with treatment of our youth aged 17-20 who have challenges with mental illness.
	• *Service development for children with lower IQs (under 55.*
	• Greater partnership with the Department of Mental Health to develop programs with our providers to assist in transitioning the ILP population to, for example, Mental Health Group Homes, as they exit the system.
	• The Division of Resource Management monitors all

providers are required to share a child's barriers to progress with the counties and the State Office. • Excellent participation in children's Individualized Service Planning process. • Therapeutic Foster Care providers are currently recruiting for homes that will accept teens with behavioral issues. • When discharge notices are received, we gather the information on why the placement has disrupted. We then use the feedback to recruit homes to handle those behaviors. • Services for children/youth are individualized by the ISP (Individualized Service Plan). The ISP team determines the needs of the child and their family. • The ISP Team led by the County DHR Office contacts providers and determines which providers can best meet the child and family's needs, especially when focusing on Out of Home care. • The Multi-Dimensional Assessment, (MAT), is completed on children whom the County DHR office is referring to our Therapeutic Foster Care providers and moderate providers. The County Agency provides information to the assigned assessor. This information consists of: a current psychological with the DSM V Axis 1 diagnosis, and a review of their current behaviors, along with a case summarization of their needs. • The Certificate of Need (CON) from a physician and concurrence from the ISP team, along with the Office of Child Welfare Consultation is needed to ensure appropriate intensive placement for a child/youth. • Work is moving forward on the Provider (FFH/AR) Query. Initial business rules have been developed and the query is running monthly.	contract provider services. The gaps in services are determined by length of stay, discussion with counties about trends and issues they see, and reviewing data regarding placements, (regions, age, etc). Current gaps that are seen are services for youth 17-20 that are mentally ill and behaviorally challenged, and children with a diagnosis of Autism Spectrum, (all ages) that have an IQ over 70 and have behavioral challenges in the home, as well in the community. • The results of the provider query indicate that counties and those registering TFC providers are not fully completing the "willing to accept" information for providers. Therefore, we do not have good information about families willing/able to accept teens, children with special health care needs, sibling groups, etc. • Information on the Best Practice Indicators from on-site reviews conducted by State QA indicated that indicator number 32 "Adequate Number of Approved Foster Family Homes" has been an area needing improvement in every review conducted thus far this fiscal year.

OCWC is working with counties by completing case record reviews, providing recommendations, and county support and consultation. These reviews will take a close look at the Individualized Service Plans and services being provided and what services could be offered. Suggestions will be made on communication with providers to ensure services are addressing identified family needs. All services should be individual and determined by the ISP team. Special support is being provided to county staff on how to identify underlying needs and individualizing services to address those underlying needs.

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 (In FY 2017 IIHS, see Child & Family Continuum below)
Title IV-B (2) fund expenditures: 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, in the Family Services Division (Office of Adoption assigned to provide consultation to counties). These staff are also responsible for adoption planning and placement of children with TPR and a goal of Adoption No Identified Resource (ANIR). The contract with Children's Aid Society for the APAC (post-adoption) program continues to be funded from Adoption Promotion and Support Services. This includes an annual permanency conference which provides an opportunity for front-line workers with foster care and adoption responsibilities statewide to improve their capacity around assessing families and children and providing supports needed to achieve permanency in a timely manner. This post-adoption services contract provides counseling, adoptive family groups, an annual summer camp for children/youth that have been adopted and other post-adoption services and support to families. A statewide public awareness campaign coordinated in partnership with the Alabama Broadcaster's Association is also funded from the adoption promotion portion of these funds.

Juvenile Justice Transfers - Children Exiting Care to Department of Youth Services (DYS)
The number of children exiting DHR custody and committed to DYS has been tracked for the last ten years, from a low of one child in FY2006 to a high of twenty two (22) children in FY2011. 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. During FY 2015, fourteen (14) children were committed to DYS from DHR custody. This number remains constant from FY2014. Ages ranged from 13 to 18 years. The average age when these children entered DHR custody was 15 years and the average age at commitment to DYS was 16 years. During FY 2015, two of these children returned to DHR custody.

Child & Family Services Continuum
Beginning on 10/01/16, the Department will combine services formerly provided under the Continuum of Care and FOCUS contracts within a new Intensive In Home Services (IIHS) contract. The services will be available in all 67 counties and will increase total slots available slightly**.** The services focus on achieving the outcome of successful permanency for children in a family setting through either family preservation or reunification**.** These programs have the flexibility to design individualized services that are family driven and youth/child focused. All services are customized for delivery in the least restrictive manner. When a family is referred **to** IIHS, the program will provide the majority of the services that are needed to achieve a permanency outcome.

The Family Service Centers not only serve our families, but also any families in their designated areas. The total unduplicated count of all individuals served for FY 2015 was 24,836, and 41,169 information and referral.

The CARES program is part of a SAMSHA grant which designed to help children overcome the trauma they have experienced through child abuse/neglect, family violence or sexual assault. The CARES team uses Trauma Focused-Cognitive Behavior, an evidence based treatment approach to address the unique needs of children ages 3-18 who are experiencing distress, depression, behavior problems and/or difficulties related to traumatic experiences. As part of a four year grant the goals focus on the reduction of trauma reactions in children and training the community in trauma informed/focused services. The Deputy Commissioner for Children and Family Services and a Deputy Director for Family Services represent the Department as stakeholders/partners.

Family –Based Treatment Services
TFC and TFC with Enhanced Services: These providers continue to work with our counties in placing our children in need of Therapeutic Foster Care in the most appropriate settings. We currently have over 500 children in Therapeutic Foster Care; this includes 80 children in TFC with Enhanced Services. These services are tailored to each child's needs which may include, but not limited to:

- Frequent transportation to clinics, hospitals, or other providers
- Behavioral analytical assessments and hands-on services from experts in Behavioral Analysis.
- Frequent visits by the provider to the classroom and provision/support/maintenance of any special equipment a child may need.
- Participation in the child and family's Individualized Service Planning process

Residential Services
Our residential providers continue to work with the counties to place our children in the most appropriate and least restrictive placements. We have average numbers within various providers as follows: 167 children with "Basic" providers;

197 children with "Moderate" providers; 57 children in "Transitional Living Placements"; 64 children who are receiving "Independent Living" services; 586 children with "Intensive" providers, which includes three (3) providers that offer sexual behavior treatment; and, 25 children in the "Mothers and Infants" Program.

The "Rise Program" serves an average of 24-26 consumers. These youth are typically 14-18 years of age and present with challenging behaviors and mental illness diagnosis.

The Crisis Intervention Placement services are provided in a congregate setting and provide a basic array of services in a temporary setting. This service is used in rare circumstances when more permanent planned placement services are not feasible due to extenuating circumstances such as unknown family history, or late hour coming into care or have had a disruption in care. Services for these children include scheduling psychological evaluations, obtaining supporting documentation for the subsequent placement and obtaining a Multi-dimensional assessment to assist in determining the most appropriate placement.

The Basic Residential Services are provided in a congregate care setting and the program provides an array of services for a child with mild and/or occasional emotional and/or behavioral management issues that interfere with the child's ability to function in the family, school and/or community setting in other than a residential environment. This type placement is limited to children whose needs cannot be met in their own home, traditional foster home, or children who have reached their treatment goals in a more restrictive setting and are ready to "step down". Children in this type program usually do not require constant adult supervision, have peer relations that are generally positive and respond favorably to nurturing, structured programs.

The Transitional and Independent Living Programs provide foster youth (ages 16-21) with opportunities to practice Independent Living skills in a variety of congregate settings with decreasing degrees of care and supervision. Services for Transitional Living may be offered in a foster home or congregate setting. The Independent Living Programs are offered in an alternative living arrangement whereby youth live in community-based housing rather than in a foster home or a group home setting. This type of living arrangement allows the youth the opportunity to continue the decreased care and supervision needed so that the youth will ultimately be responsible for their care and be prepared to live on their own in the same location when they leave the Department of Resources care.

The Mother and Infant Programs are provided in a group living arrangement to pregnant teens or in a specialized foster home, which allows the young mother and her infant to remain in the placement after the birth of her child. The programs must assist with care for the infant during the hours that the young mother is developing her skills in parenting and preparing for Independent Living.

The Moderate Residential Care Programs are provided in a congregate setting for a child with moderate emotional and/or behavioral management problems that interfere with the child's ability to function at home, school or in the community. The children placed in a moderate level setting require 24-hour awake staff for proper supervision to prevent/respond to the inappropriate behaviors such as inability to sleep and wandering around, fighting, attempted runaway behaviors. These children require a DSM diagnosis to enter into this level of care. Children at this level of care have a need of: 1) clinical treatment to be able to function in school, home or community because of multiple problems; 2) or have not responded successfully to less intensive treatment and/or have been denied admission or discharged from various less restrictive placements.

The Intensive Residential Programs are for children with a DSM Diagnosis requiring active treatment which means implementation of a professionally developed and supervised individual plan of care for individuals who have been prior approved and certified by an independent team as meeting medical necessity for this level of care. Children eligible for this program must have problems that pose a severe level of impairment to overall functioning in multiple areas. These children have been unwilling or unable to commit to a healthier lifestyle and who need intensive support and/or interventions to cultivate new, more appropriate methods of coping and behaving

The Sexual Rehabilitation Services for Youth (formally Services for Youth Exhibiting Predatory Sexual Behaviors) Programs treat youth who pose a threat of harm to themselves or others due to problems in controlling sexual behaviors. The program treats varying degrees of sexual behaviors, including sexual predatory activity, mutual agreeable but harmful sexual activity and sexually reactive behaviors.   The youth are placed in single occupancy rooms in a congregate setting, and younger children who are experiencing sexual reactive behaviors are placed in a specialized treatment foster home. Admission into this program must have the approval from the independent team as meeting medical necessity for this level of care.

The Rehab Intervention Service Enrichment (RISE) is for children with a DSM Diagnosis and identified by a mental health

professional as having serious emotional, mental illness and behavioral problems and treatment from other programs were not successful due to the severity of the behaviors. These youth are in need of a highly individualized level of care due to struggling with a wide range of difficulties. They need a comprehensive treatment environment in which they can overcome the full spectrum of personal obstacles and, in time, can become whole again. The RISE Program provides 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 setting.

Service Coordination
Services for children/youth are <u>recommended through the ISP (Individualized Service Plan)</u>. The <u>ISP team</u> determines the needs of any child and family. The ISP team is led by the County DHR office, and in partnership with others from the community, determines which providers can best meet the child and family needs, especially when focusing on out-of-home care. The Multi-Dimensional Assessment, (MAT), is completed on children whom the County is referring to our Therapeutic Foster Care providers and moderate providers. The County DHR office provides information to the assessor. This information consists of: a current psychological with the DSM Axis 1 diagnosis, and a review of their current behaviors, along with a case summarization of their needs. The Certificate of Need from a physician and concurrence from the ISP team, along with the Office of Child Welfare Consultation, is needed to ensure appropriate intensive placement for a child/youth. The Division of Resource Management monitors all contract provider services. The gaps in services are determined by length of stay, discussion with counties about trends and issues they see, and reviewing data regarding placements, (regions, age, etc.). Current gaps that are seen are services for youth 17-20 who are mentally ill and behaviorally challenged, and children with a diagnosis of Autism Spectrum, (all ages) that have an IQ under 70 and have behavioral challenges in the home, as well in the community.

Service Decision-Making Process for Family Support Services
The Request for Proposal (RFP) is utilized. The RFP process includes a review of each proposal submitted by the potential providers, and grading of each proposal by select county and state office staff. The scores are submitted to the Office of Procurement and a selection process is used to determine the awarded contracts. The sites are located where there is a high concentration of families needing services to address their safety and stability issues.

Systemic Factor VI: Agency Responsiveness to the Community

Item 31. State engagement and consultation with stakeholders pursuant to CFSP and APSR

2017 APSR ASSESSMENT
    OCWC has begun their schedule of random case record reviews. The review tool used provides detailed information that will be beneficial to the supervisor to use during worker/supervisor conferences. These reviews give OCWC the opportunity to work one on one with supervisors to help them understand how to engage and empower their workers to produce family centered case work that is in line with policy. In turn workers feel heard, valued and become invested in good outcomes for the children and families they serve. Those outcomes will certainly be beneficial to staff retention thus offering stability with families and community partners.

Item 32. Coordination of CFSP services with other Federal programs

2017 APSR ASSESSMENT

Collaboration with stakeholders includes a variety of agencies, teams, and partners:

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 interviewers

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, re-reviews of a sample of QSRs completed by the county QA committee, 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. Information obtained from internal and external stakeholders is utilized as a factor in determining the status of all Best Practice Indicators at the time of onsite reviews.   From June 1, 2015 through May 31, 2016 the Office of Quality Assurance conducted 17 onsite reviews.

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 Specialist s 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 Adoptions has included groups such as the following**:** Alabama Foster and Adoptive Parent Association, adoptive parents, 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 Record 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. We work closely with the Judicial College in preparing training for Guardians-ad-Litem; new and sitting Judges, Court staff, agency attorneys and others. 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 and the Judicial College to address the revised Alabama Juvenile Justice Act of 2008, ways to improve the case flow of dependency and termination of parental rights cases and helping children achieve permanency more quickly, focus on IV-E eligibility requirements 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 office**s** also have attended National Summits relating to addressing the educational needs of foster children. As described above, three Child Welfare Judicial Summits were held in FY 2015. Another is already scheduled for late 2016 These Summits have been hosted in partnership with Casey Family Programs and AOC. Judges, DHR employees, GAL's, DHR Attorneys and others received intensive workshops and had rare opportunities for networking. The Summit evaluations were excellent.

Alabama Law Institute
A committee of the Alabama Law Institute has been established to review in detail, Alabama's Adoption Statutes and where necessary recommend changes. The committee met for the first time in May 2016. It is comprised of a number of attorneys and probate judges with personal adoption experience. Alabama DHR has four staff participating in the work of

the committee. These staff include: State DHR legal counsel, Office of Child Welfare Policy and two staff from the Office of Adoption.

Three – Branch Institute
In June, 2016, Alabama learned that we were one of eight states awarded a grant from the Three Branch Institute through the National Governors Association. This is a sweeping initiative involving many partners in service to children and families, including DHR, the Administrative Office of Courts, the Legislature of the State of Alabama, and state and local agencies including the State Department of Education; Alabama Law Enforcement Agency; the Department of Public Health; the Office of the Governor Robert Bentley and others. On a broad level, Alabama's hoped-for outcomes include:
- A reduction in the number of child fatalities due to child abuse or neglect.
- A drop in child maltreatment.
- Greater use of preventive or immediate services, including in-home services, to help children safely remain at home.
- Greater clarity and consistency around child and family interview protocols used by law enforcement officers and social workers from DHR.
- Reduced numbers of children in foster care.

While the grant concludes in December, 2017, we are confident that our experiences with stakeholders will only be strengthened to continue through then and beyond.

Adoption Recruitment Partners – See also Permanency Outcomes 1 & 2 – Stakeholder Collaboration
The success in recruitment, matching and placement of children in permanent custody and a goal of Adoption No Identified Resource (ANIR) is greatly due to the high level of cooperation and collaboration among the recruitment partners that help us promote the need for more adoptive families. Quarterly a "partners" meeting is held that includes staff with recruitment responsibilities from the Office of Permanency's Adoption Unit, Heart Gallery Alabama, Children's Aid Society/APAC's pre-adoption program, and volunteers from the Alabama Foster & Adoptive Parent Association. During these meetings each agency/organization represented gives an update on the recruitment opportunities they have held over the past quarter and together these same agencies plan/coordinate date and locations for upcoming recruitment events. Earlier in this progress report a detailed listing of HGA exhibits as well as recruitment activities implemented by CAS/APAC are given. The program manager for the Office of Adoption participates in a two different Peer-to-Peer networks coordinated by consultants on staff with the NRCDRFAP. One P2P network has periodic calls and webinars directed at a variety of recruitment topics. The Webinar scheduled for June 16, 2016 will be about, "Using Social Media to Recruit, Develop and Support Resource Families". The other network, is for agencies that have conducted (or plan to conduct) Market Segmentation work as a diligent recruitment strategy.

