

**STATE OF ALABAMA
DEPARTMENT OF HUMAN RESOURCES**

2014 FINAL REPORT



**State of Alabama
Department of Human Resources
FY 2014**

2014 Final Report

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INTRODUCTION

I. STATE AGENCY

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

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

Alabama meets the Maintenance of Effort (MOE) requirement of \$1,016,682 through the State Family Options program and does not supplant any state funds. The Substantial Portion of Funds requirement for Promoting Safe and Stable Families is met with the following allocation of funds for FY 2012: Family Preservation 24.2%, Family Support 28.4%, Time-Limited Reunification 24.2%, Adoption Promotion and Support 23.2%.

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 supports to county departments in the areas of policy development, program training, foster and adoptive home recruitment and approval, consultation and technical assistance, budgeting, data analysis, quality assurance, and also some direct client services to children and families. The Director sets the vision for the Division in establishing an infrastructure to support service delivery and the capacity for ongoing sustainability of these systemic improvements across all 67 county departments. Coordination with the Commissioner, Deputy Commissioners, the Legal Office, other Division Directors, and County Directors takes place on a regular basis. The Director represents the Division with other state and federal agencies, advisory groups, legislators, Governor's Office, and advocacy groups. Direct supervision is provided to the Deputy Directors, the Director's Administrative Specialist and the Office of Adoption.

Deputy Directors

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

Office of Child Welfare Policy

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

- Assessing policy needs and issues.
- Planning approaches to policy development.
- Completing state of the art literature research.
- Collaborating with experts and professional resources.

- Writing policy drafts.
- Involving relevant stakeholders (e.g., county staff, County Director's Policy Advisory Committee, and other appropriate individuals and groups in the draft review process.
- Managing the review, comment, and final drafting process through the Department and external stakeholders.
- Securing administration's approval of the proposed final draft.

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 to County Departments with identified needs. The Office of Child Protective currently is comprised of one Program Manager; six Program Specialists; one fulltime Administrative Support Specialist and one part time Administrative 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
- The Office of Child Protective Services is responsible for managing and conducting administrative record reviews when persons allegedly responsible for child abuse and neglect do not agree with a substantiated finding. Program Specialists who have extensive knowledge in CPS work in partnership with County administrative staff to conduct the Administrative Record Reviews. Each reviewer is responsible for reviewing all information that was used by the county offices in their determination of an indicated/substantiated report of maltreatment occurred. Alleged perpetrators requesting the Administrative Review also have the opportunity to submit any information they would like the Reviewers to consider. It is the responsibility of the State and County Reviewers to determine if there is sufficient evidence to support an indicated (i.e., substantiated) finding of abuse or neglect and whether or not the assessment and documentation of the information gathered supports, by a preponderance of evidence, that maltreatment occurred. Upon completion of the Administrative Record Reviews it is the responsibility of the State Administrative Record Reviewers to provide feedback to county staff on the basis of their work in administrative record reviews. The Office is also responsible for providing training to county staff on these reviews.
- The management of the Central Registry on Child Abuse and Neglect is the responsibility of this Office. Information contained in the Central Registry may prevent child abuse and neglect of children through the clearance of potential childcare providers. Child care institutions, day care centers, school systems, voluntary agencies, child placing agencies, etc., use the Central Registry to clear prospective employees or volunteers who work with children through the Central Registry. This information bank also assists County Departments in intervention services by providing data necessary for a thorough family assessment. This Office also conducts requests from other states so they are in compliance with the Adam Walsh Act. In order to ensure that accurate information is released on individuals having an indicated/substantiated report of abuse or neglect, CPS staff 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 2013 the Office of CPS processed 19,671 requests.
- One Program Specialist, who previously worked as the Child Protective Services Functional during the development the SACWIS system (FACTS), continues to represent the Office of CPS in resolving issues that directly impact the work of CPS, in both the State and county offices. In addition this Specialist responds to calls from county office staff on CPS and SACWIS issues and CPS policy development. Other responsibilities include: working as a team member on the development of Child Protective Services policy, reviewing legislation related to child protective services, and state liaison to the Children's Bureau, Office of Child Abuse and Neglect.
- In the summer of 2014 the Department will continue working with the Casey Foundation to implement statewide Safety Roundtables. The Safety Roundtables are modeled after the Permanency Roundtables. Targeted for Safety Round Table Reviews will be those children who have been in open/ongoing Child Protective for more than 12 months.

Office of Child Welfare Training

The Office of Child Welfare Training is responsible for training social work and supervisory staff of county departments in the basic child welfare skills curriculum, Alabama Child Welfare Training (ACT I). Trainers are located in Huntsville, Montgomery, Gadsden, and Birmingham and deliver training in cities throughout the State. ACT is based on five

foundation concepts: the belief that people can change; respecting the family's culture, joining with families; building partnerships with birth families and foster/adoptive families in parenting; and working with families in an ecological (Systems) framework.

ACT I: NEW CHILD WELFARE WORKERS TRAINING – ENSURING COMPETENCIES:

ACT I is a skill based training curriculum designed for new child welfare employees. The program consists of three modules (11 days) of training in a classroom setting, along with Professional Development Plan (PDP) activities in the middle and end of the residential training. The PDP activities are designed to culminate in, or be incorporated into, the workers' PDP. For maximum benefit, participants should attend ACT I within three months of beginning employment with the Department. ACT I develops skills needed for the Individualized Service Plan (ISP) process, from the initial contact with the family through case closure. Protection and permanence for the children are stressed as dual goals of all work with families. Through ACT I, staff are taught to involve children and their families and foster/adoptive parents as partners in assessing, planning and utilizing services that the family's planning team has identified and agreed upon. ACT I provides a foundation for practice in keeping with the principles of practice Alabama has adopted. ACT I prepares agency staff to promote safety, permanency, and well-being for the children and families the Department serves. The following core skills and abilities are presented, modeled, and practiced in ACT I.

Foundation Concepts and DHR Mission: The participants learn the principal foundation concepts in which the agency believes to be able to help families. **Interpersonal Helping Skills:** Participants learn how to engage and join with families so that families will be willing to work with the agency. They learn skills necessary for interviewing family and team members including dealing with anger or resistance. Participants also learn the basics of keeping themselves safe.

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

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

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

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

ACT II – ONGOING TRAINING: PROVISION AND ENSURING COMPETENCIES:

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

ACT II: MEETING FAMILIES UNDERLYING CONDITIONS provides workers with skills to analyze information about families with regard to underlying causes of risks, safety issues, patterns within the family's behaviors, and assessing the possibility of maintaining a child in the family's home safely (3-day training). The *Underlying Needs* Training strengthens the child welfare worker's critical skills in looking beyond family members' behavioral surface symptoms, in order to recognize, address, and plan for helping the family change their deeper issues which have resulted in child maltreatment. Child welfare workers are provided the tools to assist them in effectively identifying the underlying needs in a situation where maltreatment has occurred, or is likely to recur, so that risks to children may be eliminated, or significantly reduced for the long-term.

The Core Abilities of *Underlying Conditions* Training are:

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

- **Core Ability 6:** Develop an individualized plan to meet the causes of maltreatment.

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

ACT II: THE INDIVIDUALIZED SERVICE PLANNING PROCESS FOR FAMILIES WHO EXPERIENCE SUBSTANCE ABUSE trains workers on the dynamics of working with families involved in substance abuse (4-day training). The *ISP Process with Families Who Experience Substance Abuse* training was designed to cover the major steps in handling substance abuse and the resulting child abuse and neglect. A high percentage of families where there is child abuse and neglect have substance abuse occurring in the home. This training builds on *ACT I* which provides the basic ground work for child welfare workers regarding the ISP process, while *ACT II* provides further training in areas of special concern to child welfare workers. This training explores the child welfare worker's role and responsibility in helping parents and children who are addicted or dependent on substances.

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

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

ACT II: CPS (PRACTICAL CHILD PROTECTION SERVICES) is a 5 day training that was originally developed by the National Child Advocacy Center and has since been updated by the Office of Child Welfare Training. This training is a prerequisite for ACT II: Practical Child Sexual Abuse Intervention, which builds on the skills learned in this session. This training is designed to enable workers to acquire skills to:

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

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

- Knowledge of the values of child welfare practice, including the families' self-determination, permanence, family preservation, preservation of parents' and children's rights, and respect for individual differences.
- How to accurately identify physical, emotional and behavioral indicators of abuse, neglect, and sexual abuse in children who have been abused and their families.
- Knowledge of how child abuse and neglect are presenting symptoms of family dysfunction, and how to assess individual, family, and environmental contributors to abuse, neglect, and sexual abuse.
- Knowledge of what data must be gathered from reporters, case records, and other sources to thoroughly assess alleged abuse or neglect.
- How to identify the factors that must be evaluated when assessing present danger threats, determining whether abuse/neglect occurred and determining impending dangers, strengths, and other risks in the family.
- How to determine when abuse or neglect is indicated; and when complaints are unsubstantiated, yet should be referred for community services.

- Knowledge of the responsibilities of the child protection agency and caseworker, including investigating complaints of maltreatment, providing ongoing, in-home service, providing temporary substitute care placements, and providing permanent homes for children.
- Knowledge of the proper roles and responsibilities of other community agencies in the child protective service process and how we can collaborate with these agencies and practitioners to develop case plans and to provide services.
- Understanding the concept of cultural competence; knowing how one's own culture affects behavior and values; and how cultural and ethnic differences may affect the delivery of child welfare services.

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

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

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

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

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

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

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

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

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

As of March 1, 2014, The Office of Child Welfare Training (OCWT) unit consists of six trainers, a Program Manager, and a Program Supervisor. 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 outcome based and fits within the adult learning mode. In other areas, it may do more partnering by helping to deliver the training with staff. It also serves in a consulting role for the counties as they are enabled through train-the-trainer programs to produce and present some of their own training.

Measuring Skill Development of New/Experienced Staff

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

Office of Child Welfare Consultation

The Office of Child Welfare Consultation is currently managed by a Program Administrator who is a Deputy Director of Family Services. The Office consists of a Program Manager, two Program Supervisors, five Program Specialists (including 3 MAT assessors), and three Behavioral Analysts. The current consultation model utilizes the expertise of the Program Specialists in areas of: policy; practice; and assessment of outcomes. The consultants travel onsite to counties to assess best practice indicators and to provide assessment through record reviews. Through the reviews they provide case-specific feedback and next steps with recommendations to provide improve 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; meeting with community partners, etc. The Program Specialists in the OCWC are proficient in training and often support local initiatives as well as more regional and even statewide needs for capacity-development. Examples include: Individualized Service Planning; Documentation in Child Welfare; Caseworker Visits; and others.

The two Program Supervisors oversee the OCWC Program Specialists in their work onsite in the counties; conducting special assignments to support directives around needs for improved outcomes; and providing increased capacity-development opportunities for the Program Specialists. The Program Manager supports statewide intake and oversees

staff who also perform constituent intake and complete MAT's for children in Therapeutic Foster Care. One Program Specialist participates in the Case Review Committee, with the State Multi Needs Team. One Program Supervisor coordinates the work with Auburn University Behavior Analysis Program and supervises the three Behavior Analysts in our state office. Another collaborative effort with the University of South Alabama began in 2009. Two Fellowship Placements have worked in partnership with the Behavior Analyst providing the Tools of Choice Parenting classes and assisting in the in home follow up sessions.

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

Office of Quality Assurance

As of March 1, 2014 the Office of Quality Assurance (QA) consists of a Program Manager and six Program Specialists. The QA system monitors, evaluates and provides feedback to the Department on the performance of the child welfare system. Evaluations are conducted to determine if the child welfare system provides services of sufficient intensity, scope and quality to meet the individual needs of children and their families. The QA system is intended to support the development, implementation and refinement of the service delivery system. In addition to examining and assessing the components of the department's system of care, QA identifies needs and recommends corrective actions necessary to improve services, capacity, outcomes and conformity with Federal, State and Departmental program requirements. It also confirms strengths, identifies successful strategies and recommends ways in which effective practice and/or system performance can be replicated and/or improved. It helps identify and provide necessary training, consultation and technical assistance to DHR staff and technical providers as well as reviewing for the implementation and effects of corrective actions where needed.

The Office of Quality Assurance (QA) provides technical assistance to counties through QA specialists 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, assisting other consultants in the Family Services Division (FSD) in providing instruction and guidance in practice areas identified by onsite reviews as needing improvement.

Office of Data Analysis

As of March 1, 2014, A Program Manager and a Program Supervisor comprise the Office of Data Analysis. The Office of Data Analysis is responsible for the Program support area of the Statewide Automated Child Welfare Information System (SACWIS) – Family, Adult and Children Tracking System (FACTS), which was implemented statewide in January 2009. Staff from this Office was trained as mentors, and continue to provide support in regard to the SACWIS system. The Office is responsible for identifying the data support needs of the Family Services Division and coordinating the collection of data with the Department's Information Services Division and FACTS Functional Staff. In addition, the Office analyzes data on child welfare outcomes and strives to present the findings in useful and meaningful ways to all Family Services offices, County Offices and other State and Federal Agencies. This office also reviews Federal and State regulations to determine policy needs that result in changes, which directly affect the Caseworker Visits, NCANDS and AFCARS reporting.

The Office of Data Analysis works closely with the Office of Quality Assurance and provides county safety and permanency data profiles to state QA staff before every state QA review. The Office has established a database of measurement mechanisms for State QA case reviews. The Office, in conjunction with the FACTS Functional Staff and the Department's Information Services Division, has developed monthly, quarterly and annual data reports to assist the state and county staff in analyzing and interpreting data. All statistical reports are now located on the web based application BOE (Business Objects Enterprise). This enables all employees to monitor their caseloads with access from their computer desktop. The Office of Data Analysis in conjunction with the Office of Child Protective Services collects data on child deaths through County Child Death Reports and Reviews. The Office has established and maintains a database, which provides a history back to 1997. A monthly report of child deaths due to maltreatment is provided to the Department's administration.

Office of Interstate Compact on Placement of Children

The Office of Interstate Compact on Placement of Children (ICPC) reviews, approves/disapproves and processes correspondence concerning the placement of children for foster care and residential placement. This office also approves/disapproves and processes correspondence for children to enter or leave the state for the purpose of adoption. The Compact is a uniform law that has been enacted by all 50 states, the District of Columbia and the U. S. Virgin Islands.

Placement of children through ICPC ensures protection and services to children who are placed across state lines for foster care or adoption and also establishes orderly procedures for the interstate placement of children. This office arranges travel for caseworkers and children for out-of-state placements. As of March 1, 2014, the Office of ICPC includes two staff for Adoption ICPC and three staff for Foster Care ICPC. Other staff of this office includes a manager and two assistants.

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 Permanency

The Office of Permanency supports efforts in permanency planning for children in out of home care. Although the Program Manager has not been replaced, the Office staff has remained stable and has actually grown with the addition of three consultants this year. The Office of Permanency staff consists of four Program Supervisors that provide supervision for 16 in and out-based consultant staff in the areas of policy development, training, and consultation for Out-of-Home Care, Independent Living Services, Adoption Services, and Recruitment and Retention Support. In the absence of a Program Manager, a Division Deputy Director is supervising the two supervisors with foster care and independent living responsibilities and the Division Director is supervising the two supervisors with adoption responsibilities. There is an emphasis towards communication and coordination between all parties. In addition, there is one Administrative Support staff that provides for the clerical and support needs of the program area.

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

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

Adoption and Out-of-Home-Care

Out-of-Home-Care support focuses on permanency planning for children currently in the foster care system. Support and activities regarding out-of-home care includes program development and support to 67 counties for children in out of home care, whether in a relative's home, foster home, group home, residential placement or adoptive placement in working to achieve permanency. Consultation is provided to the counties on issues related to children in DHR custody, to be certain that the requirements of the Adoption and Safe Families Act (ASFA), 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 in clearing all adoption petitions through existing data systems for acknowledgement to the court to proceed with adoption. This area is served by an Intake Consultant whose role includes responding to inquiries from county staff and constituents requiring information on the laws, policies and practice impacting permanency for children.

The Permanency Consultant's roles and responsibilities are designed to specifically address permanency planning for children in out of home care. There are twelve permanency consultants that work with counties around assessing and supporting permanency planning and placements regardless of the permanency goal. Six of the consultants have specific responsibility for matching and placing children legally free for adoption and who currently do not have an identified resource (non-foster parent adoption). Two consultants are Wendy Wonderful Kids recruiters who provide child specific recruitment for children in the Department's permanent custody and a permanency plan of "adoption, no identified resource" who have very complex special needs. One Permanency Consultant in the unit serves as the training and

technical assistance consultant for Kinship Guardianship and Out of Home Care. She also serves as the liaison to the Alabama Department of Youth Services (DYS) for discharge planning for children leaving DHS who are dependent and in need of additional treatment or services. This consultant serves as a point of contact for DHS in communicating and arranging planning prior to discharge. Another Permanency Consultant serves as the training and technical assistance consultant for foster/adoptive parent training, assessment, and approval. This consultant serves as the coordinator for the Foster Parent Mentoring Pilot that is a part of recruitment and retention activities. She also has the assignment of coordinating the activities of the State Conflict Resolution Team. Her other responsibilities include working with adult adoptees by responding to their requests for information related to their adoption, providing summaries of non-identifying information found in the record and writing a supplemental summary of other information located in the file. On occasion, she facilitates reunions with birth families or siblings who were placed for adoption in another family. She also serves as a liaison to Tutwiler Prison for Women to support and facilitate visitation and facilitate communication with the county about case planning. Two consultants work exclusively with the youth that meet requirements for Independent Living Services. Their responsibilities include providing program development, training and implementation utilizing Chafee and Foster Care Funds received to support improved outcomes for youth involved with the child welfare system. One Permanency Consultant's primary responsibility is that of a recruitment/retention specialist. She is responsible for registering children on the web sites, responding to inquiries regarding children on the websites, processing out-of-state studies, and working on other recruitment activities such as Kids to Love, Heart Gallery and our other recruitment partners. One permanency consultant is responsible for reviewing, requesting information and approving adoption home studies submitted by county offices and APAC. This provides consistency in how studies are reviewed and approved. She is also being cross-trained in other duties of the Office such as intake, subsidy, clearing petitions to adopt, etc. to provide consistency and support.

All consultants also participate in facilitating and supporting the permanency case review process to review and strategize planning for forward movement in permanency planning, specifically for older youth in care. The consultants are accessible to assigned counties by telephone and through field visits to provide training and case consultation. In addition to their focus on permanency, the consultants provide input on policy development and interpretation. Consultants participate in training for county staff on current issues and new policies impacting permanency. Consultants also participate in Quality Assurance Reviews in assessing permanency outcomes statewide. All consultants are expected to have extensive knowledge of ASFA and MEPA, and Fostering Connections to Success and Increasing Adoptions Act of 2008 which guides the work and best practice. They are expected to provide case consultation, to conduct record reviews, and to participate in ISPs to offer guidance in cases.

An adoption supervisor serves as the Deputy Compact Administrator for Interstate Compact Association on Medical Assistance (ICAMA) and manages the responsibility and coverage of those children who move in and out of the state with subsidy Medicaid eligibility. She is assisted by both the Intake Consultant and the Subsidy Consultant in the execution of these duties.

Independent Living Services Unit

The Independent Living Services Unit supports the needs and identification of services for older youth to develop skills to live independently and achieve permanency more timely. Currently the unit consists of Program Supervisor who also serves as the State Independent Living Coordinator and two Independent Living Consultants. This unit has the responsibility for providing program development and implementation utilizing Chafee and Foster Care Funds received to support improved outcomes for youth involved with the child welfare system. Regional trainings for staff currently serving the Independent Living population began January 5, 2012. Regional consultations continued to be provided throughout the State. A total of six trainings were completed serving thirty-four counties in 2012. The Regional Consultation training was completed statewide in May 2013. This program area currently provides management of federal funding available to support counties in serving youth ages 14-21 and development of State and local programs. The implementation of (NYTD) National Youth in Transition Database and monitoring of the Alabama Education and training Voucher (ETV) Program are also responsibilities within this office.

A Strategic Planning Committee comprised of Independent Living staff from all areas of the State was established in March 2012. The strategic plan developed was utilized to craft training and develop services for youth in care. The plan was instrumental in the crafting of the ILP Networking Conference which was held January 22-23, 2013, where eighty-eight workers and supervisors convened along with 15 of the States' ILP and TLP providers. Independent living staff were encouraged to work more closely with providers and neighboring counties to ensure continuity of service and prevent placement disruption. Two Independent Living Program Mini-Conferences were held for a total 150 ILP Coordinators and county staff and providers; dates were April 8-9, 2014 for all southern counties and May 6-7, 2014 for all northern counties. Permanency, Placement Stability and Educational Success were the focus of the mini-conferences.