Recruitment and Retention of Resource Families Collaboration
Since completion of the market segmentation research work several years ago, information about the same has been shared utilizing county-specific information with several counties (upon request from the counties). Many counties have included foster and adoptive parents and other stakeholders in these working sessions alongside county staff that have resource development/resource worker responsibilities. Stakeholder participation has appeared to be more significant in smaller counties. During FY 2014-2015, the following counties hosted a recruitment planning work day that utilized the market segmentation, lifestyle group data to develop diligent recruitment strategies: Cullman, Jackson, Bibb & Madison. Following the Round 2 CFSR the Department was responsible for developing a program improvement plan (PIP). The portions of the PIP addressing recruitment & retention of foster/adoptive resource families was developed by a recruitment and retention task force. Many of the staff and foster parents that were involved in that task force are no longer in their positions or have retired. However, the recommendations in their plan are still used in shaping the interventions and strategies for recruiting and retaining foster/adoptive parents. A new recruitment task force/planning group is needed. Membership should include stakeholders, including more foster family/adoptive resource families who are currently fostering our children or who have recently adopted children from foster care. Stakeholder input indicates we need more homes wiling/able to care for children with special health care needs and developmental disabilities. Organizations that are currently providers of enhanced foster care homes are interested in partnering with us on developing plans for specialized foster care homes, therapeutic adoptive homes, etc.

Foster Parent Mentor Program:
Part of the PIP provided for development of a Foster Parent Mentor program. The strategies that were not completed prior to the end of the PIP were carried over to the 2009-2014 CFSP and APSR and the outcome as of May 30, 2014 was included in the final report on the plan. No new activity has occurred since the completion of the Pilot Project.

Collaboration with Foster Parents – Conflict Resolution Team
The Out of Home Care Policies & Procedures Manual includes a section on Supports to Foster Parents. A process for dealing with conflicts that may occur between foster parents and the Department is outlined in this policy. The state Conflict

Resolution Team (CRT) is comprised of staff and foster/adoptive parent representatives. Thorough review of cases that are referred to the CRT are conducted; case-specific and systemic recommendations are sometimes made. This feedback will shape the retention work included in our CFSP over the next five years. The State Conflict Resolution Team heard five complaints in FY 13 and FY 14 that either could not be resolved at the local county level or were complaints regarding the closure of a foster home. As of June 2015, the state team has heard three complaints. A fourth was scheduled; however, the foster family withdrew their complaint the day of the meeting. Foster Parent Advocates are available regionally to help foster parents at the time they file a complaint with their county office. Due to the advocates' involvement in the local process, many more complaints are resolved locally rather than referred to the State Team. One referral received by the state team in 2015, was intercepted by a foster parent liaison, as she felt she could help resolve the issues based on her relationship with the county. There has been only one referral received thus far in 2016. Feedback from the meeting indicated success with local resolution. The Alabama Foster Adoptive Parent Association is available to provide county social workers and foster parents training on the Conflict Resolution Process and Alabama's "Foster Parent Bill of Rights''.   Several counties have invited the Alabama Foster Adoptive Parent Association to meet with their counties following a referral to the state team. Additionally, some counties have consulted with the State Liaison at a time of concern about a foster family hoping to work through issues before conflict arises between the county and foster parent.

Alabama Child Welfare Collaborative Initiative (ACWCI)
The Alabama Child Welfare Collaborative Initiative (ACWCI) is a team of Department and other Agency staff that typically meet on a quarterly basis**.** In addition to Family Services staff and staff from other divisions within SDHR, partner agencies that are represented in the membership include the Department of Child Abuse/Neglect Prevention (includes CBCAP); the Department of Rehabilitation Services; the Alabama Foster and Adoptive Parent Association; the Alabama Network of Children's Advocacy Centers; the Poarch Band of Creek Indians and the Department of Youth Services. A useful outcome has been sharing across agencies information regarding current activities, upcoming training sessions, etc. This group also is a stakeholder group from which input has been sought for the APSR and current CFSP.

The State Quality Assurance Committee
The State Quality Assurance Committee (SQAC) 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. The SQAC is also a stakeholder group from which input has been sought for the APSR and current CFSP. The committee meets quarterly (March, June, September and December). Data information and updates from Family Services are provided at each meeting. More detailed information on the work of the SQAC can be located in the Alabama State Quality Assurance Committee Annual Report.

County QA Committee Input
Over much of the time frame of the 2015-2019 CFSP, and planned for upcoming years, surveys have been distributed to county offices to forward to the local QA committee. Typically input will be sought on the outcome areas and the ISP process and some feedback on other areas is sought as well. For the 2017 APSR, results from approximately 74 completed surveys, representing 30 counties, are noted. Additionally, a meeting of county QA coordinators and county QA committee chairpersons (from across the state) took place in January 2016 which provided the opportunity for input from participants related to county committee functions as well as the impacts of cuts in Medicaid funding on families served by DHR. The importance of participation QA committees in the survey for the 2017 APSR was stressed they were encouraged to access the APSR from previous years on the website.

Departmental Staff Input
The survey provided to county QA committees to obtain input on strengths and needs of the child welfare system was provided to state and county DHR staff. For the 2016 APSR, results from approximately 373 surveys are noted.
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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 Record 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 Protective Services in conjunction with the Children's Justice Task Force offers several trainings throughout the year for CPS workers and supervisors. These training include training on CPS/Family Violence, Investigative

Interview Training, Child Sexual Exploitation/Trafficking and Multidisciplinary Team Building. The CPS/Family Violence is a two day training curriculum which is delivered by a CPS Trainers and Family Violence Specialist. The focus of this training is to enhance the assessment skills and to inform those in attendance of the dynamics of domestic violence as it relates to child abuse/neglect cases. This training is offered twice in FY2015 and will be offered twice in FY2016 to those workers and supervisors who have not previously attended the training. The Investigative Interview Training is training for all members of the local Multidisciplinary Teams to include CPS workers and supervisors and juvenile law enforcement that serve on the multidisciplinary task force. Training content includes: who interviews the children and why, communicating with children, interviewing preschoolers, latency age children, adolescence developmental concerns, materials and tools, facilitating disclosure, incremental approach, exploration of topics including maltreatment experiences of children, interviewing the reluctant child and interviewing children with disabilities.

The Child Sexual Exploitation/Trafficking is a one day multidisciplinary training provides an introduction to understanding the victimization of child sexual exploitation/ trafficking. An overview of the problem, the current State and Federal laws related to human trafficking, and applied case examples will be discussed.   How technology serves as a vehicle for child sexual exploitation/trafficking will be explored. Information on the difficulties and needs of serving victims of child trafficking is provided. This is a one day multidisciplinary training provides an introduction to understanding the victimization of child sexual exploitation/ trafficking. An overview of the problem, the current State and Federal laws related to human trafficking, and applied case examples will be discussed.   How technology serves as a vehicle for child sexual exploitation/trafficking will be explored. Information on the difficulties and needs of serving victims of child trafficking is provided. This training is being offered one time in 2016 only.

The Children's Justice Task Force is also developing the Multidisciplinary Team Building Training which is open to members of the local multidisciplinary teams and will deal with cooperation of team members to resolve any differences and reach a final outcome of child abuse/neglect cases. This training will be offered three times in FY 2016 and will be offered a total of ten times over the next three years.

Alabama Department of Child Abuse and Neglect Prevention (ADCANP)
The Alabama Department of Child Abuse and Neglect Prevention (ADCANP) secures resources to fund evidence-based community programs committed to the prevention of child maltreatment, and advocates for children and the strengthening of families. In program year 2015-2016, ADCANP is supporting more than 120 child abuse and neglect prevention programs (competitive and non-competitive) throughout the State of Alabama awarding $5.3M in funding Two staff representatives from ADCANP serve as members of the Alabama Child Welfare Collaborative Initiative (see ACWCI), and ADCANP's Executive Director is a member of Alabama's State QA Committee.

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. One of the functions of county committees is to complete annual stakeholder interviews to assess the service delivery system as well as the relationship with community partners.

CONSULTATION AND COORDINATION BETWEEN STATES AND TRIBES 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):

As of **June 2015 the** one federally recognized tribe in Alabama is the **Poarch Band of Creek Indians**, whose office is in Atmore, Alabama (Escambia County). 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, they do 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 to be addressed. To facilitate this, a "notification of involvement" should be sent to the Poarch Band of Creek Indians in Alabama during a child abuse/neglect investigation or prevention assessment. The "notification of involvement" process is used to consult with the PBCI 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 PBCI Tribe of Departmental involvement with an Indian child and family and seek Tribal involvement in case planning. Specifically, Martha Gookin, the

Director of the Family Services Department of PBCI 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. 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. As of April 2014, PBCI now has a multi-systems complex where families can have medical, dental, mental health, financial, and other typical needs met in one convenient location.

2017 APSR: Collaboration / Coordination between the State and the Tribe

Poarch Band of Creek Indians (PBCI) & Alabama Department of Human Resources (DHR)
2016 Annual Meeting Summary

Date of Meeting: April 12, 2016
Location of Meeting: PBCI Office

Participants
On the above date a meeting was held at the PBCI Office, with the following individuals in attendance:

PBCI Staff
- Martha Gookin, Division Director, Tribal Member Services
- Amanda Montgomery, Director, Family Services
- Michealine Deese, Child and Family Welfare Coordinator

Escambia County DHR:
- Lynn Barnes, Director
- Stephanie Paul, Service Supervisor

SDHR, Family Services/Legal/Quality Assurance:
- Felicia Brooks, SDHR Legal - Deputy Attorney General
- Jim Loop, Family Services - Deputy Director
- Hope Skelton, Family Services - QA
- Kanoschu Campbell, Family Services - ILP
- Hope Skelton, Family Services - QA
- Donna Spear, Family Services - Training
- Valencia Curry, Family Services - Foster Care
- Misty Macon, Family Services - Policy
- Larry Dean, Family Services - CFSR Coordinator

I.   Inter-agency Agreement
        Felicia Brooks presented the current draft of the Inter-agency Agreement for review and comment. Several revisions were discussed, and <u>final comments were to be received by the close of business</u> on Friday, May 13th. Discussion took place regarding having a formal signing of the IA prior to June 30, 2016. A final decision on such an event, and the details thereof, will be made later.

II.   Guidelines for State Court Indian Child Custody Proceedings
        These guidelines were discussed at the 2015 Annual Meeting of PBCI and DHR staff. As comments have been (nationally) received on these guidelines, and as they are not yet final (even as Guidelines, as distinct from Statute), no discussion occurred on them on this date. After such a document is finalized, and the legal ramifications reviewed, joint discussion between PBCI and DHR staff can occur.

III.   <u>ICWA Compliance</u>
A tentative plan is to conduct an ICWA educational session at the PBCI Office for DHR staff from the southern counties. As a part of the agenda for that day, a cultural presentation would also occur for attendees. The staff of PBCI will determine what date options there are for use of their facilities in this regard and provide that information to Family Services. Family Services Leadership will decide on the details of informing the selected counties, seek the necessary approvals and coordinate with PBCI staff and Escambia County DHR staff on program plans. ICWA policy will also be addressed in the policy training offered by SDHR, Family Services Division.

IV.   <u>Program Improvement Plans (PIPs) Related to PL 113-183</u>
Copies of the already approved PIP on Successor Guardian and draft PIP for PL 113 were distributed, along with copies of the legislation that was introduced regarding various aspects of PL113-183. Some contextual information regarding the respective content pieces were discussed, and further information on the PL 113 PIP will be provided as it is approved and planning proceeds.

V.   <u>Plan for Improvement (PFI)</u>
Copies of the PFI were distributed, and participants were encouraged to submit any comments, suggestions, or questions on the PFI to Family Services. In particular, any activity that is already in place, or occurring, that could help address any of the goals or objectives, would be important to include in the plan.

VI.   <u>Round 3 (R3), Child and Family Services Review (CFSR)</u>
The general plans for the R3, CFSR were provided. Family Services will definitely include PBCI in the focus group of stakeholders that are interviewed for the CFSR. Although it is too early to determine review team membership, PBCI staff may be included for this component of the review as well.

VII.   <u>Chafee Foster Care Independence Program (CFCIP)</u>
An updating of ILP events and activities was provided. Additionally, an ILP staff member will be contacting PBCI to set up a date and time for members of the State's DREAM Team (older youth) to come to PBCI for a time of information sharing and discussion.

VIII.   <u>Training Collaboration</u>
Information on <u>Trauma Informed Partnering for Permanency and Safety (TIPS)</u>, which is the Department's pre-service preparation curriculum for prospective foster parents (replacing GPS) was distributed. Also, progress on the new worker training that is being developed. <u>Striving Toward Excellent Practice (STEP)</u>, which will replace ACT as the new worker training curriculum, was also discussed. The training schedule for March – July was also distributed. PBCI staff may sign-up for either training opportunity, and interest was expressed in participating in planned TIPS training sessions. The staff from PBCI re-iterated their willingness and desire to host training events for southern Alabama at their office.

IX.   <u>Miscellaneous</u>
- An emphasis on services for children under the age of 6, for whom therapeutic foster care placements are being sought, was also presented. Family Services is seeking community partners and county staff to be a part of a workgroup to identify plans and strategies for addressing the needs of this group of children. Staff from PBCI and Escambia County DHR were invited to participate.

- PBCI was invited to become a part of the Cakes and Cupcakes Across Alabama Project. This project was introduced by Family Services on March 18, 2016. It will be an ongoing project though-out the state and is designed to provide a cake or cupcakes to children in foster care for their Birthday. Wal-Mart and Publix Headquarters, along with other local community partners, will also be contacted for their support. All 67 counties were notified and are currently responding with the names of their office representatives for the statewide team. The Office of Foster Care is leading this project.

- A brief update on the stakeholder group that has been formed to address sex trafficking was presented and an invitation extended to PBCI staff to join this stakeholder group. Also, Family Services Leadership is willing to formally present information on the issue to the Tribal Council if so desired. The PBCI staff will explore this possibility and communicate with Family Service Leadership in this regard.

- The Department's desire to maintain and enhance collaboration was expressed, and, as reflected in this summary, a number of opportunities are being explored. Both (county/state) DHR staff and PBCI staff are encouraged to continue to seek such avenues for cooperation and maintain communication with each other regarding ways to do

so.

- In terms of providing information/training/education to PBCI staff on Mandatory Reporting of Child Abuse and Neglect, the online mandatory training module was suggested. Using this format would offer to individuals the opportunity to do so on a schedule convenient to them. If, after utilizing this method, further in-person training is desired, PBCI can contact Family Services and/or Escambia County DHR. The online training can be accessed by clicking on the link below (the interactive training also has a quick link from the DHR website).

- 2016 Child Abuse Mandated Reporters Training

I. **Process for gathering input for the 2017 APSR**

NOTE: For updates to the below content, please see the 2016 annual meeting summary provided above.

- The Tribal Members Services Division Director, as well as the Director of Family Service for the Tribe are member of the CWCI Team. The Tribal Members Services Division Director, is also a member of the State QA Committee, which also provide ongoing opportunities for exchange of information, collaboration, etc., with both the Department and other agencies represented on the team/committee.

- The Director of Family Services for the Tribe participated in the 2015 Joint Planning Conference, conducted with staff from the Children's Bureau Regional Office in April 2015.

II. **State's Plan for Ongoing Coordination and Collaboration with PBCI and Compliance with ICWA**

- The race and ethnicity of children is captured on FACTS, Alabama's SACWIS system. Race is a required field in FACTS and when American Indian/Alaskan Native is selected as the race, additional fields are required to specify the child's tribe, membership status, and parent/custodian/tribal notification. FACTS is operating statewide. The goal of mutual collaboration will continue in effect over the time frame covered by the 2015-2019 CFSP.

- 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. The goal of mutual collaboration will continue in effect over the time frame covered by the 2015-2019 CFSP.

- 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. The goal of mutual collaboration will continue in effect over the time frame covered by the 2015-2019 CFSP..