The program area, through the support and partnership with Children's Aid Society increased the leadership ability and self-advocacy of 18 youth leaders through a summer Leadership Camp held July 31-August 2, 2012. The 2013

Leadership Camp served 20 youth leaders. The young people were trained regarding Strategic Sharing, the Importance of Goal Setting through Dream Boarding and the importance of Youth Leaders by the Former Birmingham Youth Leaders from the Civil Rights Movement. These youth have lead the DREAM Council meetings and assisted with the trainings at the Fall ILP Youth Camps. One hundred thirteen participated in the Youth Camps held September 22-24 and October 13-15, 2012. . DREAM Council Youth facilitated Independent Living trainings at the 2013 ILP Youth Camps held August 2-4 and September 20-22, 2013, Those camps served one hundred two foster youth.

As achieving permanency for older youth and supporting them as they transition out of foster care was identified as a need in Alabama, specific activities to further engage youth have been identified and are being implemented to raise awareness, provide training and encourage forums for the youth's voice in program development and implementation. Eighteen (18) DREAM Council Leaders were trained on Youth leadership and foster care advocacy July 31 through August 2, 2012. These young leaders have since participated in ILP teen camps on September 22-24 and October 13-15, 2012, and monthly DREAM Council meetings/training sessions. The DREAM Council also participated in the winter Director's Conference on December 5, 2012. The IL Connect website was launched in April 2012. The site has both a Facebook and Twitter access and is a way for DHR staff, youth and providers to stay connected.

The Independent Living Program Area will be introducing the Youth Centered/Transition Roundtable model to staff in the four largest counties in the fall of 2014. Staff in Jefferson County will participate in the initial phase of this training on April 17, 2014. The Independent Living Program in partnership with Casey Family Program will train 25 county and state office staff to implement the Youth Center Roundtable process statewide. The training will be provided in late 2014. ILP staff from Mobile and Jefferson counties have received training on implementing the permanency model and along with Montgomery and Madison County will participate in the four day Train the Trainer session. The Program will continue to work very closely with the Permanency Roundtable staff and the Adoption Staff to focus efforts on identifying and supporting permanent connections in our older youth population.

A significant amount of the ILP work occurred in 2014:

- Two 3 day youth camps (150 for ages 14-17 and 150 for ages 17-21 for a total of 300 youth).
- 2 ILP Networking Mini-Conferences for 150 staff/providers
- Two foster care Alumni internships, one to serve as an ILP Youth Consultant and one as an ILP Program Coordinator
- Leadership Initiative Training for 75 ILP youth
- 100 Youth will be participating in the 2014 Daniel Memorial Conference, in August in Denver, Colorado
- Development/maintenance ILP Website for staff and youth
- Training and Implementation of Youth Centered Roundtables (late 2014).

Recruitment/Retention Unit

Please note that the positions described in this section are also described in the Office of Permanency Section described above.

The Recruitment/Retention Unit is managed by one of the Program Supervisors who is responsible for providing technical assistance to county departments in the area of recruiting resources to serve children in out-of-home care. This position supervises two of the permanency consultants assigned to support child specific recruitment and permanency planning. The supervisor also supports both local and statewide recruitment campaigns. In addition this supervisor supervises two consultants responsible for child specific recruitment in specific regions of the state which are funded through Wendy's Wonderful Kids from the Dave Thomas Foundation for Adoption. On March 5 a new staff person was added to this unit that has responsibility for activities related to child-specific recruitment. This specialist may also aid in planning/placement responsibilities in some of the counties with larger numbers of children with ANIR as a permanency Goal. The Program Supervisor currently has the responsibility to also support and monitor contracts and agreements with CAS/APAC (contracts for both pre and post adoption services), AdoptUsKids and participates in the partnership with Heart Gallery of Alabama and Kids to Love.

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

as during their regular AFG (adoptive family group) meetings. The issue of foster family retention is being addressed by development of a foster parent mentoring program that is currently in the pilot phase in four counties.

Office of Child Welfare Eligibility

The Office of Child Welfare Eligibility (OCWE) was transferred to Family Services in April 2005. OCWE was established in 1991, in response to the State's need for accurate determinations of IV-E eligibility. This office is responsible for administering the Title IV-E Program and Aid to Children in Foster Care Medicaid Program. In addition, the OCWE has responsibility for the maintenance of policies and procedures of the Emergency Assistance Program currently funded through the TANF Block Grant and Title XX. The primary responsibility of this Office is to determine eligibility for Title IV-E, a federal funded program that assists states in three major areas: room and board payments for children in foster care, administration, and training. Policies and procedures must be consistent with the federal regulations and the Title IV-A State Plan that was in effect on July 16, 1996. The Office must make a determination of providers' reimbursability for Title IV-E eligibility based on the minimum standards set by the Department of Human Resources. The provider must be fully licensed and meet all safety requirements to claim Title IV-E reimbursement for the placement. As of March 1, 2014, the Office of Child Welfare Eligibility consists of a Program Manager, Program Supervisor, five Program Specialists, an Administrative Support Assistant II, and three Retired State Employees.

Office of Financial Resource Management

The Office of Financial Resource Management (OFRM) is responsible for updating policy, training social work and supervisory staff of county departments in the policy and claiming responsibilities for the Medicaid Rehabilitative Program and the Targeted Case Management (TCM) Program. During (FY13+2), the department received an approximate gross reimbursement of \$42.9 million from Medicaid Rehabilitative Services and \$20.8 million from Child TCM Services. The OFRM currently consists of a Program Manager, a Program Supervisor, a Medicaid Rehab Specialist (Vacant), a Targeted Case Management Specialist, an Accountant/FACTS Financial Trainer (Vacant) and 2 Administrative Support Assistants.

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

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

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

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

- Reviews options for County Procedures on how to ensure that adequate Progress Notes on services provided are received from the vendor provider prior to payment of the invoice.
 - Explains the need for EPSDT screening and its impact on claiming Medicaid reimbursement.
 - Explains HIPAA privacy codes, number of units and unit rate of services that can be authorized.
2. Staff complete 5.5 hours of TCM classroom instruction which consists of curriculum that includes the following:
- Roles of the DHR Case Manager/Social Worker
 - TCM Resource Material
 - Interviewing and Communication Skills
 - Confidentiality – HIPAA Regulations
 - Cultural Diversity
 - Case Transition/Case Closure/Case Termination
 - TCM Encounters Defined – Core Services
 - Documenting TCM Encounters
 - Self-Determination Movement
 - Freedom of Choice
 - Clients Rights and Responsibilities
 - Review
 - Test

OFFICE SUPPORTING CHILD WELFARE

Division of Resource Management

The Division of Resource Management reports to the Deputy Commissioner for 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 to promote 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, review and analyzes requests, and make recommendations for the award of contracts. This office also provides training to department personnel of procurement procedures and regulations, maintains procurement records and establishes and maintains effective working relationships with vendors, departmental officials and the public.

The 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

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 monitoring 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) and 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 placement 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 family 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 by 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, information from our FACTS system and information from 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 State DHR-Family Services in developing the TFC with Enhanced Services. The children in these homes need additional services provided to them as they may have a chronic illness, extreme behavior issues or emotional problems that require more services in the home. These children are monitored on a monthly 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 (CF SR)

Child and Family Services Review

Alabama began Round 2 (R2) of the CF SR Process by developing the Statewide Assessment. This document was then submitted to the Administration for Children and Families (ACF) Regional Office in Atlanta in June of 2007. The Onsite Review was conducted the week of August 13-17, 2007 in three separate locations: Lee County which includes the town of Opelika, in the central eastern part of Alabama; Tuscaloosa County which includes the town of Tuscaloosa in the central western part of Alabama; and Jefferson County which includes the city of Birmingham, and is the largest city / metropolitan area in Alabama. The final report was received in May 2008. The Program Improvement Plan (PIP) was approved by the Children's Bureau with an effective start date identified as being September 1, 2009. Due to the tornados that ravaged the state in April 2011, and the subsequent time and energy that was invested in recovery efforts, the state requested a one-year extension to the PIP. This request was later granted by Health and Human Services, Administration for Children and Families. The extended PIP period ended on August 31, 2012, though a non-overlapping PIP measurement extension until September 30, 2013 was provided. The Children's Bureau had previously approved a PIP measurement plan that included eight items being measured by the state's QA system (QSR's conducted as part of state QA reviews). Four items (child safety, family preservation, caseworker visits with child and caseworker visits with parents) are measured using statewide QA review data. Four items (permanency, APPLA or OPPLA, ISP and family involvement in the ISP) are measured using data from QA reviews in the three counties of Jefferson, Cullman and Calhoun. In July 2013, the state received a letter from Commissioner Samuels that on behalf of the Administration for Children and Families, affirmed the Department had successfully completed its PIP (e.g. all required action steps and PIP (measurement) goals). Selected action steps of the Round 2 PIP are noted in several sections of the Final Report. The Department is continuing its work on 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. The next submittal is scheduled for June 2014. See AFCARS Improvement Plan (in appendices) for detailed information on progress.

Title IV-E Foster Care Primary Review

During August 13-17, 2012, 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. Alabama’s next Title IV-E Foster Care Primary Review is currently scheduled for August 31 – September 4, 2015.

Impact of Federal Reviews on CFSP Goals & Objectives

The CFSR and AFCARS reviews, and the resulting Program Improvement Plans (no PIP was required for the IV-E Review – see above), provided the opportunity for the Department to focus improvement efforts on both practice and documentation (of practice activity).

A direct, causal link between Federal reviews, PIP activities and the measurements of the outcome areas of safety, permanency, and well-being cannot be established using rigorous research methodology. However, it is useful to note that a significant number of the twenty-three (23) outcome items measured using QA (onsite review QSR) data evidenced improvement from the baseline measures to the final measurements that were achieved. These can be observed in the content of the Final Report that follows, though some are indicated below as well. Specific PIP steps related to the outcome areas are also identified in the respective sections.

Finally, while the AFCARS updates are covered in Appendix VI, items such as the following have helped promote documentation of practice that is occurring: FACTS Training; FACTS Helpdesk Hints Newsletter, FACTS Production Release Notes, FACTS Road Maps, the Data Mart now being used by the Office of Data Analysis and the development/planned release of the AFCARS 101 Report.