- 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. The goal of mutual collaboration will continue in effect over the time frame covered by the 2015-2019 CFSP..

- 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. The goal of mutual collaboration will continue in effect over the time frame covered by the 2015-2019 CFSP..

- The Tribal Court for the Poarch Band of Creek Indians (PBCI) has exclusive jurisdiction over child custody proceedings defined in ICWA for children who reside on the Reservation or are domiciled on the Reservation. PBCI 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. <u>The goal of mutual collaboration will continue in effect over the time frame covered by the 2015-2019 CFSP.</u>

III. Description of Responsible Party for Providing Child Welfare Services and Protections for Tribal Children (e.g. pre-placement prevention services, services to facilitate reunification (or, if not possible, adoption, legal guardianship, or APPLA), and Obtaining Credit Reports for Tribal children Age 16 and Older.

- 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.   <u>The goal of mutual collaboration will continue in effect over the time frame covered by the 2015-2019 CFSP.</u>.

- 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. <u>Update 2014</u>: Discussion around IV-E determinations was held, but clarity around these funds is still needed. Family Services staff agreed to get back with PBCI for more details around what questions or concerns remain and some further discussions have occurred on this issue. In September, 2013, counties were notified that certain information relative to an Indian child's IV-E eligibility is required to be provided to a Tribe Title IV-E Agency or a Tribe with a IV-E agreement with the state Title IV-E Agency in which the Tribe is located. Federal Law 45 CFR 1356.67 provided procedures for the transfer of such information. <u>Update 2015</u>: The matter of a IV-E Agreement with the Tribe, or the Tribe applying directly to the Secretary for IV-E funds, are not actively being considered. However, should the Tribe later desire to pursue either option, the Department stands ready to explore such prospects.

- 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. <u>Update 2014</u>: This was not discussed at the April 2014 meeting. A plan was made to discuss with Deputy Director and Targeted Case Management Program Manager to schedule teleconference with Ms. Gookin by July 2014. The planned deadline date for an initial discussion will be extended to November 28, 2014. <u>Update 2015:</u> During the conference call that occurred on November, 6 2014, it was unclear whether PBCI Administration had inquired about becoming a Medicaid Provider. Consideration of any next steps will occur after that determination has been made.

- 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). <u>Update 2014:</u> This was not discussed at the April 2014 meeting. There is a plan to discuss with CPS Program Manager to schedule teleconference with Ms. Gookin by July 2014. The planned deadline date for an initial discussion will be extended to November 28, 2014. 2015 Update: This matter remains one for which next steps (if any are to occur) need to be identified.

IV. Identify Sources of Data to Assess State's Ongoing Compliance with ICWA
- See content regarding FACTS, under II above.

V. Description of Steps State will take to Improve/Maintain Compliance with ICWA
- 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.

- The Children's Bureau has begun to share information/expectations around the next round of the CFSR process. Alabama is scheduled for review in 2018. There was not a significant discussion of this issue.

VI. Information Related to the CFCIP as it Relates to Tribal Children
- 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. The goal of mutual collaboration will continue in effect over the time frame covered by the 2015-2019 CFSP.

- The Tribe continued to be interested in funding discussions, e.g. ILP. Family Services will be responding to the Tribe's ILP questions/issues by September 2014. The planned deadline date for an initial discussion will be extended to November 28, 2014, though this will be an ongoing topic of discussion.

- 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. The goal of mutual collaboration will continue in effect over the time frame covered by the 2015-2019 CFSP.

- At the annual meeting in April 2015, some of the resources available for ILP-eligible youth through participation in local ILP groups were highlighted, including the fact that IL services were available to any youth age 14 and older. Ms. Gookin's name will be added to the mailing list of local counties that have active groups, so that she can be kept informed of upcoming events for those groups.

  Also, updated training information related to Children's Justice training sessions and FSD's Office of Child Welfare Training, will be sent to her.

VII. Exchange of Copies of the 2017 APSR
- FSD has provided PBCI with a copy of the 2016 APSR.
- Upon approval of the 2017 APSRs, the exchange of documents will occur.

VIII.   Other:

Interagency Agreement (IA)
2014 Update - Attorneys for both PBCI and SDHR have communicated on the completing of a new IA. A goal remains for the finalizing, implementing and monitoring of a signed IA. The completion of the IA will remain a goal, and upon completion, periodic review and monitoring will continue to occur.

In discussing the draft IA, PBCI, Attorney Kemmer indicated that she had no reservations or revisions to offer relative to the content of the IA itself. It was agreed that any changes that were to be made that were prompted by the revised ICWA Guidelines, would be made in the Department's ICWA Policy (which is exhibit A of the IA), not in the content of the IA itself. Still, with the possibility that revisions may be made to Department policy, the IA itself will be put on hold at the present time.

2016 Update
See summary of meeting that was conducted on April 12, 2016.

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

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 and adoptive families approved by the agency to reflect the ethnic and racial diversity of the foster care population. The quality of some current homes was cited as a concern.

Item 33. Standards applied equally

2017 APSR ASSESSMENT
The Department and contracted providers still train, assess and approve foster homes (traditional and therapeutic) according to the *Minimum Standards for Foster Family Homes*. In response to the passage of PL113-183 a sub-committee has been formed to address normalcy in foster care to determine what changes need to be made to the Minimum Standards and other policy documents regarding the safe and prudent parenting standard. As a result of the passage of Act 2016-19, revisions have been proposed to the *Minimum Standards for Foster Family Homes* as well as to the FFH/AR licensing polices that will require successful completion of training in Reasonable and Prudent Parent Standard. The new pre-service training curriculum TIPS also includes a component on the RPPS. The RPPS training is still under development and a training plan is being developed. Alabama's legislation takes effect 7/1/2016.

Item 34. Requirements for criminal background checks

2017 APSR ASSESSMENT
A system is in place for conducting criminal background checks in accordance with Federal Regulations.

Item 35. Diligent recruitment of foster and adoptive homes

2017 APSR ASSESSMENT DATA
Alabama DHR continues to utilize the RRT model for responding to families requesting more information about becoming a foster/adoptive parent. The RRT is done through contract with CAS/APAC and their staff do not have access to FACTS. Therefore, they continue to record family intakes into the RRT database created by AdoptUsKids. That database underwent changes last year and is now known as FITT (Family Intake Tracking Tool). The Recruitment Response Team entered contact with families into the RRT database. For the reporting period 10/1/2014 through 9/30/2015 the RRT has entered 1484 new family intakes into the FITT database. For the period 10/1/2015 through 3/31/2016, 589 new family intakes were entered into FITT

During FY 2015, HGA responded to 3,204 inquiries from 1,908 unique individuals. Since 10/1/2015, they have responded to 2,473 inquiries from 1,576 unique individuals.

Assessing the success of our recruitment efforts is challenging at the present time. Currently there is no cumulative data about the number of new families inquiring about fostering/adopting each month with County Departments. Information is, however, available for the number of inquiries to our RRT. This data can be found in the section where APAC data is provided (page 62 of 2017 APSR) There was a report through ACWIS that gave info on providers by type and it included inquiry, application, approved, etc. A similar report PVD 295A is available through FACTS. According to the Index for FS MS Reports, no defect is noted. However, the Office of Data Analysis reports that information on this report is correct. We are asking the FACTS functional staff to look at this. In addition to containing incorrect information, this report is point-in-time, rather than cumulative. Therefore, if a family was entered as an inquiry in January 31 and they were still in inquiry status in March 31, they would be included in all three reports (January, February & March).

In the area of recruitment and retention of foster family/adoptive resource homes, we feel that timeliness of response is a key component to retaining families. Families who contact the recruitment response team reach the team either by calling our toll free recruitment hotline (1-866-4AL-Kids – 1-866-425-5437) or by submitting an inquiry form through the DHR web site (www.dhr.alabama.gov). It is our expectation that a member of the Recruitment Response Team will respond to the family asking for general information about fostering/adopting within five business days. The RRT is part of a contract with Children's Aid Society for pre-adoption services. If the primary responder is out on leave for an extended period of time, other staff at CAS/APAC are trained to respond.

The Office of Adoption has a recruitment Specialist who has the responsibility for responding to child-specific inquiries on the following sites: www.dhr.alabama.gov (partner page with AdoptUsKids); www.adoptuskids.org and www.adoption.com. The tasks statements in the Specialist job description require that she respond to child-specific inquiries within two weeks.

Our partnership with Heart Gallery Alabama has been very beneficial in raising overall awareness of the need for more adoptive families but more specifically in providing another avenue for families to submit child-specific inquiries for children featured on this site. Heart Gallery utilizes donated time and talent from photographers around the state to capture the likeness of children waiting for forever families; they also raise funds from a variety of sources (grants, fund raising, etc.) to fund the service they provide to Alabama DHR. For three years now, Alabama DHR has had a contract with Heart Gallery Alabama that primarily funds staff to provide timely response and accurate information to families who inquire about children on their web sites or featured in on-site exhibits.

Other statewide recruitment activities are detailed earlier in this report in the sections detailing how Adoption & Legal Guardianship Incentive and Adoption Promotion and Support funds are used. The 2017 APSR has a stand-alone plan that addresses diligent recruitment of foster and adoptive resources. Additional assessment and progress information is supplied in that document.

The *Minimum Standards for Foster Family Homes,* the *Applications & Home Study* section of the *Adoption Policy Manual* as well as the *Foster Family Home/Adoptive Resources Approval* Policies provides that foster parents and adoptive resources may be both single (never married or legally divorced) and married persons. Applications are not accepted from couples who are living together (neither legal or common law marriage) or from single individuals living in a conjugal relationship. All of three of the documents that guide how foster parents and adoptive resources are trained and approved contain a minimum length of marriage requirement. In order to be approved as a FFH/AR (dual), if married, the marriage must be of at least one year in duration. In order to be approved as an adoptive resource only, the minimum length of marriage is three years.

Marriages by same-gender couples were not recognized in Alabama until 2015. Because same-gender couples could not marry, applications were only being accepted from LGBTQ single individuals. A federal judge in Alabama declared the Marriage Act unconstitutional in Alabama on January 23, 2015 *Searcy et al v. Strange* et al case. As a result of that decision, DHR followed the legal position that marriages were legal by same sex couples from that point forward. The U. S Supreme Court determined that a ban on same sex couples was unconstitutional on June 25, 2015 as to an Ohio case which applies to all of the States as to the impact of the decision. Since that time Alabama DHR has recognized the marriages of same-gender couples and have held these couples to the same minimum length of marriage.

Staff reviewing studies submitted from adoption applicants are seeing more families whose narrative indicates they are willing to parent children/youth who identify as LGBT. The Agency's "Child Characteristics Willing to Parent" form (completed by all adoption applicants) is being revised to include lesbian, gay, bi-sexual, transgender and questioning as characteristics willing to parent. Staff will also continue to participate in webinar and other training provided by the Center for States Capacity-Building Collaborative as related to this topic of LGBT. At the September 2016 meeting of the recruitment partners (stakeholders group) Eva Kendrick from the Human Rights Campaign will be meeting to do a short training on LGBTQ rights and adoption.

In (approximately) 74 survey ratings completed by county QA committee members, on a scale of 1-6 (6 being optimal), the average rating for Recruitment and Retention of Resource Families, was 5.09 .

2017 APSR ASSESSMENT

STRENGTHS	CHALLENGES
1. The state plans to maintain the Minimum Standards for Foster Family Homes which apply to all foster family homes. There are guides for TFC and other types of residential services.	1. Recruitment and Independent Living Services need to partner in a campaign focused at increasing the number of families willing/able to foster and adopt older youth in care.
2. Legislation has passed, effective 7/1/2016, that provides for Alabama's Reasonable and Prudent Parenting Standard. Changes are being proposed to Minimum Standards and Licensing Document.	2. We are not currently able to track the number of applications received or new families approved in a given period with existing BOE reports.
3. Alabama DHR already had an "Activity and Life Events" policy contained in the Out of Home Care Policies. The RPPS is being addressed by revising this policy.	3. The Department needs more resource families of Hispanic ethnicity or with Spanish language skills.
4. The Department maintains an Office of Criminal History Check that ensures compliance with applicable Federal Regulations in this area. Criminal History Check	4. Counties are not correctly capturing the reasons foster family homes decide to discontinue caring for our children.
	5. If data as currently being entered is correct, we need to reduce the number of foster family homes that

(Letters of Suitability) are on the Resource Record Review checklist referred to in #3.

5. The foster parent mentor pilot was completed in three (3) sites.
6. The Department's Administration expects counties to regularly deliver a message about the need for more foster/adoptive parents.
7. Annually in February, each county is expected to develop and implement a foster parent recruitment plan.
8. Annually in February, each county is expected to develop and implement a foster parent recruitment plan. For FY 2016 counties were told to develop recruitment plans that provided for activities at least during May and November.
9. Many counties implement recruitment activities year round. The majority of the county recruitment plans include delivering a message to communities of faith, social and civic organizations and to other groups based on the market segmentation lifestyle grouping data we have on existing successful foster families.
10. The Department has executed a contract for recruitment of families interested in adopting children that meet the special needs definition. This vendor has coordinated recruitment efforts in communities of faith that include large churches in urban areas of the state as well as smaller rural congregations in the area of the Black belt area of the state.
11. Alabama has two Wendy's Wonderful Kids Child-Focused Recruitment Projects. The Department has expressed to the DTFA our desire for funding for a third WWK recruiter.
12. The Department along with our post-adoption services program were recognized at a national meeting for linking pre-adoption (recruitment) and post-adoption services (hosted by NRC/AdoptUsKids & NACAC)
13. Heart Gallery Alabama partnership and the services they provide continue to grow. They continue to photograph and video waiting children and allow use of these photographs and videos in other recruitment venues throughout the state.
14. The Kids to Love Foundation continues to partner with Alabama in increasing the awareness of the needs of foster and adoptive children through the medium of television.
15. Kids to Love and CAS/APAC have developed a partnership. They recruit together in the geographic area served by Kids to Love, and then APAC provides GPS training and home study services (at the Kids to Love Center in Huntsville).
16. The staff in the adoption unit in the Office of

close for the reason "provider request".
6. We need to increase the number of foster families willing/able to parent older youth in care.
7. We need to increase the number of foster families willing/able to parent children with special health care needs
8. We need to increase the number of foster families willing/able to parent sibling groups of three or more.
9. The Department could benefit from a full-time Program Specialist dedicated to coordinating recruitment efforts and training/technical assistance to counties in the area of recruiting, training, assessing and studying potential foster and adoptive providers.
10. Review and confirm existing data collection mechanisms for families currently providing foster care services to medically fragile children/youth, and investigate/develop options for identifying and tracking foster families willing/able to accept a child with special healthcare needs.

Permanency are well-versed in the use of ICPC for cross-jurisdictional adoptive placements. Children with TPR and a goal of ANIR are featured on four different web-based photo-listings. Therefore, families from all over the country can see photos, videos and written bios on our waiting children. Home studies from out-of-state families are received and processed on a regular basis. Once received, we acknowledge receipt back to the agency that sent them and then the studies are forwarded on to placement staff for review and consideration as potential matches for our children. Adoption team considers out-of-state families on a regular basis and when children are matched with potential families living out-of-state ICPC packets are submitted. The adoption placement staff have developed good working relationships with number of home study agencies in other states. Our Wendy's Wonderful Kids recruiters routinely submit profile on children in their caseloads to paper match sessions held by out-of-state agencies. 17. The Department has a policy in place for releasing courtesy copies of home studies on families approved as a potential adoptive resource through DHR to other states.	

Item 36. State use of cross-jurisdictional resources for permanent placements

Geography is not a barrier to achieving permanency for children in the custody of the Department. The children with TPR and a goal of ANIR (Adoption No Identified Resource) are included in photo listing web sites and we receive and respond. Inquiry data from Heart Gallery Alabama is already reported earlier. The inquiries on that site are a good mix of both in-state and out-of-state families. The inquiries received and responded to through www.adoptuskids.org are primarily from out –of-state families. According to the Agency data tracker available through that site, 1,000 inquiries were received on children in active status from 10/1/2013 through 09/30/2014. From October 1, 2014 through September 30, 2015, 805 child inquiries were received and responded to. We have one Program Specialist who has responsibility for responding to all families who inquire about specific children or sibling groups on the web sites. In her response to their inquiry she provides instructions on how to submit a home study to our Office so that the family may be considered for the specific child or sibling group. This same Program Specialist receives all of the out-of-state studies, records receipt on a home study log, sends a courtesy acknowledgement to the Agency or social worker that sends us the study and then routes the study on to the Program Specialist assigned to the specified child/sibling group for the purposes of matching and placing. According to this home study log, from October 1, 2014 through September 30, 2015, we received home studies from 546 out-of-state families.

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. We will continue to monitor workflow of staff. The expeditious processing of the referrals will allow permanency for children in a timely manner and reduce delays which are a barrier to permanent placement of children. At least 95% of all referrals are processed within 5 days. Barriers to processing include case crisis; worker absence and increased workload. Workers frequently process most requests on the date of receipt.

Continue to provide ICPC training and case consultation to county staff.

ICPC training has been provided in 35 counties thus far in FY16. Staff across the state have been very receptive and indicated that their knowledge and skills around ICPC policy and practice were improved upon receiving the training. Additional trainings are being scheduled for the remainder of the fiscal year.

Maintain interagency collaboration with American Public Human Services Association (APHSA) and other states. Continue to request permission for attendance at the Annual ICPC Conference. A Program Specialist from the ICPC Unit attended the American Association of Interstate Compact on the Placement of Children Conference on May 12-17, 2016, in White Plains, New York.

2017 APSR ASSESSMENT

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.

2015 Update: During this reporting period, revisions were made in the Out-of-Home Care Policies and Procedures to reflect residential placement intake protocol modifications. Additional policy and guidelines included: Adoption Policy revised to clarify that a child who is placed in a kinship guardianship arrangement and such arrangement is dissolved that child may be eligible for title IV-E Adoption Subsidy provided the child also meets the "special needs" requirements and other requirements of the Adoption Subsidy Program. On February 2, 2015, Adoption Policy was revised to reflect two phases of recruitment of adoption resources (1) initial recruitment & (2) child specific recruitment . Policy targets specific needs of a child or sibling group. On April 23, 2015, Adoption was revised to reflect a sibling group is two or more children and children age five or older are considered special needs.   On January 21, 2015, Out-of-Home Care Policy & Procedures were revised to comply with Public Law 113-183, Preventing Sex Trafficking & Strengthening Families Act. The definition of sibling and the notification of relative's requirements for Title IV-E and Title IV-B service were revised. On May 4, 2015, County Departments were informed of Public Law 113-183, Preventing Sex Trafficking and Strengthening Families Act was signed into law on September 29, 2014. The letter provided basic information on forthcoming policy and implementation of the law.   On May 5, 2015, Out-of-Home Care Policy was revised to reflect youth exiting foster care at age 18, 19, 20, or 21 must be provided certain documents when exiting care. To comply with Public Law 113-183, Preventing Sex Trafficking and Strengthening Families Act, health insurance information and driver's licenses or equivalent State-issued identification card was added to policy. On March 19, 2015, under the Child Abuse & Neglect Prevention & Treatment Act (CAPTA), findings and information about cases of child abuse and neglect that result in in fatalities or near fatalities are subject to public disclosure. To comply with this requirement, County Departments are to report child deaths and to immediately begin reporting near fatalities as well to SDHR. During February, March, and May 2015, the foster and/or adoption application form, foster and/or adopt financial form and the application renewal foster family home/adoptive resources were revised. On May 7, 2015, memorandum was sent to County Departments clarifying authorization for medical treatment. The memorandum clarified County Departments are required to give permission for medical care to include hospitalizations, including psychiatric hospitalizations, surgery and other medical treatment, emergency or non-emergency as per Code of Alabama. On June 25, 2015, a Memorandum was released regarding immediate action by the counties regarding notification of SDHR relative to arrests or incarceration of children in foster care.

2016 Update: During this reporting period, revisions were made in several of the Department's policies. On September 25, 2015, the Out-of-Home Care Policies and Procedures and Individualized Service Plan Policy to reflect Another Planned Permanent Living Arrangement (APPLA) may only be used for children aged 16 and over. Also, policy was revised to reflect an age appropriate child (14 and over) may now have two representatives of their choosing present in the ISP. In a separate administrative letter on September 25, 2015, Out-of-Home Care Policy was revised to be in compliance with Preventing Sex Trafficking and Strengthening Families Act, PL 113-183 in regards to requiring the Department to identify and protect children and youth at risk of sex trafficking which includes locating and responding to children who run away or are missing from foster care. Also, policy was revised to reflect credit reports are now to be completed on all children in foster care age 14 rather than 16. On September 29, 2015, Foster Family Home/Adoptive Resource Policy, Adoption Policy and Procedures and Minimum Standards were revised to reflect the change in the United States Supreme court ruling involving same sex marriages. Sections of policy that addressed husband and wife have been revised to reflect the change in law.   On September 29, 2015, Pursuant to ACT #2014 – 438, CPS Policy was revised to reflect the Department must require a drug screening as a condition for some adults applying for Temporary Assistance for Needy Families. Family Assistance workers are now required to report positive findings to Family Services. On November 10, 2015, Adoption Policy subsidy forms were revised to reflect the Departments current practice as well as State and Federal law. On December 2, 2015, CPS Policy was revised to require all reports received involving foster parents where the foster

parent is named as the Person Allegedly Responsible for Abuse or Neglect must be completed within 30 days. On January 4, 2016, CPS policy was revised to comply with the Preventing Sex Trafficking and Strengthening Act, PL 113-183. A definition of sex trafficking was added to policy and CA/N reports involving child sex trafficking was added to Special CA/N Procedures. On February 9, 2016, Out-of-Home Care Policy section called Supports to Foster Parents was revised to reflect payment procedure for respite providers and guidance on how to register on FACTS. On March 7, 2016, the Emergency Assistance Program for Families with Children Policy (IV-E) was revised to reflect current practice. On March 22, 2016, a CPS Policy CA/N Assessment and CPS Prevention section was revised to require home visits every 30 days on open CA/N investigations and CPS preventions. Also, CA/N Assessment policy, Deviations from the Information Collection Protocol was revised and is now Exceptions to the Information Collection Protocol. Policy now requires the County Director to obtain approval from the Family Services Director before an exception is granted. On April 5, 2016, ISP Policy was revised to clarify timeframes in safe case closure shall be reviewed within 30 days of the anticipated date of closing a family's case. On April 6, 2016, Minimum Standards for Foster Family Homes was revised to prohibit foster parents from posting photographs or any information on a foster child and/or their parents on social networking sites. On May 2, 2016, the Financial Procedures for Out of Home Care Policy was developed into a stand-alone policy. The release of this policy obsoleted the Financial Procedures section of Family and Children's Services Manual Chapter XI. On May 4, 2016, Adoption Policy was revised to reflect a resource or applicant pending a home study receives a child independently, gives birth to a child or applies to another child-placing agency, now allows for an exception to be requested from the Family Services Director. In April, 2016, pilot policy training was launched with an initial group of counties; after revisions, by December 31, 2016, all 67 counties will have received a four-day training specific to all Family Services policy.

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

An offensive plan to bring the Administrative Record 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. **2014 Update:** This continues in effect. **2015 Update:** Ongoing. APA for Adoption Policy sections - Adoption Subsidy and Application and Home Studies section is near finalization for submission. **2016 Update:** This goal continues.

3. Automation

2015 Update: Ongoing – revisions continue to be made in policies. Adoption policy automation was finalized on December 17,2014. Goal has been achieved and is no longer needed.

4. 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.
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. **2014 Update:** A workgroup comprised of line staff, county supervisory and director staff, along with state office staff was formed in 2013 to assess CPS policy. Their recommendations are under consideration by Administration at this time. **2015 Updates:** The workgroup submitted recommendations regarding changes to CPS Policy to high level administration for review; however, no feedback from upper level management has been received to implement any of the proposed changes. **2016 Update:** This goal continues.

5. 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. **2013 Update:** These goals will be carried forward. **2014 Update**: Goals are carried **forward. 2015 Update: Goals are carried forward. 2016 Update:** The Financial Procedures Chapter used to pay for services for children and families goal was met as the policy was released on May 2, 2016. Objective has been met and will not be included in future APSR unless there is a need.

6. 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. **2014 Update**: Objective will continue and be carried forward. **2015 Update**: This policy has been reviewed. Objectives are met and will not be included in future APSR's unless there is a need.

7. 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. **2013 Update:** FACTS updates continue to be made in the policies released and revised during this reporting period. **2014 Update**: FACTS updates are made as policies are released or revised; however, Office of Child Welfare Policy will ensure in 2014 that any references to prior automation systems in older policy is updated to reflect FACTS. **2015 Update**: FACTS updates were completed in the Adoption Policies and Procedures. There are two policies remaining needing updates: Referral, Admission & Discharge Procedure for Inpatient Psychiatric Services and Multiple Needs Child Policy. The Multiple Needs Policy has been reviewed and needs policy revisions. The Office of Policy is waiting direction from upper management. **2016 Update:** Objective has been met and will not be included in future APSR unless there is a need.

8. 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. **2013 Update:** Policies are reviewed as needed. The objective continues. **2014 Update**: this objective continues. Policy review and development have been somewhat suspended due to competing assignments within Family Services. This is an issue recognized by leadership and strategies to expedite this level of assessment are being developed. **2015 Update:** Objective will continue and be carried forward. Policies are being reviewed as needed. **2016 Update: Objective will continue and be carried forward. Policies are reviewed as needed.**

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.

2017 APSR ASSESSMENT

Progress has been made related to including the required language for IV-E eligibility in court orders. The error rate of less than 5% has been maintained as evidenced by compliance with the last three Title IV-E Foster Care Eligibility Reviews. Challenges will involve continuing to assist new staff in understanding the IV-E process, as well as correcting FACTS defects and implementing FACTS enhancements to improve the productivity and adequacy in FACTS.

In order to maintain this momentum of substantial compliance, we continue to have communication with our internal (county and state office staff) and external (Administrative Office of Courts) counterparts in regards to the requirements of Title IV-E regulations

- To emphasize, judicial determinations regarding reasonable efforts and contrary to the welfare

  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, and line workers. The Administrative Office of Courts (AOC) continues to train judges, court staff and attorneys on the importance of including the proper court language for children in foster care to meet the Federal IV-E eligibility requirements.

- Children entering care through Voluntary Placement Agreements

  An enhancement has been integrated in FACTS to include a date of expiration in the VPA module that changes the child's status to state funds if the county has not documented in FACTS that a hearing addressing best interest was held within 180 days of a child entering care on a VPA. The funds will change to state funds on the 181st day.

- When it comes to responsibility for placement and care of children, we continue to make sure orders include language confirming that DHR has responsibility for the child. We have never been cited on any IV-E Review for this regulation.

- Eligibility for Aid to Families with Dependent Children (AFDC) under the state plan in effect July 16, 1996

  OCWE staff was trained on the Title IV-E Foster Care Eligibility On-Site Review Instrument and instructions. We also incorporate examples of AFDC living with and removal from in training. A turnaround document is being edited in FACTS that will summarize the points of eligibility for IV-E. We continue to utilize income and eligibility verification as well as information imported in FACTS by the county staff.

- To continue the momentum for placement in a licensed foster family home or child care institutions, and the Safety requirements for children's foster care placement

  OCWE oversees, in conjunction with the Division of Resource Management, a 100% review of all foster family homes and child placing institutions to ensure compliance with safety checks. This check is accomplished at times by sending a memorandum requesting County Departments and child caring institutions to review all foster families and employees' records to ensure that all safety checks and foster family home approvals are in the records. Once the County Departments and child agencies have completed this process, a compliance statement is forwarded to OCWE. The last check was done in 2015.

We are striving to improve our retro claiming process which was evident from the 2012 review to the 2015 review. We had 38 underpayments in the 2012 Review and only 3 underpayments in 2015 Review. We hope to increase the penetration rate by continuing to work with all parties involved in the IV-E process and completing determinations received in the office within 7 days from the date of submission from county offices. County offices receive alerts and a spreadsheet is sent monthly indicating the referrals that are due.

Yearly Report - Office of Financial Resource Management

GOALS:

1. Provide Medicaid Rehabilitative Services training to individual county offices, county vendor providers and state contract providers.

2. Provide Targeted Case Management (TCM) training / refresher training to new / current county offices staff.

3. Help ensure that FACTS contains the current information required to bill TCM and Medicaid Rehabilitative Services.

4. Conduct Initial and Follow-up record reviews of DHR State Contract providers' records and provide feedback related to service documentation.

2017 APSR ASSESSMENT

An essential function of the Office of Financial Resources is to monitor DHR Revenue Maximization efforts to draw down federal reimbursement for Medicaid services that would be paid with state dollars. Because of the Revenue Maximization efforts DHR is able to save millions of state dollars each year. These efforts identify reimbursable services in the Medicaid Rehabilitative Services and TCM program in order to recoup state dollars spent to provide needed services for abused and/or neglected children and adults. To accomplish the 5 year goals, OFRM provides policy training and consultation for Medicaid Rehabilitation Services and the TCM Program for both county staff and S-DHR contract providers. The training and consultation is to ensure that Medicaid Services are provided in accordance to Medicaid regulations and the documentation of services must be able to withstand a Medicaid audit. OFRM has had great success in providing training to both county staff and S-DHR contract providers OFRM has also achieved great success in correcting problems as well as working with county offices to ensure that current billing information is entered accurately and timely in FACTS. This is evidence by the decreased number of denied and/or rejected Medicaid claims.

OFRM has added an additional goal to conduct record reviews of contract provider records for policy compliance.   Several providers had large recoupments during a Medicaid-Recovery Audit Contractor review. This review process will help the provider implement an improved process to maintain accurate records related to service documentation.

VIII.   PLAN FOR IMPROVEMENT (PFI)

The (baseline/5 year/interim) data measurements listed for the following objectives may be modified, and objectives which have no current measures will be provided with some, based on any combination of factors, including: further internal discussion, queries, data review, Children's Bureau release of Round 3 CFSR data measures, etc., if another measure is believed to provide a more accurate assessment of practice. This could involve keeping a given means of measurement, but adjusting an interim and/or 5 year goal, as well as using a different data measure entirely, which would entail identifying a new set of measures.

During FY 2016, the PFI has been distributed to the CWCI Team and the State QA Committee. Opportunities were also provided to the State QA Committee, CWCI Team, and the Family Services Management Team, to offer input relative to implementation supports for the PFI, and/or explanations for benchmark data.

The time frame in which the QSR data was compiled to establish the QA **baseline data** was: 10/01/12 – 09/30/13 (FY13). The **first set of QA benchmark data** reported on in the 2017 APSR was compiled from state QA (onsite) reviews that were conducted during the following time frame: 10/01/13 – 09/30/14 (FY14). The second set of QA benchmark data was compiled from state QA (onsite) reviews that were conducted during the following time frame: 10/01/14 – 09/30/15 (FY15).

OVERALL DESIRED OUTCOME

Children and families are engaged, assessed, and treated with empathy and respect as individuals with their own unique strengths, needs, and cultural identity, and are able to readily access quality, individualized services and supports accordingly.

It is important to note that, beginning in April, 2016, three Offices from the Family Services Division have been placed under the supervision of a new Quality Assurance Program. The Office of Child Welfare Consultation/Intake; The Office of Quality Assurance; and the Office of Child Welfare Training now report to this Program rather than the Family Services Division. We are committed to communication and collaboration with the QA Program, as the roles of those offices are critical to meeting the desired outcomes for children and their families.

GOAL 1:   Children with whom the Department is involved are safe, or when safety threats exist, they are effectively managed either within, or outside the child's home.