Examples of CFSR Items Showing Improvement (as measured by QA data):

Item	Baseline Measure	Final Measure
4, Child Safety	90%	92%
7, Permanency Goal	22%	40%
18, Family Inv. In the ISP	51%	67%
19, CW Visit w/ Child	75%	92%
20, CW Visit w/ Birth Parents	50%	63%

IV. VISION STATEMENT

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

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

The Child Welfare Division’s Mission Statement is on its website and is as follows: “The Alabama Department of Human Resources will help families receive the least disruptive services they need, when they need them, and for only as long as they need them in order to maintain children in – or return them to - a safe, stable home.” The state child and family services plan for abused, neglected and at-risk children and their families is intended to operationalize beliefs through

developing goal-directed services that are individualized and needs-based and designed with the following desired outcomes in mind:

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

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

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

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

V. PRINCIPLES OF OPERATION AND PRACTICE MODEL

Department of Human Resources/Family Services Division

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

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

Individualized Service Planning (ISP) Process

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

Practice Model

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

Guiding Principles:

1. Safety & Protection

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

2. Permanency, Stability & Self-Sufficiency

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

3. Well Being & Development

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

4. Family-Centered & Culturally Responsive

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

5. Individualization of Services

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

6. Community Collaboration

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

7. Professional/Organizational Competence

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

Desired Outcomes:

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

ASFA and MEPA

Much of the initial work to implement ASFA was accomplished by the ASFA implementation Task Force in conjunction with staff of the AOC. Ongoing work continues toward reinforcing policy and training provided to staff regarding ASFA and MEPA. Family Services Division staff continue to explore ways to emphasize ASFA and MEPA as best practice by weaving the principles throughout training, consultation, tracking of data, and policy development. The QA Reviews help to assess conformity in these areas. Also, information is reviewed to see if there is evidence of trans-racial placements and matching of resources without regard to ethnicity or race. The Office of Permanency has procedures in place not to delay or deny placement of a child because of race and continues to review policies and strengthen practice in this area. Ongoing work with staff of the AOC (training for juvenile court judges and referees, parents' attorneys, guardians ad litem, DHR staff and court staff) has been directed toward strengthening compliance with ASFA and improving partnerships between the courts and the Department. Standard orders containing required "contrary to the welfare" and "reasonable efforts" language are available electronically and a social worker legal guide was developed and included in packets provided at training sessions. Other work has centered on issues related to juvenile dependency caseload management for judges, court staff and DHR staff (better scheduling dockets, etc.) and building relationships between county staff and their local courts. A multi-disciplinary approach will include ASFA issues. Alabama's SACWIS system, FACTS currently is interfaced with the AOC data system in that information from the courts regarding hearing dates and legal actions filed are brought over to the system. There continues to be dialogue on how the transfer of information can be supported as well

as the utilization of the information for improved outcomes. On May 8, 2013 Alabama's Governor signed the *Best Interests of the Child Act of 2013* (Act No. 2013-157--SB307). This law requires the Department of Human Resources to file a petition to terminate the rights of a parent or parents of a child who has been in the foster care system for 12 of the most recent 22 months. Prior to the passage of SB307, filing a petition to terminate parental rights was based on 15 of the most recent 22 months. This law requires the completion of a termination of parental rights trial within 90 days after service of process has been perfected. This law requires the trial court judge to enter a final order within 30 days of the completion of the termination of parental rights trial. This law requires service by publication if service of process has not been completed within 45 days of the filing of the petition for termination of parental rights. Prior to the passage of SB307, service by publication was based on service of process not being completed within 90 days of the filing of petition for termination of parental rights. This Act expedites permanency for children in foster care.

VI. ORGANIZATION/POSTING/POINT OF CONTACT OF/FOR THE FINAL REPORT

Alabama's 2014 Final 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:

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

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

- Safety Outcome 1: Children are first and foremost protected from abuse and neglect;
- Safety Outcome 2: Children are safely maintained in their homes when possible & appropriate;
- Permanency Outcome 1: Children have permanency and stability in their living situations;
- Permanency Outcome 2: The continuity of family relationships and connections is preserved;

- o Well-Being Outcome 1: Families have enhanced capacity to provide for children’s needs;
- o Well-Being Outcome 2: Children receive services to meet their educational needs;
- o Well-Being Outcome 3: Children receive services to meet their physical and mental health needs;
- o Systemic Factor 1: Statewide Information System;
- o Systemic Factor 2: Case Review System;
- o Systemic Factor 3: Quality Assurance System;
- o Systemic Factor 4: Training;
- o Systemic Factor 5: Service Array;
- o Systemic Factor 6: Agency Responsiveness to the Community;
- o Systemic Factor 7: Foster and Adoptive Parent Licensing, Recruitment and Retention

POSTING OF / CONTACT PERSON FOR THE 2014 Final Report

Upon approval by the Children’s Bureau, Alabama’s 2014 Final Report and 2015-2019 Child and Family Services Report (CFSP), will be posted on the DHR website, where it can be accessed as shown below (see also APSR reports from previous years):

DHR.Alabama.Gov → Services → Child Protective Services → APSR → View the (FY) APSR / ADDENDUM

Alabama’s Contact Person for the Final Report:

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VII. 2014 Final Report

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 for the Final Report are taken from the following period of time: 10/01/12 – 09/30/13

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

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

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

CFSP Rating: Strength
CFSP Percent: 90%

Item 2. Repeat Maltreatment

CFSP Rating: Strength
CFSP Percent: 100%

GOAL: CHILDREN ARE SAFE

DATA (QA) BASELINE (SAFETY OF CHILD):	90%
FIVE YEAR (QA) GOAL:	93%
FINAL MEASUREMENT (QA) DATA:	92%

ASSESSMENT OF PROGRESS

Child safety is first and foremost, and it is the responsibility of Child Protective Services (CPS) to assure children are protected from abuse and neglect. Safety concerns are addressed throughout the case process from Intake to Closure. The Alabama Child Welfare Practice Model is comprehensive and provides an overarching framework that guides practice and decision making across all program areas. The mission of the Alabama Child Welfare Practice Model is to 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. Child safety is believed to be paramount and the Department promotes the least intrusive intervention that is absolutely necessary and essential to assure a child's safety.

One of the most significant issues during this review period was the release of the SACWIS system. During this time the Department began diligent work with SACWIS (FACTS) and utilized the data to direct the work around child safety. Focus continues on the Safety, Permanence and Well-being in all of the work that we do. Two things that have impacted our workforce within the past two years the number of staff retiring has increased. This is occurring all across the state and Staff who retire leave with knowledge that cannot be replicated. In addition, our work force is extremely young.

Based information from the INVS210 from FY2012 through March 2014 the average timeframe for making face to face contact with children is 90.45%. This data also indicates that over the last three years the Department has made improvement in the percentage of CANs completed within the 90-day policy timeframe. Supervisor consultation is crucial for helping casework staff gather information, assess safety threats and develop sufficient safety plans. Strengthening supervisor consultation that provides coaching and feedback around practice, policy and documentation will continue to improve outcomes of safety, permanency and well-being. Supervisors who are highly competent and possess personal qualities that are consistent with the practice model principles and values are most likely to develop competent staff.

The data reflects that staff are more prompt in initiating contact with children who are alleged victims of child maltreatment. County QA committee surveys highlighted the high priority of child safety in county practice. There has also been a reduction in repeat maltreatment. The services being provided (through FOCUS for example) are attempting to ensure that no family is simply sitting and waiting for services to be provided and follow-up (on services offered through FOCUS) reflects that safety for children is being maintained. The child advocacy centers hope to expand the number of centers from 29 to 33 throughout the state, with the prospective additions covering north, central and south Alabama. The Division of Resource Management (within SDHR) may be able to offer guidance/input relative to Family Service Centers and a community education approach to providing information on available services to address child safety. In (approximately) 122 survey ratings completed by county QA committee members, on a scale of 1-6 (6 being optimal), the average rating for Safety, was 5.25 (cf. to: 2013 – 5.23; 2012 – 5.20; 2011 – 5.21; 2009 – 5.19).

Input from different stakeholders included: the need to ensure that thorough assessments of safety are occurring; it will be important to explore whether the assessment of allegations related to sexual abuse and serious physical abuse could be strengthened through having a more uniform system of training forensic interviewers (in the same methods of interviewing); and establishing a goal related to "child trafficking" was suggested.

The Family Assistance Division manages and funds programs pursuant to the Temporary Assistance for Needy Families (TANF) Block Grant. Through community partnerships, services and benefits are provided to assist the recipients to find solutions to the barriers; with a focus on self-sufficiency.

The Family Assistance (FA) Program - This is Alabama's time limited cash assistance program for needy low-income families with children. During fiscal year 2013, a monthly average of 19,962 families received assistance representing about 34,815 children and 12,889 adults. When compared to the 2009 fiscal year this represents a 6% increase in the caseload when a monthly average of 18,754 families received assistance representing about 32,473 children and 10,857 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.

Domestic Violence Intervention - DHR contracts with the Alabama Coalition Against Domestic Violence to provide services to TANF-eligible clients who may be victims of domestic violence. Services are provided statewide under a program known as the Special Assessment, Intervention, and Liaison (SAIL) Project. The Special Assessment, Intervention and Liaison (SAIL) Program provides services to families involved with domestic violence to help them remove barriers to becoming self-sufficient in a safe manner. Services are provided through a Domestic Violence Specialist who conducts assessments, provides counseling, and assists with safety planning. Services are available as needed to all counties that do not have an on-site Domestic Violence Specialist. During FY2013, 2,989 referrals were

made to the SAIL Project. Referrals came from every DHR program with most coming from FA eligibility workers as a result of a domestic violence screening tool. Approximately \$149,096 was spent assisting families with relocation expenses including rent and utility assistance, repairs to cars damaged by the abuser, and replacement documents such as birth certificates and Social Security cards.

Through the provision of family support services under **Promoting Safe and Stable Families**, improve child safety for children in families served. Improve the number of children that safely remain with their families or another identified relative or significant person by continuing to provide services to families through Family Service Centers and FOCUS programs.