Selection of GOAL

Excellence in practice leading to successful outcomes for families has been an issue of inconsistency as evidenced by Quality Assurance Reviews; OCWC reviews, formal SACWIS documentation, and anecdotal information received in Family Services. Individualized Service Planning is the core of our practice model, and begins with genuine engagement with families, highlighting their strengths and serving as advocates for them. This fundamental skill of engagement we believe is a logical and strong place to focus, as it is the starting point toward safety, permanency, and well-being.

What outcome and/or systemic factor will be improved
- As children and caregivers are treated with respect, it is believed that will promote effective engagement, which will hopefully contribute toward the willingness of family members to participate in all phases of assessment.

- As respect, engagement and thorough assessments take place it will enable more accurate safety decisions to be made, facilitate permanency planning and contribute to progress being made relative to well-being outcomes.

Data/analysis that supports selection of the goal
- The QSR ratings (in state QA reviews) continue to show a need for improvement.

Objective 1: **Staff will continuously and thoroughly assess and address present and impending danger threats to children in their (present/anticipated) living situations.**

What outcome and/or systemic factor will be improved
As improvements occur in this practice area, the outcome area of child safety will be supported/maintained.

Data/analysis that supports selection of the objective
Child safety ratings in QSRs (conducted by state QA review teams) showed improvement over the last five years. For this to be sustained, the effective/accurate assessing/addressing of present/impending dangers needs to be maintained.

Measurement:	QSR Rating on CHILD SAFETY	
QA Baseline:	92%	
QA Benchmark #1:	89%	
QA Benchmark #2	86%	
5 Year Goal:	93.25%	
Interim Goals:	FY 2015	92.25%
	FY 2016	92.5%
	FY 2017	92.75%
	FY 2018	93%
	FY 2019	93.25%

Measurement	QSR Rating on ASSESSMENT	
QA Baseline:	22%	
QA Benchmark #1:	22%	
QA Benchmark #2	13%	
5 Year Goal:	26%	
Interim Goals:	FY 2015	22.5%
	FY 2016	23.5%
	FY 2017	24.5%
	FY 2018	25.5%
	FY 2019	26%

GOAL 1, Objective 1 – Implementation Supports
- One of the larger county DHR offices is providing ongoing safety plan training to supervisors and staff, with a particular focus on developing/monitoring safety plans that also assess the capacities of a child's relatives.

- Also, the QA system of the county referenced in the above bullet reviewed/assessed a sample of CAN records and will use that review to provide guidance to staff on how to best follow cues in a CAN assessment to identify present and impending dangers.

2017 APSR Update:
- Ongoing reviews of safety/safety plans (with feedback to county director and staff) are occurring by virtue of the case reviews being in counties by OCWC staff.

- Application for possible grant through the National Governors Association to improve front end services, safety assessment instruments and improve stakeholder coordination.

- Possible pilot for use of mobile equipment by CAN workers.

- After hours and weekend access given to county staff for FACTS SEARCH (in final stages).

- Maintenance of Children's Justice Task Force activities.

- Human Trafficking protocols and workgroup participation.

Objective 2: **The ability of families and caregivers to create safe, stable and nurturing environments will be supported, enhanced and promoted.**

What outcome and/or systemic factor will be improved
Safe, stable and nurturing environments will promote the improvement/enhancement of all three outcome areas of safety, permanency and well-being.

Data/analysis that supports selection of the objective
The data on Family Preservation and Engagement reflects the need to enhance the work being done, which would help support families/caregivers in gaining/maintaining the needed environments.

Measurement:	**QSR Rating on FAMILY PRESERVATION**	
QA Baseline:	**73%**	
QA Benchmark #1:	**66%**	
QA Benchmark #2	**86%**	
5 Year Goal:	**75.5%**	**5 Year Goal Achieved**
Interim Goals:	FY 2015	**73.5%**
	FY 2016	**74%**
	FY 2017	**74.5%**
	FY 2018	**75%**
	FY 2019	**75.5%**

Measurement:	**QSR Rating on ENGAGEMENT**	
QA Baseline:	**67%**	
QA Benchmark #1:	**64%**	
QA Benchmark #2	**58%**	
5 Year Goal:	**68.25%**	
Interim Goals:	FY 2015	**67.25%**
	FY 2016	**67.5%**
	FY 2017	**67.75%**
	FY 2018	**68%**
	FY 2019	**68.25%**

Objective 3: **Caseworker visits with children and families (birth, foster, adoptive) will occur within policy time frames, and focus on safety, permanency, and well-being.**

What outcome and/or systemic factor will be improved
Timely caseworker visits that focus on thorough discussion of / planning about the ISP goals and steps related to safety, permanency and well-being will support ongoing engagement and assessment, thereby promoting improved results related to these outcome areas.

Data/analysis that supports selection of the objective
- While caseworker visits with child show promise when reviewing the QSR results, it will be important to maintain positive outcomes.

- Caseworker visits with parents shows a greater need for improvement and remains a critical component of experiencing successful outcomes relative to all three outcome areas.

Measurement:	**QSR Rating on CW Visit w/ Child (CPS Cases)**	
QA Baseline:	89%	
QA Benchmark #1:	81%	
QA Benchmark #2	82.35%	
5 Year Goal:	93.25%	
Interim Goals:	FY 2015	**92.25%**
	FY 2016	**92.5%**
	FY 2017	**92.75%**
	FY 2018	**93%**
	FY 2019	**93.25%**

Measurement:	**FACTS Data - CW Visit w/ Child**	**(CPS Cases)**
QA Baseline	**(FY13)**	**75.08%**
QA Benchmark #1	**(FY14)**	**82.92%**
QA Benchmark #2	**(FY15)**	**79.33%**
5 Year Goal	**(FY18)**	**85%**

Measurement:	**QSR Rating on CW Visit w/ Birth Parent**	
QA Baseline:	63%	
QA Benchmark #1:	55%	
QA Benchmark #2	58%	
5 Year Goal:	65%	
Interim Goals:	FY 2015	**63.5%**
	FY 2016	**64%**
	FY 2017	**64.5%**
	FY 2018	**64.75%**
	FY 2019	**65%**

GOAL 1, Objective 3:   Implementation Supports (See also Goal 1, Objective 1)

- Provide training through webinars, LETS (Power Point), and on-site to workers regarding quality caseworker visits. **2017 APSR Update:** Ongoing by OCWC staff.

- Provide training through webinars, LETS (Power Point), and on-site to supervisors so that they may support their workers in the quality of visits and not just their frequency.   **2017 APSR Update:** Ongoing by OCWC staff.

- Develop a method for tracking caseworker visits with parents/family members of children in care. **2017 APSR Update:** Ongoing by OCWC staff.

- Explore adding more caseworker visit content to the ACT I curriculum.

  OCWT is developing a plan for incorporating additional caseworker visit content in ACT I. **2017 APSR Update:** The former Family Services Office of Child Welfare Training now reports to the Quality Assurance Program recently established by Commissioner Buckner. That Office now is in the process of establishing a new training curriculum for new workers. This activity will be left in for now, but will be revised prior to submitting the APSR on 6/30/16, as more updates on the training curriculum should be available by then.

- Present workshops at Supervisory Conferences and Permanency Conference focusing on the need for caseworker visits, the impact of regular visitation on successful outcomes, and federal policy requirements/funding streams related to visits. Workshops on the importance of caseworker visits were held at the 2014 Conferences and will be presented at the 2015 sessions as well. **2017 APSR Update:** Completed; workshops on caseworker visits are also being planned for the above conferences for 2016.

- Ensure that as (SDHR) Family Services reviewers examine the quantity and quality of caseworker visits that the findings on strengths, needs, and recommendations are included in the feedback that is provided to county (family services) staff.

- As a part of onsite reviews, one of the best practice indicators specifically addresses the compliance of caseworker visits with policy. Data is utilized to address the frequency of visits and information obtained from the cases reviewed addresses both the frequency and quality of visits. Feedback is provided on strengths and needs as a part of the report to each county when an onsite review is completed. Case specific recommendations are also provided as applicable. Caseworker visits may also be addressed in an additional best practice indicator regarding documentation that is reflective of the casework process. The same feedback noted is provided for this indicator as applicable. **2017 APSR Update:** Ongoing reviews of caseworker visits (with feedback to county director and staff) are occurring by virtue of the case reviews being in counties by OCWC staff.

- A FSD Consultant provided an in-service training on the importance of caseworker visits in a mid-size county.

- Explore the development/distribution/monitoring of a priority plan for supervisory completion of the ACT II – Supervisor Training module. **2017 APSR Update:** Continue.

- Develop and distribute/implement a plan that highlights the completion of already existing FACTS fields that pertain to visits (among family members, caseworkers with children/families, etc.). . **2017 APSR Update:** Continue.

    2017 APSR Update:
- Time Frames for caseworker visits with children and families will continue to be identified in the RFP/Contracts (Request for Proposal) for Family Preservation and Support Services. The expectation, in which includes time frames for caseworker visits, is outlined in the Request for Proposal. The Office of Resource Development and Utilization will monitor time frames and safety and well-being during programmatic site visits.

- FACTS data is available for CW visits w/ Child. An enhancement will be sought for capturing CW visits w/ Birth Parent and then a query will be developed. State QA already makes findings (in onsite reviews) related to the best practice indicator for CW visits.

> **GOAL 2:** Children and youth in foster care will experience stability in foster care, achieve permanency in a timely manner, and when applicable transition successfully into adulthood.

Selection of GOAL
- The need to improve the timeliness with which permanency is achieved for children was identified in both round 1 and round 2 of the CFSR. It continues to be an important area on which to focus.

- Older youth was one of the principle themes of the round 2 PIP and addressing successful transition to adulthood continues to be a point of need/emphasis.

- Our Agency has had a significant focus on achieving permanency through adoption for the past several years. Having this focus -which has achieved noted successful outcomes -sets the stage for more adoptions and stronger monitoring.

What outcome and/or systemic factor will be improved
As this goal is realized, it will result in improved outcomes in both permanency and well-being.

Data/analysis that supports selection of the goal
Data that supports the selection of this goal is given below with the applicable objectives.

Objective 1: Children will live in their own home or with relatives, when available, while in foster care.

   What outcome and/or systemic factor will be improved

As children live with their own families, with relatives, or in relative foster care, the outcome area of permanency will be strengthened.

Data/analysis that supports selection of the objective
The data reflects a need to make improvements in this area.

Measurement: FACTS Data: As of end of respective FY's
Children in own home, related home, & related foster home.

FACTS Baseline	**(FY13)**	**14.81%**
FACTS Benchmark #1	**(FY14)**	**16.06%**
FACTS Benchmark #2	**(FY15)**	**14.47%**
5 Year Goal:		**18.0%**
Interim Goals:	FY 2015	**16%**
	FY 2016	**16.5%**
	FY 2017	**17%**
	FY 2018	**17.5%**
	FY 2019	**18%**

GOAL 2, Objective 1 – Implementation Supports
- Continue to work with judges/court personnel to secure bench orders for parents to provide names and contact information for relatives at the time children enter care.   **2017 APSR Update:** Continue.

- Provide training on the importance of timely placement with relatives, thorough relative search (to always include paternal relatives). Emphasize the benefits of kinship guardianship to relative resources at the time children enter care.   **2017 APSR Update:**   Continue

- Continue to provide training and technical assistance to county staff around use of kinship guardianship and Guardianship Assistance Payments (GAP).

   2017 APSR Update:
   The 2015 and 2016 Permanency Conferences both included sessions sharing information on Kinship Guardianship. At the 2016 conference a foster care worker from Madison DHR spoke about the strategies they have implemented to help in their county's use of Kinship Guardianship. As of March 31, 2016 173 children were receiving GAP through 76 providers. Of the 173, 34 were from Madison County.

Objective 2:   Children experience placement stability while in foster care

What outcome and/or systemic factor will be improved
The outcome area of permanency should be positively impacted as placement stability shows improvement.

Data/analysis that supports selection of the objective
The data seems to reflect the importance of maintaining a focus on placement stability.

Measurement:	**QSR Rating on STABILITY**	
QA Baseline:	**79%**	
QA Benchmark #1:	**81%**	
QA Benchmark #2	**83%**	
5 Year Goal:	**82%**	**5 Year Goal Achieved**
Interim Goals:	FY 2015	**80%**
	FY 2016	**80.5%**
	FY 2017	**81%**
	FY 2018	**81.5%**
	FY 2019	**82%**

GOAL 2, Objective 2 – Implementation Supports

- The development or the selection of a trauma assessment tool is a part of the newest Psychotropic Medication Model which has gone on to the Division Director.

- Provide training to resource staff and supervisors to help them recruit and train foster families willing and able to address the special care needs of youth in care, therefore, providing better matches of foster youth to providers. (Also included in Recruitment Plan).

- Develop a program through which foster family/adoptive resource families will be better prepared to care for children and youth in care by requiring them to complete educational training on trauma, reactive attachment disorder and sexual safety in placements.

- Develop additional training and targeted supports to foster families interested in fostering older teens.

  2017 APSR Update
- At the 2016 Permanency Conference, there were two "town hall" sessions held. At this session counties shared creative methods they are implementing to get the message out for the need for more foster/adoptive parents. Our recruitment partners, Heart Gallery Alabama and CAS/APAC are working with Children's of Alabama and UAB in an effort to get a display in common areas in an effort to recruit providers with special health care experience.

- A meeting was recently held with Digital Boostr. Currently, we do basketball arena advertising through this vendor. Digital Boostr is expanding their marketing options to include web site banner advertising on the web sites of the colleges and universities where they have a presence. Organizations that participate in the web advertising program will have an opportunity to have an on-campus presence during busy times in the school calendar to display information about the need for more foster/adoptive families. Although college students may not typically be a "target market" for potential foster/adoptive parents, there are programs at the two year (Junior) colleges where adult students can be targeted (e.g., nursing schools). If we pursue this, it will be in partnership with our county offices in the geographic vicinity of the college.

- The Department is in the process of transitioning to a new model of pre-service training for all of our foster/adoptive parents. TIPS (Trauma Informed Partnerships in Safety) is the new training curriculum. We have recently embarked on a training plan where leaders and co-leaders are being trained in the new model. It is expected to take two years to roll out fully statewide.

Objective 3: **Reliance on placements in congregate care settings will be reduced.**

What outcome and/or systemic factor will be improved
If further analysis reflects needs in this area, it is believed that improvements would be made in the outcome area of permanency as dependence on congregate care settings is decreased.

Data/analysis that supports selection of the objective
Further analysis will occur based on the practice principle that placement setting/structure are of critical importance to stability and timely permanency achievement.

Measurement:	FACTS	Data
FACTS Baseline	**(FY13)**	**17.37%**
FACTS Benchmark #1	**(FY14)**	**17.47%**
FACTS Benchmark #2	**(FY15)**	**17.67%**
5 Year Goal:	**(FY18)**	**15.25%**
Interim Goals:	FY 2015	**17.25%**
	FY 2016	**16.75%**
	FY 2017	**16.25%**
	FY 2018	**15.75%**
	FY 2019	**15.25%**

The reliance on the use of congregate care remained the same during the reporting period. The reliance on congregate care often hampers permanency efforts, but improve graduation and other well-being

factors. Formalized partnering with the congregate care providers and developing foster homes to meet the needs of older youth are integral strategies to improve our ability to step young people down from such placements, while preserving effective well-being outcomes.

Objective 4:   **Appropriate use of congregate settings will occur (New Objective)**

The Department will continue to explore a (qualitative and/or quantitative) means of measurement for this newly added objective.

Measurement: **QSR Rating on APPROPRIATENESS OF PLACEMENT**
QA Baseline   **(FY14)**   **77%**
QA Benchmark #1   **(FY15)**   **100%***
4 Year Goal   **(FY18)**   **82%**

* Did not obtain the minimum number of QSRs (10 during the baseline and 5 for BM #1)

GOAL 2, Objectives 3 & 4 – Implementation Supports
- ILP Unit to work more closely with congregate care providers offering Achieving Permanency through Roundtables. The initial training, a train the trainer session is scheduled to take place in Montgomery, Alabama, the week of August 3-7, 2015, with 25 staff participating.

  Staff will be trained to implement the Youth Centered Roundtable process in the counties. This plan is designed to begin the process of reducing the number of young people who have APPLA as their permanency goal, and to focus on moving young people out of congregate care back home, with relatives, or into a foster home. There are also plans to work with AFAPA and Family Services' staff to recruit and especially train foster parents who are willing to care for older youth.

- Working with county staff and congregate care providers to strongly encourage parental visitation, develop visiting resources for young people increasing their chances at positive permanency.

Objective 5:   **Improve the timeliness of achieving permanency.**

What outcome and/or systemic factor will be improved
- Children will not remain in foster care any longer than is absolutely necessary

- Children will return to their own home or will be placed with relatives rather than living with non-related providers.

Data/analysis that supports selection of the objective
While the data seems to indicate that important progress has been made, it reflects the continuing importance of maintaining a strong focus on the timely achievement of permanency (see below).

Measurement: **QSR Rating on PERMANENCE**

	Reunification	Adoption	OPPLA
Baseline / Benchmark #1:	**35% / 16% / 33%**	**30% / 9% / 22%**	**63% / 27% / 50%**
5 Year Goal:	**38%**	**33%**	**65%**
Interim Goals:			
FY 2015	**35.25%**	**30.25%**	**63.5%**
FY 2016	**35.75%**	**30.75%**	**64%**
FY 2017	**36.5%**	**31.5%**	**64.5%**
FY 2018	**37.5%**	**32.25%**	**65%**
FY 2019	**38%**	**33%**	**65%**

Measurement: **Median #. Months in Care**

		Ret. To Parent	Rel. Plcmt	KG	Adoption
FACTS Baseline	**(FY13)**	**8.40**	**6.37**	**33.43**	**33.50**
FACTS Benchmark #1	**(FY14)**	**8.13**	**5.20**	**24.33**	**33.10**
FACTS Benchmark #2	**(FY15)**				

5 Year Goal   (see note)   ___   ___   ___   ___

NOTE: This is a more recently added measure, and further data will be provided with the 2018 APSR.

GOAL 2, Objective 5 - Implementation Supports (See also Goal 2, Objectives 1 - 4)

- The development or the selection of a trauma assessment tool is a part of the newest Psychotropic Medication Model which has gone on to the Division Director

- Collaborate with the Administrative ~~Record~~ Office of Courts on training for professionals in the court system in an effort to achieve permanency through timely TPR and permanency through adoption.

- Implement/continue special recruitment projects focused at recruiting families wiling/able to adopt children that meet the Department's Special Needs Definition.

    2017 APSR Update:
    We continue our Pre-adoption Services Contract with CAS/APAC. Through this contact it is expected that CAS/APAC will annually recruit, train and approve at least 50 special needs adoptive homes. The contract also has a child-specific recruitment component that mirrors the work being done by the Wendy's Wonderful Kids projects.

- Provide training to staff on youth-centered round tables.

- Provide opportunities for youth to conduct/participate in youth-centered round tables.

- Develop and implement a process by which we identify children, age 14 and older, with TPR and a goal of APPLA and have adoption workers and recruiters work with these children to:

    1. Identify reasons youth do not want to be adopted
    2. Provide information to youth about what it means when they choose not to consent to adoption.
    3. Secure youth's consent to recruit for potential adoptive parents.

    2017 APSR Update:
    The Office of Data Analysis did a query and provided a list of youth that meet this criteria. The query needs to be revised and we will select one to two youth from each project area with whom the recruiters can work.

- Explore ways in which Children's Rehabilitation Services (CRS) and/or Vocational Rehabilitation Services (VRS) can be utilized early in the process of the work done with children/youth who could benefit from CRS/VRS involvement.

- One of the state's larger counties is emphasizing the importance of connecting older youth, including a focus on youth in group homes, to a mentor, or person/family with whom a permanent connection can be established, prior to transitioning out of foster care. This will support the achievement of Goal #2 listed above.

    2017 APSR Update:
- Continuum of Care Services are offered to address the needs of children and their families in order to achieve permanency in a timely manner. Vendors provide a range of services from moderate care to intensive in-home services, including basic care, transitional or Independent Living programs, therapeutic foster care and traditional foster care. Reunification Services are provided by Family Outcome-Centered Unification Services (F.O.C.U. S) and The Continuum of Care. It is a requirement that at least 82% of children placed in permanent living environments and supported by services remain stable at the one-year anniversary of their discharge from the program. It is also a requirement that 82% of the children being served by the in-home prevention teams shall remain in their own homes or in the placement in which services were provided twelve months after the discharge from the program. The Office of Resource Development and Utilization monitors tracking on a monthly basis. They also work with DHR and the in-home teams to ensure collaborative efforts are being made.

Program Specialist/Resource Specialist in the Office of Resource Development and Utilization identify strengths and needs during programmatic site visits that may be helpful in providing successful reunification services.

- Fostering Hope activities and development of new online application system.

- Congregate care onsite reviews (moderate placements).

- ICPC Border Agreements with GA and TN and soon FL.

- Work toward development of national ICPC NEICE interface which will make ICPC paperless for counties and cut processing times in half.

- Rewrite of the Continuum of Care and FOCUS RFPS.

- Development of a new psychotropic meds pilot.

- Participation in the SSRP Drug Court Pilot with AOC and use of new assessment tool in pilot counties.

- Judicial Summits.

- Outstanding results in the IV-E review of FY 2015.

Objective 6: **Caseworker visits with children and families (birth, foster, adoptive) will occur within policy time frames, and focus on safety, permanency, and well-being.**

Measurement:		FACTS Data - CW Visit w/ Child	(FC Cases)
FACTS Baseline	(FY13)	88.83%	
FACTS Benchmark #1	(FY14)	92.32%	
FACTS Benchmark #2	(FY15)	92.83%	
5 Year Goal	(FY18)	94.0%	

Measurement:		QSR Rating on CW Visit w/ Child	(FC Cases)
QA Baseline	(FY13)	95%	
QA Benchmark #1	(FY14)	91%	
QA Benchmark #2	(FY15)	74%	
5 Year Goal	(FY18)	96%	

GOAL 2, Objective 6 - Implementation Supports (see IS for Goal 1, Objective 3)

GOAL 3: **Workers will strengthen the Individualized Service Planning (ISP) process through the inclusion of birth/foster/adoptive families and other formal/informal stakeholders, ensuring Agency involvement that supports the family in the most normalized environment.**

Selection of GOAL:
A strong ISP process is central to supporting improved outcomes across safety, permanency and well-being, and maintaining a focus on it remains important for the work being done with children and families.

What outcome and/or systemic factor will be improved
The ISP process is significant to achieving positive results in all three outcome areas (safety, permanency, and well-being).

Data/analysis that supports selection of the goal
See below.
Objective 1: **Families will experience functional ISPs**

What outcome and/or systemic factor will be improved
A functional ISP process is vital and relevant to improved outcomes in safety, permanency, and

123

well-being.

Data/analysis that supports selection of the objective
See below.

Measurement: QSR Rating on ISP in state QA reviews

QA Baseline:	**21%**	
QA Benchmark #1:	**17%**	
QA Benchmark #2	**14%**	
5 Year Goal:	**22.25%**	
Interim Goals:	FY 2015	**21.25%**
	FY 2016	**21.5%**
	FY 2017	**21.75%**
	FY 2018	**22%**
	FY 2019	**22.25%**

Objective 2:   Families will experience timely ISPs

What outcome and/or systemic factor will be improved
Timely completion of the ISP is an important component of a functional ISP process, and is thus germane to improved outcomes in safety, permanency, and well-being.
Data/analysis that supports selection of the objective
In reviewing the data (see below) it would appear that maintaining an emphasis on conducting timely reviews will be important (while also sustaining the timeliness of holding the initial ISP.

Measurement: FACTS Data

QA Baseline	**(FY13)**	**Initial: 96.45%**	**Reviews: 85.56%**
FACTS Benchmark #1 (FY14)		**Initial: 96.74**	**Reviews: 88.36% 5 yr. Goal Achieved**
FACTS Benchmark #2 (FY15)		**Initial: 95.74**	**Reviews: 87.16%**

5 Year Goal:	**Initial: 97.5%**	**Reviews: 88%**
Interim Goals:	FY 2015 96.50%	**85.75%**
	FY 2016 96.65%	**86%**
	FY 2017 97%	**86.5%**
	FY 2018 97.25%	**87.25%**
	FY 2019 97.5%	**88%**

GOAL 3:   Implementation Supports

- Development of regional ISP Trainings Being Considered.   **2017 APSR Update:** Continue; not completed.

- ISP Training was provided to judges at two Child Welfare Judicial Summits. **2017 APSR Update:** Completed & continue for FY16.

- Supervisor Conferences will contain workshop/training opportunities specific to ISP's**.**

- ISP training will be provided at the 2015 Supervisors Conferences. **2017 APSR Update:** Completed & continue for FY16.

- Coaching and feedback around ISP's will occur based on Family Services onsite support and review of practice and outcomes

- OCWC continues to focus on strengthening the ISP process through record reviews. Feedback is provided to County Director and Management of Family Services to recommend strategies to increase skills around the ISP planning and team meetings. There is emphasis on planning to ensure inclusion of birth families, foster and adoptive families and providers and other pertinent stakeholders. Workers are encouraged to build positive working relationship with stakeholders through engagement in the process so that they feel empowered to develop and achieve goals with and for the children and families. Statewide telephone consultation and coaching are provided daily from Family Services on

specific cases, which helps counties develop skills and confidence in their ability to manage their cases through the ISP process.

- OCWC also provides training opportunities to teach important skills to staff and guide them in assessment of families and in developing the most appropriate ISP plans to fit individual needs of families and children. Through the strengths and needs assessment, workers learn how to use them to craft the best ISP plan for each individual child and family. OCWC also offers opportunities to coach and model for county workers by attending specific ISP's as requested or recommended. They monitor the process in specific identified cases to assist in teaching skills of facilitation by coaching and modeling. They are also sometimes present to observe or even facilitate ISP's and provide constructive feedback on the county's ability to work through the process. OCWC provides guidance and examples of ways to engage with other agencies and providers as well as informal resources to aid the family in working toward their goals. Counties are encouraged to help families and children identify informal supports that will continue to provide support when DHR is no longer involved.

- One of the state's larger counties is providing specific training to staff on how to conduct meaningful caseworker visits, as well as how to strengthen the ISP process.

2017 APSR Update:
- A workgroup comprised of county and state staff have drafted a new ISP document as well as revised guidelines for facilitation and content of the actual ISP Meetings with families. While the draft has not been approved by upper Administration, the work is an excellent start to a renewed focus on the efficacy of the existing ISP process.

- The Office of Resource Development and Utilization will continue to stress the importance, as well as, requirement of Continuum providers attending ISP's as a stakeholder. Staff will educate/train providers on how to prepare for an ISP if there is a need identified during the programmatic site visit or request made by the provider or county.

Implementation Supports Across All Goals/Objectives
- Trained almost 600 county staff in 2015. On track to train 400 by July 2016.
- New trainings developed to replace GPS and ACT

IX. ASSURANCES

Please see certifications and assurances that were submitted with <u>Alabama's 2015 – 2019 CFSP</u>, along with those included in the previously submitted <u>CAPTA State Plan</u>.

X. APPENDICES

APPENDIX 1

FINANCIAL REPORT

CFS 101

The SDHR Division of Finance submits the financial documents to the Regional Office via the ACF Online Data Collection (OLDC) system. Finance information documents are also included as attachments to the e-mail that transmits the APSR to the Children's Bureau.

APPENDIX 2

2017 APSR Stakeholder Participants*

Stakeholders – State Department of Human Resources (SDHR)

- Nancy T. Buckner, Commissioner – State Department of Human Resources
- Gina Simpson, Deputy Commissioner - Quality
- Mandy Andrews, Field Administration
- Felicia Brooks, SDHR Legal
- Wesley Brown, Management and Fiscal Analysis
- Gloria Derico Holloway, ORMD
- Beth Dykes, SDHR Finance
- Melody Griffin, Field Administration
- Brian Kolander, SDHR Finance
- Nancy Schlich, SDHR Finance
- Julia Stroud, Resource Management Division
- Starr Stewart, Resource Management Division
- Tamela Warren, Resource Management Division

State Department of Human Resources – Family Services Division

- Freida Baker, Deputy Director, FSD
- John James, Deputy Director, FSD
- Jim Loop, Deputy Director, FSD
- Tonya Allen, Program Specialist – Office of Child Welfare Consultation (OCWC)
- Kanoschu Campbell, Program Manager – Office of Foster Care
- Deborah Carter, Program Supervisor – Office of Financial Resource Management
- Valencia Curry, Program Specialist - OCWC
- Jeanette Wallace, Program Supervisor – Office of Child Welfare Eligibility
- Larry Dean, Program Manager – CFSR Coordinator
- Veronica Elder, OCWT
- Jeff Fowler, Program Specialist – Office of QA
- Paula Freeman, OCWT
- Nikki Gann, Program Specialist – Office of QA
- Renee Garrett, Program Specialist – OCWT
- Debbie Green, Program Supervisor – Office of Policy
- Leslie Kelly, Program Specialist - OCWC
- Mason Hobbie, Program Specialist – Office of QA
- Sondra Holland, Service Supervisor - OCWC
- Shuereaka Holston, Program Specialist - ODA
- Madgelyon Johnson, Program Manager – Office of Child Welfare Eligibility
- Cassandra Lee, Program Specialist - OCWC
- Kem Leonard-Jamar, Program Specialist – OCWT
- Jennifer Lindsay, Program Specialist – Office of QA
- Margaret Livingston – Office of Policy
- Mike Lucas, OCWT
- Phyllis Matthews, Program Manager – Office of Interstate Compact on Placement of Children
- Alice May, Program Manager – Office of Financial Resource Management
- Kimberly McCoy, Program Specialist, ODA
- Cris Moody, Program Manager - OCWT
- Cindy Perry, Program Supervisor – OCWC
- Connie Rogers, Program Supervisor – Office of Adoption
- Beth Schaffer, Program Manager - OCWC
- Hope Skelton, Program Manager - Office of QA
- Medridget Smith, Program Specialist - OCWT
- Donna Spear, Program Supervisor – OCWT
- Lori Wade, Program Specialist – Office of QA
- Cathy Walker, Program Specialist - OCWC
- Sandra Ward, Program Specialist – OCWC
- Mark Williams, Program Specialist - OCWC
- Janet Winningham, Program Manager– Office of Data Analysis

State Quality Assurance Committee (Current)
- Johnna Breland, Foster/Adoptive Parent
- Aretha Bracy, Director, Alabama Child Death Review System / Alabama Department of Public Health
- Melanie Bridgeforth, Executive Director, VOICES for Alabama's Children
- Angie Burque, School of Social Work – Auburn University
- Christy Cain, Children's First Foundation
- Jennifer Edwards-Howard, Regional Director, Growing Homes Southeast
- Marie Fain, QA Coordinator, Mobile County DHR
- Debra Finley, Program Director - Alabama Post Adoption Connections
- Martha Gookin, Tribal Members Services - Division Director
- Gina Harris, Jefferson County QA Committee
- Buddy Hooper, President – Alabama Foster and Adoptive Parent Association and Adoptive Parent
- Sallye Longshore, Director – Department of Child Abuse Prevention
- Bob Maddox, AOC
- Andrea Mixson , Alabama Disabilities Advocacy Program (ADAP)
- Honorable Patrick Pinkston, Elmore County District Judge
- Gina South, Director of Operations – Alabama Network of Child Advocacy Centers, Inc.
- Betsy Prince, Director of Early Intervention Services – Alabama Department of Rehabilitation Services
- Helen Rivas, Alabama/Guatemala Partners of Americas
- Misty Samya, West Alabama Mental Health
- Mary Smith – Foster Parent
- James Tucker, (ADAP)
- Gayle Watts. Executive Director Children's Aid Society

Other External Stakeholders
- Tiffany Anderson, Foster Parent, and member of Recruitment Response Team
- Michelle Bearman-Wolnek, Adoptive Parent and Executive Director, Heart Gallery Alabama
- Leslie Hales, Adoptive parent, and Pre-adoption Services Coordinator for APAC/CAS
- Michealine Deese, Child/Family Welfare Coordinator Poarch Band of Creek Indians
- Erica Kemmer, Assistant Attorney General, Poarch Band of Creek Indians
- Cary McMillan, Family Court Division – AOC
- Amanda Montgomery, Family Services Director, Poarch Band of Creek Indians
- Karen Trussell, Family Court Division – AOC
- Alabama CWCI Team
- Casey Family Programs

Surveys (results are selectively incorporated into the body of the report)
- County QA Committee Surveys (approximate # of counties & surveys):   @ **30** counties / 74 surveys

See also CFCIP Section 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; 4.) involvement (since the June 30, 2015 submission) in activities related to one or more activities discussed/described in the APSR (e.g. QA measurements, work group, training, PL 113-183, etc.; 5.) participation in the (federal/state) Joint Planning Visit.