The Goal is to improve the number of children that safely remain together with their families or another identified relative or significant person and helping them learn new skills to stay together successfully by continuing to provide services to families through Family Service Centers and FOCUS programs. The safety of the child is the highest priority. FOCUS Staff respond immediately to family crisis. 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 in the home 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. FOCUS Staff request for the DHR to rate safety at the beginning and end of the intervention. During the first few days of the intervention, the FOCUS staff will also assess risk/safety factors and will 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. FOCUS staff also participates in developing a safety plan as needed. FOCUS Staff provide weekly consultation with DHR and immediate response in the event of health or safety issues that poses a threat to the child. FOCUS staff conduct two or more (as needed) in-home face to face contacts per week, for hours at a time in order to provide a quick response to emergencies and to teach skills during a crisis when families are most willing to learn new behaviors. Workers are available 24/7 and carry only a few cases at a time, and work a flexible schedule to be available to families when they are experiencing difficulty. FOCUS training, supervision, and ongoing monitoring and quality assurance provide additional measures to ensure the safety of families/children. Prior to terminating the intervention, FOCUS Staff 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 FOCUS Worker can work with the family for a period of time in attempt to alleviate the crisis. As of March 2014, 80% of discharges from FOCUS Programs are successful, that is, a child returns to or remains with family, is placed with a relative or other significant person identified as a permanency goal for the child. Families are tracked up to 24 months post discharge from the program. FOCUS served 1, 290 families Oct. 1, 2012- Sept. 30, 2013. They have served 522 families during the period of Oct 1, 2013- March 31, 2014. 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. Family Service Center sites are located in areas of a targeted county/community where there is a high concentration of families needing 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 above and beyond this number. Family Service Center providers served 21,142 families Oct. 1, 2012- Sept. 30, 2013. They served 12,114 from Oct. 1, 2013 -Mar. 31, 2014. They provide a broad range of home and center-based services on a continuum from prevention services to intensive intervention. Core services provided by family service centers include the following: assessing and service planning, case management; 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; 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 their needs which led to the occurrence of child maltreatment. Increasing a family's chances of meeting these needs will enhance their children's chances of growing up strong, healthy and safe. Barriers to meeting the goal listed above may include not being able to increase staff in areas where there is a need based on the number of families placed on a waiting list for FOCUS services or add additional services in the existing family service centers or develop new sites in areas with increased rates of child abuse/neglect due to no increase in funds. Success will be evident based on tracking not falling below 80%.

Through the provision of intensive family preservation services, time-limited family reunification services, and home visitation services under **Promoting Safe and Stable Families**, increase the numbers of children served by intensive family preservation and home visitation services enabled to live safely with their families. An emphasis will be placed on achieving positive outcomes for the children that are being served intensive family preservation and home visitation services. Document progress toward goals established by families in their work with providers related to child safety as rated by families at regular intervals or at the end of the FOCUS intervention. Maintain numbers of families safely remaining together at 3 months, to no less than 80%, at 6 months, to no less than

80%, at 9 months, to no less than 80%, at 12 months, to no less than 80%, and at 24 months no less than 80% after intensive family preservation (FOCUS) intervention or at the same rates remaining together after the permanency/reunification intervention has been completed.

FOCUS workers provide services to 4-6 families per worker, opposed to working with 2 families as identified in the previous model utilized, in which allows staff to increase the overall number of families served. The current caseloads still allow staff to work intensively with families to reduce barriers and increase family preservation and reunification. FOCUS workers 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. A statewide report is compiled that includes 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 3, 6, 12 and 24 months. The report allows us to track the increased or decreased numbers of children being served or d/c 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. As of March 2014, 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. FOCUS staff 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 evident as reports indicate an increase in the number served each year. Barriers to increase the number served is the inability to provide an increase in funds to add additional staff to serve families who are placed on a waiting list and providers extending services on a regular basis.

The Department has continued to monitor the cases in which child deaths occurred due to maltreatment. With the statewide roll out of FACTS, reports INVS206 was developed to track this item. The Office of Data Analysis is notified by an email on any CA/N report that has a child death allegation. This information is tracked from the QA Database. In the interim the Department relies on the QA Database to track this information. DHR Staff serve on the Alabama State Child Death Review Team and the State Health Department’s Perinatal Advisory Council. Serving on these committees and others provide information that helps guide us in areas such as premature infants and the statewide mortality rates.

FY 2010: In FY 2010, twenty-nine (29) child fatalities occurred with allegations of death due to child maltreatment. As of **May 7, 2014**, the dispositions on those CA/N reports are as follows:

Child Fatalities w/allegations of maltreatment	29
Indicated	14
Not Indicated	11
Unable to Complete	2
Pending	1
Entered in error	1
12 month prior contact w/ Indicated Finding	3 (21.4%)

FY 2011: In FY 2011, twenty-eight (28) child fatalities occurred with allegations of death due to child maltreatment. As of **May 7, 2014**, the dispositions on those CA/N reports are as follows:

Child Fatalities w/allegations of maltreatment	28
Indicated	13
Not Indicated	9
Unable to Complete	1
Pending	2
Entered in error	3
12 month prior contact w/Indicated Findings	2 (15.4%)

FY 2012: In FY 2012, forty-six (46) child fatalities occurred with allegations of death due to child maltreatment. As of **May 7, 2014**, the dispositions on those CA/N reports are as follows:

Child Fatalities w/allegations of maltreatment	46
Indicated	27
Not Indicated	16
Unable to Complete	1
Pending	2
Entered in error	0
12 month prior contact w/ Indicated Finding	10 (37%)

FY 2013: In FY 2013, twenty-two (22) child fatalities had occurred with allegations of death due to child maltreatment. As of **May 7, 2014**, the dispositions on those CA/N reports are as follows:

Child Fatalities w/allegations of maltreatment	38
Indicated	18
Not Indicated	9
Unable to Complete	1
Pending	10
Entered in error	0
12 month prior contact w/ Indicated Finding	2 (11.1%)

FY 2014 (as of May 7, 2014), twenty-one (21) child fatalities had occurred with allegations of death due to child maltreatment. As of **May 7, 2014**, the dispositions on those CA/N reports are as follows:

Child Fatalities w/allegations of maltreatment	21
Indicated	2
Not Indicated	2
Unable to Complete	2
Pending	14
Entered in error	1
12 month prior contact w/ Indicated Finding	1 (5%)

The Alabama State Child Death Review Team 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 Health are two of the Departments represented on the State Team.

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.

In addition to the state team, each county has a Local Child Death Review Team. The local District Attorney leads the local teams. Team members include, but are not limited to,; A representative from the Department team is included in the local team. The local teams throughout the state are responsible for the 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. There is no automated interface with vital statistics, child death review teams, or law enforcement.

The State Child Death Review Chairman serves on the Alabama Quality Assurance Committee. In previous years there were counties which had no local Child Death Review Team. This year the State Child Death Committee traveled

throughout the to assist the 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. This year 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 September. 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. Four sessions have been completed. There will be at least four sessions of this training in the coming year.

GOAL: **INCREASE THE NUMBER OF CHILD ABUSE REPORTS COMPLETED, i.e., INVESTIGATED, RECORDED, AND APPROVED BY THE SUPERVISOR WITHIN THE NINETY (90) DAY POLICY TIME FRAME.**

DATA BASELINE: 49% (FY 2008)
FIVE YEAR GOAL: *
FINAL MEASUREMENT DATA: 76% (FY 2013)

* The implementation of FACTS impacted the daily work conducted. Although focus remains on child safety, work continues to develop queries that provide greater data around child safety. The collection of data that is generated provides the ability to monitor the timeliness of reducing the number of child abuse and neglect assessments completed within the required policy guidelines.

ASSESSMENT OF PROGRESS

The development of this plan in there has been a continued focus by the Department to monitor the accuracy of Safety Outcomes. Family and Children’s Services, the Office of Data Management and FACTS (SACWIS) have worked together to insure that data accurately reflects the Safety Data. During the this time the Department began diligent work with the new SACWIS system and provided staff with data that would provide new insight into the work that was being completed in the field. Using the data available work began on the review of Due Process Cases revealed that Child Abuse and Neglect Reports were being placed in suspended status while awaiting information from Law Enforcement. This was also occurring in cases which involved other state agencies, such as child death certificates, police reports, etc. The suspensions of these cases were identified and changes were made in policy to insure that workers were using the suspension of cases correctly to meet the completion of CA/N Assessments within the 90day time frame. The percentage of face to face contacts with children in CAN reports is also monitored to insure child safety. From FY2012 through March 2014 the average timeframe for having face to face contacts with children is 90.45%. Continued monitoring of data appears to be showing improvement in Face to face contacts with victims.

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

Safety Outcome 2. Children are Safely Maintained in their Homes Whenever Possible and Appropriate CFSR Determination: **Not in Substantial Conformity**

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

Item 3. Services to family to protect children in home and prevent removal	
CFSR Rating:	ANI
CFSR Percent:	78%

Item 4. Risk of harm to children	
CFSR Rating:	ANI
CFSR Percent:	84%

GOAL:	INCREASE THE STAFF'S CAPACITY TO DEVELOP AND MONITOR SAFETY PLANS FOR EFFECTIVENESS IN MANAGING IDENTIFIED RISK OF HARM
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DATA (QA) BASELINE (FAMILY PRESERVATION):	36%
FIVE YEAR (QA) GOAL:	45%
FINAL MEASUREMENT (QA) DATA:	73%*

ASSESSMENT OF PROGRESS

* It should be noted that during FY 2012, the Department discovered an anomaly in the rating for this indicator. As such, the current QA measurement reflects the overall higher percentages for this indicator, than what the QA baseline of 36% indicates. It does **not** reflect a percentage increase from **32% (last year's measurement) to 73%**. The development of this plan in there has been a continued focus by the Department to monitor the accuracy of Safety Outcomes. Family and Children's Services, the Office of Data Management and FACTS (SACWIS) have worked together to insure that data accurately reflects the Safety Data. During the this time the Department began diligent work with the new SACWIS system and provided staff with data that would provide new insight into the work that was being completed in the field.

The relationship we have made with other agencies is one of our biggest strengths. This includes the Domestic Violence Programs who continue to help us in identifying cases involving child welfare and domestic violence. The staff from early intervention continues to meet with the Department and they also present workshops at our annual Supervisors Conference. Using the data available work began on the review of Due Process Cases revealed that Child Abuse and Neglect Reports were being placed in suspended status while awaiting information from Law Enforcement. This was also occurring in cases which involved other state agencies, such as child death certificates, police reports, etc. The suspensions of these cases were identified and changes were made in policy to insure that workers were using the suspension of cases correctly to meet the completion of CA/N Assessments within the 90day time frame.

The percentage of face to face contacts with children in CAN reports is also monitored to insure child safety. From FY2012 through March 2014 the average timeframe for having face to face contacts with children is 90.45%. Continued monitoring of data appears to be showing improvement in Face to face contacts with victims.

Maintain intensive family preservation services and family reunification services, and expand as need dictates and funding allows, under the **Promoting Safe and Stable Families** portion of the **Adoption and Safe Families Act**. Allow preservation and reunification providers to remain in the cases for longer periods of time to allow for greater treatment/crisis stabilization within the family. Fund service delivery, with expansion as need dictates and funding allows, in the intensive family preservation and family reunification programs **Family Outcome-Centered Unification Services (FOCUS)**, currently funded in all sixty-seven counties throughout the state. Providers are required to 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. Providers serve no less than four families at a time and no more than six. Providers may serve families for up to four months and may request extensions from SDHR if additional service time is needed. Maintain 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: child/family served; DHR case number; county of origin; referral date; placement at the time of referral; current placement; discharge date, if discharged; length of service in days; discharge successful or unsuccessful; and placement post-discharge 3, 6, 12 and 24 months. These statistics are then compiled into a Statewide report.

- As per our Agency File for the FY2013 NCANDS submission, Services were provided to 1290 families; 914 families were provided preservation services, 376 families were provided reunification services through community based Family Outcome-Centered Unification Services (FOCUS). were provided reunification services through community based Family Outcome-Centered Unification Services (FOCUS).
- Based on data obtained from State CBCAP Lead Agency (Department of Child Abuse & Neglect Prevention/The Children's Trust Fund), direct (preventive) services were provided to 1005 children ages 0-18. Indirect services were provided to 178 children between the ages of 0-18.
- 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. Providers serve no less than four families at a time and no more than six. Providers may serve families for up to four 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. Referral guidelines regarding the intervention time-frame are clearly communicated to referring workers, who are asked to convey them to families whom they are considering referring. 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. 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: child/family served; DHR case number; county of origin; referral date; placement at the time of referral; current placement; discharge date, if discharged; length of service in days; discharge successful or unsuccessful; and placement post-discharge 3, 6, 12 and 24 months. These statistics are then compiled into a Statewide report. The goal is to fund service delivery, with expansion as need dictates and funding allows, in the Intensive Family Preservation and Family Reunification programs. Barriers to meeting this goal may include the inability to increase staff to serve the increased number of families who are placed on waiting lists due to no increased funding. A barrier for the Family Service Center's is the inability to expand sites to other counties with high rates of child abuse and neglect due to no increased funding.

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

A total of 21,142 unduplicated families received core family support services through the Family Service Centers in Fiscal Year 2013. Core services are based on a comprehensive assessment process that results in goals identified by the families. Case management services are provided as a part of core services to facilitate access and follow-up. The Family Service Centers continue to provide many other supportive services that are not classified as core services; however, the reporting database no longer provides totals for these services. 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. It will be evident that this objective has been achieved if existing programs continue to be funded and programs are evaluated as providing efficacious services to achieve family stability. Barriers may include the inability to increase funds that would allow providers to develop services or maintain services in the targeted community.

Coordinate service delivery under the Promoting Safe and Stable Families portion of the Adoption and Safe Families Act. Ensure that community needs are met through FP/SS programs, through utilization of feedback received from County DHR staff during reviews of individual programs. Resource Development consultants during their reviews of the various FOCUS programs will elicit feedback from the county DHR offices using the program. This information will be used in giving feedback to the provider in the written report to them at the close of the annual site visit. 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, monitoring and support functions to the FOCUS programs and Family Service Centers. The Resource Management consultants conduct regularly scheduled site visits to each program in order to provide technical assistance, consultation, and monitor progress toward goals. 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. Evaluate progress and utilization of each program in order to change and adapt programs as needed. As site visits are conducted, the State consultants will address any concerns with the Director/Program Supervisor and/or provider. Technical assistance is provided by the consultant to help improve utilization or address other issues. These statistical reports are utilized as plans are made for the following fiscal year in terms of funding, staffing or other necessary programmatic changes.

Program Specialist from the Office of Resource Development and Utilization ensure that community needs are met through Family Preservation and Support Services (FP/SS) programs through utilization of feedback received from

County DHR during annual program reviews. During the review, Program Specialist elicits feedback from county DHR offices that use the programs. FOCUS, as well as, Family Service Center providers request for DHR workers and families to 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 include staff from DHR and a consumer. They traditionally have a consumer and a DHR liaison on their advisory council who 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 to them at the close of the annual program review. Resource Development and Utilization Consultants provide individualized technical assistance with planning and problem solving, monitoring and support functions to the FOCUS programs and Family Service Centers. The Resource Management consultants conduct regularly scheduled site visits to each program in order to provide technical assistance, consultation, and monitor progress toward goals. 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. The office of Resource Development and Utilization evaluates progress and utilization of each program in order to change and adapt programs as needed. As site visits are conducted, the State consultants will address any concerns with the Director/Program Supervisor and/or provider. Technical assistance is provided by the consultant to help improve utilization or address other issues. These statistical reports are utilized as plans are made for the following fiscal year in terms of funding, staffing or other necessary programmatic changes. Barriers may include inability to replace consultants who retire or resign, who normally complete reviews, due to budget issues. The number of annual reviews may be decreased as a result of decreased staff. When there is no funding increase the waiting lists cannot be reduced.

As part of the Jefferson Co. Pilot Project work has been done (among community partners) to develop a standardized health assessment process and forms (for use by hospital staff) to assess new born infants in the pilot project area of Jefferson County. Also, progress has been made in establishing a "Cribs for Kids" project, which will enable new mothers to have safe sleeping surfaces for their infants. The Alabama DCAP/Children's Trust Fund reported that for 2009-2010, the Mentors for New Mothers program has 19 mentors and 12 mentees, the mentees with DHR involvement are given priority for matches. The Department of Child Abuse/Neglect continues to implement the Jefferson Co. Pilot Project. Progress has been made in establishing a "Cribs for Kids" project in both Mobile and Jefferson Counties, which will enable new mothers to have safe sleeping surfaces for their infants. Further, community partners, including DHR and local hospitals, are communicating safe sleeping messages in a number of communities utilizing various media sources. The Alabama DCAP/Children's Trust Fund reported that for 2012-2013, the Mentors for New Mothers program has 33 young mothers with DHR involvement continue to be a priority for matches. As part of the Jefferson Co. Pilot Project and in partnership with the Board of Nursing, Public Health and DHR, training on Mandatory Reporting, Abusive Head Injury and Unsafe Sleeping is being developed. Training will also be developed for the education sector. The Alabama DCANP/Children's Trust Fund reported that over the life of the Jefferson County Pilot Project (JCPP) has provided a total of approximately 1,999 cribs to new mothers; Jefferson and Mobile County DHR refer individuals to the Cribs for Kids project. Each new mother that receives a crib also receives training on safe sleep, abusive head trauma, child development, etc. ADCANP is currently working with DHR to provide training and information on safe sleep and abusive head trauma to DHR supervisors. The Project to end child death in the (0-3) population was expanded to include Mobile and is thriving. Program will expand to Madison County during the next program year. Finally, ADCANP staff will present a workshop on the "Safe Sleep" program at the 2014 DHR Supervisor Conferences and will provide literature to the DHR offices on the county level.

The Alabama Children's Justice Task Force has also recognized the need for the development of Mandatory Reporter Training and has included this training in their funded projects for FY 2012. A draft script providing information on child abuse reporting requirements for those mandated to report abuse according to Alabama's mandatory reporting laws was developed. In-service training for community partners is provided upon request by both County and State DHR staff. All ADCANP funded programs have updated their mandatory reporting policy and has trained all staff members on the new (Mandatory Reporter) legislation. Also, All ADCANP grantees continue to be required to receive and incorporate the Protective Factors training into their community-based work.

Children at Risk of Maltreatment

At this time, Alabama has policy in place describing vulnerable/at-risk children. Policy is intended to address those children who are in such situations that there is a possibility they may experience serious harm unless DHR intervention occurs. Policy is attached/featured below.

- Children Allegedly Abused Or Neglected

Initial in-person contact with children identified in the CA/N report as allegedly abused or neglected must be made within one of the following response times.

a. Immediate

Child welfare staff shall respond immediately when intake information indicates serious harm will likely occur within twenty four (24) hours to the children identified in the report as allegedly abused or neglected. Vulnerable children are more likely to be at risk of serious harm than those who are able to protect themselves. (Refer to definition of “vulnerability” in the *Glossary** for additional information.) Factors that can make children vulnerable (at-risk) include, but are not limited to:

- Age six (6) years or younger;
- Disability (e.g., physical, mental, developmental);
- Health; and
- Limited, unknown, or no access to individuals who can provide protection

Factors that suggest children may be at risk of serious harm within twenty four (24) hours and require an immediate response include, but are not limited to:

- Child death report is received with alleged abuse/neglect as the cause, and there are other vulnerable children in the home;
- Child is under age six (6) years and the alleged abuse/neglect is attributed to the parents’ or primary caregivers’ substance abuse, mental illness, Mental Retardation, or family violence;
 1. Child is being hit, beaten, severely deprived **now**;
 2. Child is unsupervised or alone **now**;
 3. Child is in life threatening living arrangements **now**;
 4. Serious allegations have been reported and a child is accessible to the person allegedly responsible for abuse/neglect or accessibility to the person is unknown;
 5. Serious allegations have been reported and the child/family situation may or will change quickly;
 6. Allegations involve failure to thrive;
 7. Allegations involve medical neglect of handicapped infants;
 8. Parents/primary caregivers are failing to seek medical care for a health problem which, if left untreated, could cause serious harm;
 9. Parents/primary caregivers have been reported as being under the influence of substances **now**;
 10. Parents’/primary caregivers’ whereabouts are unknown; and,
 11. There is a history of CA/N reports which suggest the children may be at risk of serious harm **now**.

*EXCERPT FROM GLOSSARY: VULNERABILITY

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.

Please find below (p.4) Family Services’ “Risk Assessment Index Chart” which supports the policy displayed above and assists the social worker in assessment and decision-making.