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

**ALABAMA STATE QUALITY ASSURANCE COMMITTEE
ANNUAL REPORT 2015**

June 10, 2016

State Quality Assurance Committee
Annual Report for 2015

<div align="center">**MEMBERSHIP**</div>

2015 Officers:
Johnna Breland, Chair
Gina Harris, Vice-Chair
Debra Finley, Secretary

State Quality Assurance Committee Membership

Sallye Longshore, Executive Director	Department of Child Abuse and Neglect Prevention
Johnna Breland	Foster/Adoptive Parent
Powell Brewton	Houston County Quality Assurance Committee
Aretha Bracy, Director	Alabama Child Death Review System/Public Health
Angie Burque	Auburn University
Debra Finley	Alabama Post Adoption Connections
Gina E. Harris	Jefferson County QA Committee
Jennifer Hartley	PASS
Buddy Hooper, President	Alabama Foster and Adoptive Parents Association
Andrea Mixson	Alabama Disabilities Advocacy Program
Honorable Alice Martin	Calhoun County District Judge
Christy Cain	Children First Foundation
Gina South, Director of Operations	Alabama Network of Children's Advocacy Centers
Betsy Prince, Director	Alabama Early Intervention System
Helen Rivas	Alabama/Guatemala Partners of Americas
Marie Fain	Mobile County QA Coordinator
Misty Samya	West Alabama Mental Health
Mary Smith	Foster Parent
Gayle Watts, Executive Director	Children's Aid Society
James Tucker	Alabama Disabilities Advocacy Program
Bob Maddox	Administrative Office of Courts
Martha Gookin, Family Service Director	Poarch Band of Creek Indians
Honorable Patrick Pinkston	Elmore County District Judge
Melanie Bridgeforth, Executive Director	VOICES for Alabama's Children
Jennifer Edwards-Howard	Growing Home Southeast

Meeting Dates for 2015

March 13, 2015	Montgomery
June 12, 2015	Montgomery
September 11, 2015	Montgomery
January 8, 2016 `	Montgomery

Standing Subcommittees:

• Executive	Officers
• Policy Review	Chair, Christy Cain
• Service Analysis	Chair, Misty Samya
• Child Death Review	Chair, Gina Harris
• County QA Committee Coordination/Support	Chair, Angie Burque
• Public Education, Advocacy, and Nominating	Chair, Buddy Hooper
• Diversity	Chair, Helen Rivas

- Foster/Adoptive Parent Recruitment and Retention   Chair, Debra Finley

Purpose:

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

- **MONITOR** the functioning of state-directed quality assurance activities, as well as outcomes and Agency performance from statewide perspective.

- **SERVE AS A LINK** between the community and the Office of Quality Assurance, as well as SDHR; 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. These reports would be issued at the request of the Commissioner of SDHR and/or at the initiative of the Committee. Reports of the Committee's activities and/or findings of studies may include recommended actions to SDHR that reflect the Committee's findings or concerns. All reports, information or the Committee's 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 SDHR by the Committee, shall be responded to in writing by SDHR.

- **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 SDHR to deliver services in a manner consistent with its mission and goals.

- **PROVIDE** input, feedback, questions, findings and recommendations to SDHR; and

- **SUPPORT** advocacy for services to meet the needs of children and their families.

WORK OF THE STATE QUALITY ASSURANCE COMMITTEE

The Committee's 2015 year continued to follow the format agreed in the planning and re-organizational meeting of 2012. During that meeting, the Committee agreed to review the system of welfare which included reports from SDHR and the stakeholders that comprise the Committee. The goal for 2015 was for the Committee to better utilize the expertise of the vast talent of its volunteer board and to keep the focus on the safety/permanency and long term goals of the children and families that the SDHR serve.

CURRENT STATUS OF THE STATE QUALITY ASSURANCE COMMITTEE

Overview

The Committee has By-laws. A change in the By-laws for the length of term for officers from one to two years was proposed in September 2015 and approved in January 2016. These By-laws delineate 14 of Alabama's organizations/agencies and 11 named entities that comprise the Committee. In the By-laws, there are standing subcommittees that address different areas of child welfare. These subcommittees can invite other stakeholders to be apart.

Accomplishments

Stakeholder Reports:

The Committee provided a strategy for stakeholders to report on their participation in child welfare. The Committee recommended reports from stakeholders include but not limited to the following:

- o The relationship with DHR (formal/ informal)
- o How services are connected with Child Welfare
- o Any gaps in care
- o DHR awareness of how to access the stakeholder's services
- o Suggestion(s) for improvement in the relationship
- o Data on services or activities (any would be helpful)

During the past four years, the process of including stakeholders' reports allowed for all attending stakeholder groups to report. The March meeting was utilized for this purpose.

SDHR Reports:

The Committee reviewed and received data from SDHR as well as other entities concerning children's welfare in Alabama. For example, staff from SDHR presented data snapshots using graphs and charts and explained the variations/ fluctuations in the data for some selected safety and permanency indicators; child welfare caseloads by counties; child welfare staff separation rate by counties; and child deaths due to maltreatment.

The Committee was provided with SDHR Plan for Improvement with revisions throughout the year. Committee members had the opportunity to review and comment at each meeting as well as during a conference call held in May. The Committee was provided with the means by which to access the Annual Progress and Services Report (APSR), the opportunity for input for the APSR, and survey results from county QA committees utilized for the APSR.

A verbal report was provided on the recruitment and retention of foster and adoptive parents. A verbal report was provided on training for child welfare staff with planned revisions for the curriculum, and the Committee had the opportunity to provide suggestion on topics to include in training. The plan for revisions in training for foster and adoptive parents was also provided, and a work group of Committee members met with the manager of the Office of Child Welfare Training to discuss the curriculum. A verbal report was provided on the study initiated on children placed in congregate care.

Child Death Review Subcommittee:

The Child Death Review Subcommittee had some of the same concerns as noted in 2014.

- The subcommittee continued to note concerns regarding reports of unsafe sleeping conditions, paramours as persons allegedly responsible, significant substance use/abuse, and domestic violence histories. The child death summaries continued to reference the need for training and supervisory support related to these critical issues. Further, the Subcommittee requested information concerning the comprehensive family assessments/assessment process, Individualized Service Plans of those related to safety risks such as repeat maltreatment, domestic violence, and substance abuse. The Subcommittee strongly recommended training, support, and mentoring opportunities be made available on a regular and on-going basis to all direct service workers and their supervisors for those targeted safety risk areas and to update the Committee on the results of the training.
- The subcommittee appreciated the provision of aggregate data on child deaths for review by the Committee at each meeting and recommends this continue.

County QA Committee Coordination/Support Subcommittee:

The County QA Committee Coordination/Support Subcommittee planned a one day conference in January 2016 for all county QA coordinators and chairpersons. A commitment was made by SDHR for this to be an annual conference to support county QA systems and to promote connections among county committees.

Committee Year in Review

Meetings consisted of stakeholder group information and reports provided by SDHR. SDHR consistently provided information requested by the Committee in a timely manner and brought the appropriate people to the meetings in order to explain and/or answer questions. The Committee also initiated revision of the membership through removing inactive members and the recruitment of new members. The relationship between the Committee and SDHR is, at an all-time high with trust and respect present between all parties.

STATE QUALITY ASSURANCE COMMITTEE RECOMMENDATIONS

- Provide reports on the training of child welfare staff.
- Provide reports/ updates on the recruitment and retention of child welfare staff.
- Build capacities for middle management through training and support.
- Provide updates on SDHR QA onsite reviews.
- Continue to offer shadow experiences with SDHR QA onsite reviews.
- Consistently present youth with information on all available options for exiting foster care.
- Continue to recruit and train foster/adoptive parents. Be more innovative in that recruitment.
- Support a yearly conference for county QA committees.
- Explore the use of state of the art technology by caseworkers.
- Explore a mentoring program for Agency staff.

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 the Child Abuse Preventions and Treatment Act. County QA Committees are involved in case review activities, special studies, data analysis, stakeholder interviews, child death reviews, County Biannual reports, and other community collaboration activities throughout the state.

I want to especially thank all of the volunteers who shared their time and resources with the Committee. I would also like to thank all the SDHR employees who work tirelessly to help our committee do our job. Lastly, I would like to thank Hope Skelton for keeping me on track and helping me to prepare for every meeting.

Respectfully submitted,
Johnna H. Breland – Chair

APPENDIX 4

**Departmental Response to Recommendations from the
ALABAMA STATE QUALITY ASSURANCE COMMITTEE**

RESPONSE TO 2015 STATE QUALITY ASSURANCE COMMITTEE REPORT

As of April, 2016, a new Quality Assurance Program has been launched at State DHR. Units that were previously housed within Family Services are now reporting to that Program's Deputy Commissioner. The Q.A. Unit now reports to that program, as well as the Office of Child Welfare Consultation and the Office of Child Welfare Training. We are confident that this design will facilitate good outcomes for our children and families, and that Ms. Simpson's commitment to excellence will be demonstrated in an ongoing interest in and responsiveness to the Committee's questions, concerns, and recommendations.

- A commitment was made to the State Quality Assurance Committee at the quarterly meeting held in June 2106 to provide the committee with data pertinent to the ongoing training of staff.

- Information was provided to the committee at the quarterly meeting in June 2016 regarding the development of training designed to build capacities in supervisory staff.

- Data on the results of SDHR QA onsite reviews will be provided to the committee quarterly.

- The onsite review schedule for each calendar year is provided to the committee at their first meeting after finalization with an invitation for interested members to shadow a review.

- The Program Manager of Office of Adoption Plans to attend the September 9, 2016 meeting of the State QA Committee and provide an update on the Foster/Adoptive Parent Recruitment Plan. The committee has been provided first-hand information about TIPS training by leadership of AFAPA

- SDHR is committed to an annual meeting for county QA coordinators, chairpersons, and State Quality Assurance Committee members. Plans are for the meeting to occur in January each year.

- The Department is currently in the process of purchasing tablets for use in the field by our child welfare workers and supervisors

- Significant initiatives are underway with youth relative to their exit from foster care. The Office of Foster Care is available at any time to present data; introduce our youth panel who can answer questions about the foster care experience; or share other information about work happening now for this population of young people.

Appendix 5

AFCARS Improvement Plan

AFCARS Improvement Plan

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.

2015 Update: There are three FACTS enhancements and additional extraction code changes to be implemented for the AIP. The state' estimated completion date is 12/2015. AFCARS Improvement Plan Updates were submitted on June 30, 2014, October 20, 2014 and April 20, 2015.

2016 Update: An AFCARS Update was submitted on 4/20/2015 and the response received 9/22/2015. An AFCARS Update was submitted on 12/29/2015 and the response received on 5/4/2016. Our current status is shown in the following table. We need technical improvement for 6% of our data elements, and data quality improvement on 76% of our data elements. Data Quality is being monitored by state and federal staff. We are in compliance with 20% of our data elements.

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	13 (19%)	8 (22%)	21 (20%)
3	48 (72%)	28 (75%)	76 (74%)
2	5 (7%)	1 (3%)	6 (6%)
1	0	0	0

NEXT STEPS: The Children's Bureau has provided new sample case files to run with our current extraction program to allow another assessment of the accuracy of our submission and status. Our next AIPU and test files are due by July 29, 2016.

For our AFCARS FY2016A submission, our Adoption file met data quality standards on all 37 elements. Our Foster Care file had two elements out of compliance. We are addressing Foster Care Element # 5 & # 57 through training and guidance with staff.

<u>Child Welfare Staff Training and Monitoring:</u>
AFCARS Improving Data Quality Training was provided to county staff from June 2015 to April 2016 A total of 566 staff were trained; 559 county staff representing all 67 counties and 7 state office staff, including FACTS trainers and staff in the Offices of Adoption and Foster Care. The Office of Data Analysis and FACTS Functional Staff conducted 22 sessions at 11 sites across the state.

Other resources and tools utilized to provide AFCARS training to State and local Child Welfare staff is as follows.
I. Basic FACTS Training:
   All FACTS users are required to attend a 5 day Basic FACTS Training course. Included in this course is an AFCARS Foster Care and Adoption session. Trainers walk trainees through the AFCARS data fields, including that AFCARS data fields are colored blue and have a designated symbol to the side of them.

II. FACTS Helpdesk Hints Newsletter:
   The Helpdesk Hints Newsletter is an informational and training newsletter published by the FACTS Help Desk based on system identified trends, data fix requests and user questions. In addition, the newsletter is utilized as one of the avenues in which AFCARS timeliness and data quality issues are being addressed. The newsletter is published quarterly and is emailed to all FACTS users.

III. FACTS Production Release Notes:
   Production Release Notes is an informational document released to all FACTS users when a new enhancement(s) is implemented in a monthly production build. The document provides details of the enhancement, as well as a screen shot of the impacted screen(s).

IV. FACTS Road Maps:
   All FACTS users have access to road maps directly through FACTS at Help/FACTS Help Site or through the Department's Intraweb site. Road maps are navigational documents designed to provide users step by step directions in completing action specific data entry in FACTS. Included with Adoption and Foster Care roadmaps are two AFCARS specific road maps named "AFCARS Mapping – Adoption" and "AFCARS Mapping - Foster Care".

Resources and tools utilized to provide AFCARS monitoring for State and local Child Welfare staff.

I. Foster Care and Adoption AFCARS Validation Screens:
   Internal to the FACTS System are AFCARS Validation screens located in the Foster Care Case and Adoptive Case. Foster Care and Adoption Workers are required to validate these screens monthly for children assigned to their caseload. The worker validates each of the tabs within the screen by clicking on the "Missing Info" button at the bottom of each tab. If required data is not present a pop-up message box will appear identifying missing fields. The worker is then to update the system with the missing AFCARS data.

II. Data Mart:
   In July 2013 the FACTS Program implemented a data mart for use by the Division's Office of Data Analysis as monitoring tool. The data mart, which is populated weekly with AFCARS data, is used to identify data elements of concern and to work with county staff to address these concerns. Excel reports are generated to provide weekly reports to administration for finalized adoptions.

III. AFCARS001 Foster Care Report & AFCARS002 Adoption Report:
   Two Management and Statistical Report were made available for state office and county staff with detail information on each AFCARS data element for foster care and finalized adoptions in May 2015. Detailed report documentation was created to guide staff on the FACTS Location for each element. AFCARS Data Quality Training included an overview of these reports and how to implement the use of these reports to monitor data quality.

APPENDIX 6

PIP Updates

1. **Alabama Successor Guardian PIP**
2. **PL 113 PIP**

Alabama Successor Guardian PIP

Act 2016-129, which included sections that addressed successor guardianship, was passed by the Alabama State Legislature and later signed/approved by Governor Bentley on April 11, 2016. It shall become effective on the first day of the third month following its passage and approval by the Governor, or its otherwise becoming law, e.g. July 1, 2016.

The first PIP quarterly report is due on July 1, 2016, and will be submitted to the Region IV. Children's Bureau Office in Atlanta, GA, on that date. It will include as Evidence of Completion (EOC), a copy of the Governor-signed legislation, along with any other EOC that is available for submission at that time. Please reference the quarterly report / EOC for further information.

****

Alabama PL 113 PIP

Act 2016-129, which included sections that addressed PL 113-183 items, was passed by the Alabama State Legislature and later signed/approved by Governor Bentley on April 11, 2016. It shall become effective on the first day of the third month following its passage and approval by the Governor, or its otherwise becoming law, e.g. July 1, 2016.

The first PIP quarterly report is due on August 30, 2016, and will be submitted to the Region IV. Children's Bureau Office in Atlanta, GA, on that date. It will include as Evidence of Completion (EOC), a copy of the Governor-signed legislation, along with any other EOC that is available for submission at that time. Please reference the quarterly report / EOC for further information.

However, some interim updates are provided below.

Action Step 5:
Revise and/or develop Family Services' Policy

- STATUS UPDATE, 6/1/2016:
  Since November 1, 2007 the Department has had an "Activity and Life Events" section in the Out of Home Care Policies. The Activity and Life Events Policies have been revised three times. The Normalizing Foster Care Committee and Office of Child Welfare Training have proposed changes to the Activity and Life Events Policies. These changes have been reviewed and edited by one of the FSD Deputy Directors and submitted to State DHR legal for review and feedback.

Action Step 6:
A training plan will be established and implemented that is designed to include DHR staff, child care institutions staff and foster parents. It will address training material on the reasonable and prudent parenting standard, using APPLA as a permanency plan, and children in care who have reached 14 years of age.

- STATUS UPDATE, 6/1/2016:
  Research of other states' RPPS training has been completed. Ohio's public child welfare Agency provided a survey, power point presentation, handouts, etc., that we really like and will easily adaptable to our policy. The Normalizing Foster Care Committee will be working on developing the training.

- Although the PIP target completion date is April 1, 2017, because the law is effective July 1, all foster parents, providers and DHR child welfare staff must have a working knowledge of the requirements prior to that date. In April, at the 2016 Permanency Conference the Managers of the Office of Foster Care and Adoption did two presentations on the provisions of PL 113-183. At that point the Alabama Law had not yet passed. However, information about RPPS was shared. In early May, the Annual AFAPA Conference included a training session on legal issues. The Assistant Attorney General presenting at this session provided a brief overview of the act and answered questions from the participants. At the upcoming July Supervisor Conferences, there will be a presentation on PRRP, co-presented by the Assistant Attorney General referred to earlier along with the Manager of the Office of Adoption, who has served as chair of the Normalizing Foster Care Committee. The training plan must include provisions for getting the information out statewide, prior to the 7/1/2016 deadline and then follow-up with more detailed training.

Narrative of the state of Alabama's application for the Three Branch Institute on Improving Child Safety and Preventing Child Fatalities, from Alabama's proposed state team

May 13, 2016

Narrative of the state of Alabama's application for the Three Branch Institute on Improving
Child Safety and Preventing Child Fatalities, from Alabama's proposed state team

STATE CONTEXT AND CHALLENGES

We appreciate the opportunity to apply to participate in the Three Branch Institute on Improving Child Safety and Preventing child Fatalities. If selected, we would expect to learn more, from our peers and from outside experts, about current best practices. For instance, we hope to learn of better ways to interview children and improve training of Caseworkers and other staff.

Alabama has had some successes in child welfare. We have completed thousands of adoptions over the last eight years and Alabama has experienced greater permanency for children, for instance. And Alabama, compared to other states, has had relatively low rates of children experiencing repeat maltreatment.

But Alabama face challenges, which the Institute could help us meet. For example:
 - The state determined that the deaths of 89 children in Alabama in 2011 through 2015 were caused by child abuse or neglect.
  - There has been an increase in the number of children in foster care. In April 2015, there were 4,973 children in the care of the state Department of Human Resources (DHR). There were 5,430 in March 2016.
  - In February 2015, 1,721 reports of child abuse or neglect were received statewide. By January 2016, that number had climbed to 2,285.

We believe these challenges could be better addressed using best practices learned at the Three Branch Institute. For instance, we think the Institute could help Alabama better review its child protective services data, to better identify strengths and needs in areas such as policy development and training.

Alabama has several initiatives in place to improve outcomes for children and their families, and we could share lessons we have learned from them during the Institute. State team and home team members could discuss best practices learned from the Institute at these venues. For instance:
  - The state has hosted three judicial summits with the assistance of the state Administrative Office of Courts and Casey Family Programs. These summits focused on support for efficient and appropriate permanency planning and on strengthening relationships between county DHR officials and local judges. A fourth summit is planned for October.
  -DHR, through an initial grant from the Statewide System Reform Program, has worked for 18 months with the state Department of Mental Health and state Administrative Office of Courts to develop five pilot drug court sites. Eligible drug-addicted people, whose children have come into foster care or are at risk of entering foster care due to child abuse or neglect, may be sent to drug court instead of regular courts. The focus in drug courts on intense treatment, accountability, and incentives around reunification with children has made them excellent resources for some families and increased awareness of challenges facing families struggling with substance abuse.

- The state Administrative Office of Courts and DHR support an ongoing Court Improvement Project with many goals: to safely reduce the number of children in foster care; to achieve timely adoption of the children of people whose parental rights have been terminated; and to achieve greater consistency in juvenile court proceedings and orders. Because of the project, data are gathered and routinely monitored to demonstrate how well courts are achieving timely permanency. Concerns raised by judges have triggered more local training.
-A 28-member State Child Death Review Team, and child death review teams in each county that include the county health officer, county DHR director, and district attorney for the county, identify factors that put a child at risk of injury or death and focus on trends in unexplained child injuries and deaths. By law, local teams are charged with improving Agency investigations of unexpected or unexplained child deaths. The state team is charged with recommending ways to improve Agency coordination of services and investigations across Alabama.

Alabama Governor Robert Bentley is committed to strengthening services for children and families, as are DHR Commissioner Nancy T. Buckner, Mental Health commissioner Jim Perdue, Medicaid Commissioner Stephanie Azar and other state leaders. The Governor in April created an 11-member Children's Cabinet, which he chairs. It includes Commissioners Buckner, Perdue, Azar, and leaders of the state departments of Education and Public Health. A goal of the Cabinet will be to align systems of children's programs and services, creating a unified and cohesive delivery of services and reducing duplication.

EXPECTED RESULTS OF PARTICIPATING IN THE THREE BRANCH INSTITUTE

On a broad level, Alabama's hoped-for outcomes include:
- A reduction in the number of child fatalities due to child abuse or neglect.
- A drop in child maltreatment.
- Greater use of preventive or immediate services, including in-home services, to help children   safely remain at home.
- Greater clarity and consistency around child and family interview protocols used by law enforcement officers and social workers from DHR.
- Reduced numbers of children in foster care.

Alabama expects to achieve the broader goal of improving the safety of children who are in its child-welfare system, or at risk of involvement, in part by improving the skills of workers receiving initial reports of child abuse or neglect, such as their abilities to interview children and other family members. We hope to better screen initial reports of abuse or neglect, so that more-urgent cases get the attention they need. We would expect to conduct more-thorough investigations into specific allegations of harm, and in-depth family assessments that would result in better identification and provision of services, from state or local agencies and non-profits, to help safely keep a child at home. We also hope to improve risk assessments and safety assessments. We also would expect state team and home team members to share best practices learned through the Institute with a broad range of state and local agencies that serve and protect children. And we would expect Alabama's involvement in the Three Branch Institute to help create more-effective relationships between child-serving agencies, in part by sharing data and discussing ways to best improve practices.

TEAM LEADERSHIP AND CORE MEMBERSHIP

Executive

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Mr. James is the Child Welfare Program Director for the State of Alabama and works closely with DHR Commissioner Buckner on a wide range of related issues. Programs reporting to him include those for child protective services which are the programs related to the assessment and investigation of child abuse reports in all 67 Alabama counties. Mr. James also oversees all programs at DHR related to foster care, permanency and adoption which serve children in the legal custody of the Department of Human Resources who no longer are able to reside at home. His other responsibilities include oversight for child welfare policy, child welfare training and the Interstate Compact on the Placement of Children (ICPC). Mr. James has over 25 years of social work experience and has served as a County Director in three Alabama counties as well as a Regional Manager in the State Office. He will be the state team leader.

Mr. James has asked Freida S. Baker, deputy director of the Family Services Division, to be the state team's key contact. Her office phone number is (334) 242-9495. Her email address is:
Freida.baker@dhr.alabama.gov

Richard Burleson, Director
Injury Prevention Branch
Alabama Department of Public Health
The RSA Tower
201 Monroe Street
Montgomery, Alabama 36104
(334) 206-2951
Richard.Burleson@adph.state.al.us

Mr. Burleson is charged with assessing data around injury and child deaths, establishing policies and training for prevention, and ensuring that Alabamians know about educational opportunities provided by the department. Mr. Burleson serves on the State Child Death Review Team as the state health officer's proxy.

Judicial

Honorable Mike Fellows
Lee County Family Court Judge
T.K. Davis Justice Center Complex
Opelika, Alabama 36801
(334) 737-3399
mike.fellows@alacourt.gov
Judge Fellows has been a strong advocate for children's welfare, and has worked hard in the judicial summits and court improvement project mentioned earlier. He has been an ambassador for permanency and for strong local relationships between the judiciary and DHR, and is well-respected throughout the state for his wise management of juvenile court. He also has a well-earned reputation of requiring accountability from all parties in cases set before him.

Cary McMillan, Director
Family Court Division
Alabama Administrative Office of Courts
300 Dexter Avenue
Montgomery, Alabama 36104
(334) 954-5034
cary.mcmillan@alacourt.gov

As director of the family court division of the Administrative Office of Courts, Ms. McMillan coordinates Alabama's Court Improvement Project. In addition, a focus of a grant managed by Ms. McMillan is ensuring the prompt processing of dependency cases and cases for the termination of parental rights, so that children can achieve safe and timely permanency. She played a key role in developing the Administrative Office of Court's automation system.

Legislative

State Senator Vivian Davis Figures
Alabama State House Suite 736-A
11 South Union Street
Montgomery, Alabama 36130
(334) 242-7871
Vivian.figures@alsenate.gov

State Sen. Vivian Davis Figures, D-Mobile, is former chair of the Education Committee of the Alabama Senate, and was Senate minority leader in 2012-2014. She now serves on the Education & Youth Affairs, Judiciary, Rules, and Finance & Taxation – Education committees. She was the Democratic nominee for the U.S. Senate in Alabama in 2008, and has frequently sponsored child-centered legislation on issues such as guardianship, protection orders against human trafficking, and visitation of children by family members. She helped start the Mobile County Foster Grandparents Program and the Big Brothers, Big Sisters Program of Metropolitan Mobile.

State Representative April Weaver
Alabama State House Suite 417
11 South Union Street
Montgomery, Alabama 36130
(334) 242-7731
aprilweaver@att.net

State Rep. April Weaver, R-Brierfield, serves on the state Department of Mental Health board of trustees, the State Child Death Review Team, and the Statewide Health Coordinating Council. She chairs the Health Committee of the Alabama House of Representatives. She sponsored several key bills that became law this spring, including one concerning Medicaid

managed-care organizations and another creating a loan program for nurse practitioners, in which they may repay student loans by working in underserved areas. She was appointed several years ago by Gov. Bentley to a task force charged with addressing prescription drug abuse.

All core team members have agreed to attend the Three Branch Institute meeting scheduled July 20-22 if Alabama is selected, and have agreed to be active participants in the Institute.

Expanded Home Team

Leaders of the Alabama Network of Child Advocacy Centers, the Alabama Law Enforcement Agency, the Alabama District Attorneys Association, the Department of Child Abuse and Neglect Prevention, and the Poarch Band of Creek Indians already have agreed to serve on Alabama's home team. They have helped identify broad areas of training suggested for state and local law enforcement agencies and other partners. Leaders who have agreed to serve on Alabama's home team know that team meetings and reviews of data, policy, and practice would be involved. State team members plan to invite more home team members.

<div align="center">Work Plan</div>

If Alabama is selected, state team members will meet, likely in Montgomery, no later than July 15. DHR's Family Services Division will take the lead in making sure members get information beforehand on child deaths and child safety in Alabama. Members will be asked to come prepared for questions, comments, and discussion. We expect members will discuss the current roles of various agencies and organizations in child protection, discuss possible improvements and suggest ways that participation in the Institute might help bring about improvements. We also expect that members will review the Institute's requirements and discuss its opportunities.

After the Three Branch Institute meeting scheduled July 20-22, we would expect the state team to meet within a few weeks later with home team members to share information from the meeting and start joint discussions on developing specific policies to improve child safety and reduce child deaths for children in, or at risk of being in, the state's child-welfare system. Afterward, Freida Baker and other DHR Family Services Division staff will be asked to meet with members of the home team and perhaps their staffs to review information on child deaths and child safety with the aim of assessing possible shortcomings and improvements in data collection, investigations, assessments, decisions on whether children should stay in their families, and service delivery to families involved in reports of child abuse and neglect. We would aim to conclude these in-house discussions by Sept. 30. We then would ask home team members to help the state team develop next steps for improved child safety and reductions in child deaths that could help their specific agencies or organizations as well as others, with the goal of creating a more-coordinated system of prevention, education, and care statewide.

We expect state team members to attend all, and home team members to attend at least some, of the in-state technical assistance visit to be scheduled this fall or early winter. We would expect the technical assistance visit to explore, in depth, ways to improve initial interviews and assessments in investigations of child abuse and neglect, and to improve coordination among agencies and organizations for the provision of services that could keep families intact. We would hope to use information from the visit to develop better training and perhaps explore getting better assessment tools and ways to more-completely provide services to families with children at risk of removal.

We would expect work to have started on improved training and perhaps using better assessment tools at willing child-welfare agencies or other organizations by Jan. 15. State team members could meet with the Children's Cabinet on getting agency agreement. The hope would be that training and tools would be uniform across agencies and organizations more often than not. Training goals likely would include learning how to better investigate allegations, assess families, and reach right decisions about safety and the placement of children within or outside of their families.

The state team would work throughout 2017 to make sure improved training and perhaps better assessment tools reached all, or as many as financially possible, of the cooperating agencies and other organizations they needed to reach to better provide statewide protection of children. The state team also would lead efforts to coordinate provision of services to help families at risk of having a child removed for abuse or neglect, to prevent removals that could have been safely stopped with help from government or non-profits. Meeting with the Children's Cabinet might speed coordination. Also, the state team would lead assessments of whether collection and analyses of data concerning child injuries and deaths needed upgrades.

The state and home teams throughout the Institute also could assess what improvements could be made in public outreach aimed at helping Alabamians better know how report child abuse and neglect. We expect that lessons learned during the

Institute would improve each involved organization's ability to protect children and improve public recognition of, and response to, the problems of child injuries and deaths.

And we would expect lessons learned to be widely shared. For instance, DHR service supervisors have a week-long conference scheduled in July 2017. These 320 or so expected attendees are responsible for the supervision of child welfare programs in all 67 counties of Alabama. The state team would plan to attend and talk with DHR supervisors about lessons learned during the Institute, improvements in progress, and improvements yet to be made and how they might be achieved.

We would expect lessons learned and implemented through work in the Institute to inform improvement efforts already underway. For instance, Alabama has a Statewide Quality Assurance Team comprised of child advocates, foster parents, adoptive parents, mental health advocates and others. We intend to inform members of this team of best practices learned through the Institute, and to ask members of this team to help with data review and quality assessment, and to recommend changes.

We believe the work of our state team and our home team will endure changes in the governor's office and in the Legislature: State elected officials certainly support efforts to reduce child injuries and deaths in families already known to DHR and other agencies, or at risk of being known. And elected officials certainly will support greater cooperation and less duplication in furthering those efforts, as streamlining usually saves money and cooperation often improves service. We expect changes informed by the Institute to be integrated into ongoing programs to reduce child deaths, and reduce child maltreatment, in part by helping to fight sex trafficking, a battle being waged by the Alabama Law Enforcement Agency.

We appreciate the opportunity to apply for the Three Branch Institute. We believe our involvement would help improve the lives of Alabama children and the hopes of their parents, and hope it also would help improve practices in other states.