**RISK ASSESSMENT INDEX
CHART**

<u>FACTOR</u>	<u>LOW RISK</u>	<u>MODERATE RISK</u>	<u>HIGH RISK</u>
Child's vulnerability and capacity for self-protection (e.g., age, physical, mental, or developmental abilities)	11 years and older; and/or able to care for and protect self without or with limited adult assistance; no physical or mental disabilities or limitations	6 - 10 years old; and/or requires adult assistance to care for and protect self; emotionally withdrawn; minor physical or mental illness/disability; mild to moderate developmental impairment	Less than 6 years old; and/or unable to care for or protect self without adult assistance; severe physical or mental illness/disability; overactive, is challenging, or provocative behaviors; severe developmental impairment
Severity/frequency of abuse	No or minor injuries; medical attention not required; isolated incident; no discernable effect on child; no inappropriate sexual behavior; sufficient nurturing and affection;	Minor or unexplained injury requiring some form of medical treatment or diagnosis; child exposed to pornography or sex acts; touching child's breasts, genitals, or buttocks; treating child differently from siblings (e.g., lack of interaction; unrealistic expectations; belittling; scapegoating); using child as pawn in custody battle; exposure to family violence	Child requires immediate medical treatment and/or hospitalization; abuse/neglect of a sibling that resulted in death or permanent dysfunction of organ/limbs; child at imminent risk of serious harm; sodomy; vaginal intercourse; oral sex; sexual assault; digital penetration; extended and/or inappropriate isolation; extreme rejection; abandonment
Severity/frequency of neglect	No discernable effect on child; isolated incident	Parent/Primary Caregiver is suspected of being unwilling/unable to meet child's basic medical, food, clothing, and/or shelter needs; unconfirmed history or pattern of leaving child unsupervised	Parent/Primary Caregiver is unwilling/unable to meet child's basic medical, food, clothing, and/or shelter needs; confirmed history or pattern of leaving child unsupervised or unprotected for excessive periods of time
Location of injury	No visible injury or minor injury to bony body parts (e.g., knees, elbows) or buttocks	Injury to torso, arms, or legs	Injury to head, face, genitals; internal injury
History or pattern of abuse/neglect	No prior history reported or prior "not indicated" report of abuse/neglect	Prior "indicated" report; no services provided to the child, family, or person responsible for the abuse/neglect	Prior "indicated" report of a serious nature; multiple reports (regardless of disposition) involving the child, family, or person responsible for abuse/neglect
Parent's/Primary Caregiver's physical/emotional/intellectual abilities and control	No physical, emotional, or intellectual limitations; in control of mental faculties with sound reasoning abilities; realistic expectations of child; no or minimal substance use with no known effects on child	Physically or emotionally disabled; moderate intellectual limitations; poor reasoning abilities; needs help with protecting child; history of criminal behavior or mental health issues; substance use with some adverse effect on child	Significant physical, emotional or intellectual disability; poor concept of reality; unrealistic expectations/perceptions of child behaviors; substance abuse resulting in incapacity and/or significant impact on child (e.g., infant tests positive for drugs at birth)

FACTOR	LOW RISK	MODERATE RISK	HIGH RISK
Parent's/Primary Caregiver's level of cooperation	Demonstrates willingness and ability to work with DHR; at least one parent/primary caregiver (not responsible for abuse/neglect) is protective of the child and has the capacity to continue doing so	Overly compliant with CPS staff; at least one parent/primary caregiver (not responsible for abuse/neglect) is present and is willing and able to assure minimal cooperation with DHR	Denies or doesn't believe a problem exists; refuses to cooperate, uninterested or evasive; parent/primary caregiver (not responsible for abuse/neglect) is unwilling and/or incapable of protecting child
Parent's/Primary Caregiver's parenting knowledge & skills	Appropriate parenting knowledge and skills; nurturing of children	Inconsistently displays appropriate parenting knowledge and skills; children viewed with resentment; minimal nurturing	Lack of appropriate parenting knowledge and skills; unwilling and/or unable to provide minimal level of child care; lack of nurturing
Access to child by person responsible for abuse/neglect	Not in home; no access or no private access to child	In home; access to child is difficult; child is under constant supervision by other adult in the home	In home; complete access to child; not in home, but has private access or other adult in the home may not deny access
Paramour, parent substitute or stepparent in the home	No paramour, parent substitute or stepparent in the home; paramour, parent substitute or stepparent is a supportive and stabilizing influence	Paramour, parent substitute or stepparent is in the home sporadically and assumes only minimal caregiving responsibility for the child	Paramour, parent substitute or stepparent resides in the home and is allegedly responsible for the abuse/neglect
Physical condition of the home	Relatively clean with no apparent safety or health hazards; adequate food supply; utilities on	Trash and garbage not disposed; infestation of ants, roaches, or other vermin; limited food supply; one or more utilities inoperative	Structurally unsound or condemned; exposed wiring or other safety hazards; little or no food/drinking water; no heat in cold weather; inadequate or no waste disposal; homeless
Family support system	Family, neighbors, or friends available and committed to help; membership in church, community, or social group	Family supportive, but not in geographic area; some support from family, friends, and neighbors; limited community involvement	No supportive relatives, neighbors or friends; no phone or transportation geographically isolated from community services;
Stresses	Stable family; strong relationship with relatives; steady employment/income; transportation available	Pregnancy or recent child birth; illness; insufficient income; inadequate home management skills/knowledge; inconsistent relative relationship	Death of spouse; recent change in marital or relationship status; acute psychiatric episodes; marital conflict; family violence; substance abuse

- **Targeted Services for At-Risk Children in Alabama**

Targeted Services for at-risk children in Alabama are accessible both within the organization and through partners across the state. Through the Department's Individualized Service Planning process, services to address family needs are identified and referrals made accordingly to programs and opportunities provided by DHR as well as other agencies/entities. Some **internal** targeted services and strategies to serve at-risk children include:

1. Individualized Service Planning/Case Management
2. Flexible funds are available through State D.H.R. to be used by counties toward safety outcomes as identified in the Individualized Service Plan. These funds may be used to purchase hard services or others as needed.
3. Information and Referral to other agencies/entities. (See below.)
4. Maintain the Central Registry on Child Abuse and Neglect
5. Administer the Interstate Compact on the Placement of Children (ICPC) which reviews and facilitates applications for travel, placements, foster care, and adoptions of children entering and leaving the state
6. Family Services provides case consultation services
7. FOCUS (Family Outcome-Centered Unification Services) provides short-term intensive in-home interventions to help alleviate situations and conditions within families where removal of the children from the home is imminent. Providers are to use an evidence-based and national recognized model for the provision of service delivery. All of Alabama's 67 counties have access to the FOCUS services.
8. DHR Behavioral Analysts may teach the "Tools of Choice" Parenting Program if indicated in the ISP, which includes in-home consultation to demonstrate that each parent has acquired the skills they were taught. Work is done in individual cases where the behaviors of the child are challenging and place the child at risk of removal.
9. Safety Round-Tables will be introduced in calendar year 2015. This process is based on a successful model wherein challenging families who are not able to meet outcomes toward safety and preservation will have their cases reviewed by a group of social workers, supervisors, and others who can re-assess the case and offer different strategies toward successful prevention of harm. This group will provide guidance and suggestions to be incorporated into the family's ongoing Individualized Service Planning process.
10. Diagnosis And Evaluation (D&E) And Mental Health Counseling (MHC) Services For Non-Medicaid Eligible Children/Families
11. Homemaker Services
12. Medical Expenses Incurred During CA/N Assessments
13. Protective Services Day Care. This service is designed to provide safe substitute care for a portion of the day for children who at risk of serious harm due to the family situation. Protective services day care is authorized when the child needing day care services was identified in a CA/N report as allegedly experiencing abuse/neglect and the child's family is receiving other child welfare services as an on-going protective services case.
14. A Safety Steering Committee that represented different Counties and State Office Divisions was formed to assist in writing Intake and CA/N Safety Assessment Policy. The committee consisted of State Office staff from various areas and county staff from nine different counties. NRCCPS Consultants facilitated the meetings and they devoted time to provide greater clarity to committee members around key safety concepts and criteria. These concepts and safety decision-making criteria are currently in Alabama's Safety Analysis Policy that has been in effect since November 1, 2006.

The No Cost Extension began with the plan to enhance Alabama's current CPS policy and then begin statewide training sessions to introduce the revisions. The inclusion of County Staff and State Office staff proved to be beneficial to the discussion of development of any new policy. The Safety Steering Committee developed a draft Intake Assessment Policy and CA/N Safety Assessment Policy. In addition to the policies, protocols were drafted to guide workers through the Intake Assessment and CA/N Safety Assessment process. These policies and

protocols were designed to give workers a more structured, consistent approach while gathering specific information to determine child safety.

Services and strategies provided by **other agencies/organizations**:

- The Department of Human Resources has an excellent partnership with the **Department of Mental Health** in Alabama, and considers their services as fundamental to the well-being and likely successful outcomes with our families in need of preservation and reunification. A formal log of the services they provide to our children and families can be submitted if necessary.
- Children in families who have not met their basic medical needs are routinely provided services through **ALL Kids** upon referral by DHR. ALL Kids is a low-cost, comprehensive healthcare coverage program for children under age 19. Benefits include regular check-ups and immunizations, sick child doctor visits, prescriptions, vision and dental care, hospitalization, mental health and substance abuse services, and much more. The Department of Children's Affairs administers the Children's Trust Fund which is a source of funds for training and development around safety and well-being issues with our families.
- For 2012-2013, CTF (Children's Trust Fund) funded 66 programs for the maintenance, expansion, and enhancement of at-risk youth and family support through the Children's Trust Fund for a total of \$1,534,250.00. At-risk youth programs serve individuals age 8-17 that 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 is currently working closer with the Children's Policy Councils to take a closer look at the placement prevention programs underserved areas and populations.
- **Child Defend**, a partnership between the Alabama Department of Child Abuse and Neglect Prevention and Athens State University (ASU), currently has 43 judges and 245 lawyers signed up for the service. The Website currently gives practice tips and contains abstracts and articles needed for attorneys whose practice involves protecting children. It features secure forums where case law can be discussed. Child Defend has a list of pro bono attorneys who assist other attorneys needing input on other areas of law for secondary issues arising in a child abuse or neglect cases, need co-counsel in representing a child or youth growing up in foster care, need assistance in handling a child abuse or neglect case, or who wish to refer parties needing pro bono legal services to volunteer attorneys. The Pro Bono Network also provides a way for judges to locate attorneys willing to represent children in the custody of the state who do not have any representation. Child Defend is in the process of uploading case law so that the site can serve as a one-stop resource for attorneys and judges. Through its affiliation with the online ASU CAST program participants and others interested in child maltreatment can earn a certificate in child abuse studies training.

CAPTA UPDATES

I. Alabama State Liaison Officer (SLO)

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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 CAN reports received by allegation, for the following allegations (Note: Referral intake date was the method used to “assign” children to the yearly cohort groups):

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

CY	TOTAL	Chemical Endangerment	Positive-Drugs at Birth	Positive-Alcohol at Birth/FAS
2010	374	132	235	7
2011	296	60	228	8
2012	368	130	229	9
2013	379	94	275	10

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.

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

Use of Grant Funds

A. The primary plan for CAPTA funds continues to be maintaining the CAPTA Due Process Requirement through the administering of the administrative record review process. This program improves the child protective services system by establishing procedures for appealing and responding to appeals of substantiated/indicated reports of abuse and neglect. The Administrative Record Review process was implemented June 1, 1999. In past years CAPTA funds have been used for the salaries for 3 Administrative Record Review Program Specialists and one Central Registry Program Specialist. FY 2014 funding for four Program Specialist positions in FY 2014 is \$327,083. CAPTA Funding has been the corner stone of many of the projects that continue to grow. This includes the Central Registry /Adam Walsh Act; due process for those individuals with indicated/substantiated child abuse/neglect reports and is one of the largest services we provide.

In FY 2014, two Administrative Record Reviewers and the Central Registry Program Specialist retired resulting in a decrease in the amount of CAPTA funding used for these positions. Initially the budget for the record reviewers and the Central Registry Program Specialist was \$245,312. The three workers who replaced the retirees were paid from other funding streams.

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

The administrative record review program is a joint partnership between the county departments and the state office. State office administrative record reviewers and the County Director or designee review the case record and any information submitted by the alleged perpetrator to determine if the record supports a finding of abuse or

neglect. The alleged perpetrators are given written notice of their right to an administrative record review. They are informed the review process will be completed by a DHR independent panel members of which are not directly involved in the case and have authority to overturn the decision of the worker/supervisor if the record does not support the finding of abuse or neglect.

The role of the Central Registry Program Specialist is to review Child Abuse/ Neglect reports that have an "indicated/substantiated finding of Child Abuse/Neglect that were received prior to the June 1, 1999 implementation of the CAPTA Due Process Requirement. There must also be a pending request for a Central Registry Clearance. Once the case review is completed by the Central Registry Program Specialist the determination is made regarding the release of the information. The State Central Registry on Child Abuse and Neglect continues to be widely used by potential employers, who work with children, to screen applicants for employment and for the screening of foster and adoptive parents. . The Central Registry Program Specialist position is now being completed by other staff in the Office of CPS. CPS staff continue to assist in providing accurate information to other states who are requesting Adam Walsh Clearances so awaiting placements can be completed timely. In FY 2014 CAPTA funds will be used for salaries for three Central Administrative Record Review Program Specialists and a Central Registry Program Specialist. These four positions are essential for the timely completion of Due Process in child abuse and neglect reports and the release of information from the Child Abuse/Neglect Central Registry. This is a critical position that requires balancing child safety with liability issues.

Salaries for the Central Registry and Administrative Record Specialists (a total of 4 staff) will increase in FY 2014 due to increases in benefits i.e. retirement, insurance and pay raises. In addition to the job duties of the Administrative Record Program Specialists, the Central Registry Specialists are involved in the team approach to assisting counties in improving their child protective services program. They work closely with consultants from within Family Services by providing support and helping to identify strengths and needs in the counties' CPS programs. From October 1, 2011 through May 2013 the Department has received 39,278 requests for State Central Registry Clearances.

Connecting Policy to Practice was developed based on current policy and how it relates to practice. The one day skill building training centers on the Safety Assessment. In many situations counties are having difficulty relating policy to how they practice in the field. County Directors have requested assistance to help their staff learn better practice in safety assessments and improving safety plans. Areas covered are interviewing skills; parental protective capacities and any other information collected in assessing child safety, which includes using policy to determine present and/or impending danger and parental protective capacities which will be able to enable the staff to determine whether children are safe or not safe. This training was conducted at 5 sites during the fall of FY 2013. The makeup training will be available to staff that were unable to attend and to new staff.

2. Update on use of CAPTA funds to print 20,000 copies of *Child Abuse Hurts* pamphlets for distribution. See 2012 CAPTA report.

Changes in legislation passed during the 2013 Legislative Session changes were made in Alabama's Mandatory Reporting Law. The list of mandatory reporters has been updated to include: physical therapists, public and private K-12 employees, employees of public and private institutions of postsecondary and higher education and any other person called upon to render aid or medical assistance to any child when such child is known or suspected to be a victim of child abuse or neglect. The recent changes in legislation require the reformatting of the "*Child Abuse Hurts*" pamphlets. These pamphlets have been updated to include new language from legislation and are accessible to all DHR County Offices to distribute to community partners such as schools; daycare homes and centers; foster parents; etc. As of May 13, 2014 these pamphlets have been sent for printing.

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

The Department continues to recognize that supervision is the foundation of good social work practice. Efforts are underway to begin working toward increasing the capacity in line supervisors to assist their staff in making sound decisions around safety planning; case planning and using the comprehensive assessment to improve case practice and case outcomes. Technical assistance has been provided by the National Resource Center for Child Protective Services. Funding for the Comprehensive Assessment 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.

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

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

The Department continues to support the Parenting Assistance Line (PAL). **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 callers call the toll-free number, 1-866-962-3030, a parenting resource specialist provides helpful information and support. Callers can also request free literature.**

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

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

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

Currently the department is reviewing policy regarding those children who are referred for Early Intervention Services. Children who are eligible for services must be under the age of 36 months and have an indicated report of abuse and neglect. In child abuse reports that are pending due process, some children are may turn 4 years old before there us a final disposition in the Child Abuse Report, thus resulting in the child not being eligible for services.

The following is data obtained from the Children's Rehabilitation Office/Early Intervention.

FY 2013 Total State Referrals: 197

As of the data received from EI on 6/17/14, the following information is provided. Of the 197 referrals made in FY 2013, for 170 there were no concerns of the child having a 25% delay. Five (5) children were activated as a referral by the DHR caseworker action needed, and eight (8) children were already in the system. No children were activated for a Child Find Alert. Thirteen (13) referrals were closed by Early Intervention with no further action and one (1) was closed due to unsuccessful contact. At the time of this report, Early Intervention Staff was continuing to process 50-60 new referrals for FY 2014.

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 Plans Policy provides guidelines and procedures related to the individualized service planning policy which results 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 over-all 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. 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 Office of Early Intervention Services 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. In July and August of FY 2013, DHR and AEIS will present a workshop at the Supervisors' Annual Conference. One of the recommendations was to create a specific email address that will allow DHR caseworkers to send referral directly to the AEIS staff rather than using the postal service. This should help in expedite referrals. **2014 Update:** The two agencies have not yet been able to create a specific process for Early Intervention Referrals. Because there are two state agencies involved in this project of developing the "email box", it is certain that this will not occur in 2014. An extensive amount of work would be needed to create the interface between the agencies. Therefore the plan is to continue to use the current plan for referrals.

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

Code of Alabama 1975 § 38-2-6 (10) mandates that DHR seek out and aid minor children in the state who are in need of its care and protection. Furthermore, Code of Alabama 1975 § 26-14-2 clarifies the legislative intent that protective services shall be made available in an effort to prevent further abuses and neglect, and to safeguard and enforce the general welfare of such children. Child protective services' primary role is to intervene when suspected child abuse/neglect reports are received; however, there are situations when individuals contact DHR to report what they consider abuse/neglect, but the information they provide:

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

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

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

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

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

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

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

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

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

IV. Child Fatality and Near Fatality Public Disclosure Policy

2014 Update: The below policy was not finalized/implemented in October 2013 as planned. A draft remains under review at SDHR.

The Offices of Child Protective Services; Data Analysis; Child Welfare Policy and FACTS have worked together to develop procedures for the release of available facts about cases of child abuse and/or neglect that result in a fatality or near fatality. One action that has been taken is that an enhancement to the SACWIS (FACTS) system has been logged to capture this information. Secondly, a request from Family Services has also been made to expedite the enhancement. Third, a policy revision, along with a revised notification form will be developed that includes the directives for also reporting child near fatalities due to maltreatment. **Effective October 1, 2013**, when County Departments of Human Resources become aware of child fatalities or near fatalities due to maltreatment, the standard (revised) Child Fatality, or Near Fatality Notification Form will be submitted to the Office of Data Analysis. The information provided on the form will then be entered into a tracking system that will provide consistent information regarding:

- Cause and circumstances regarding the child fatality or near fatality.
- Age and gender of the child.
- History with the Department including previous reports of child abuse or neglect that is pertinent to the abuse or neglect that led to the fatality or near fatality.
- Information describing any previous investigations pertinent to the abuse or neglect that led to the child fatality or near fatality.
- The result of any such investigations.
- The services provided by the State and actions of the State on behalf of the child that are pertinent to the child abuse or neglect that lead to the child fatality or near fatality.

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 PE CODE 03/53 EMPLOYEES AS OF PAY PERIOD ENDING 03/31/14

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

<u>RACE</u>	<u>SEX</u>	<u>TALLY</u>
AMER IND	F	4
AMER IND		4
BLACK	F	564
BLACK	M	40
BLACK		604
HISPANIC	F	3
HISPANIC		3
OTHER	F	3
OTHER		3
WHITE	F	663
WHITE	M	63
WHITE		726
		1340

VII. Degrees, Certifications, Salaries, Positions – Remains the same per DHR Personnel

See (separately attached) worker classifications document for Social Service Caseworker, Social Worker, and Senior Social Worker, as well as the attached pdf files for Senior Social Work Supervisor (Sr SW Sup.), and Service Supervisor (Serv Supervisor).

VIII. Training Provided to New Child Welfare Workers

See information provided under “Office Of Child Welfare Training”, located on pages 6-10.

IX. Caseload Size

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

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

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

X. Staff additions, separations, recruitment and selection

The Program Support Workforce information shown below was obtained from the following SDHR Divisions: Field Administration, Personnel, and Management and Fiscal Analysis.

Information on Child Welfare Staff Additions / Separations

The information being provided below on staff hires involves the “personnel pool” of Field Placement Students (FPS) for the years of 2005 – 2009, as well as, the total number of child welfare (CW) additions and separations. The data for FPS includes the total number of FPS (by year), along with the number (of FPS) hired and the total number of hired FPS that received a Title IV-E Stipend (with a breakdown by BSW and MSW). The data for total child welfare additions is approximate and consists of staff joining the county child welfare work force through 1.) new hires; 2.) transfer from State DHR; 3.) transfer from another agency; and 4.) program effort code changes to child welfare. The information on child welfare separations is also approximate and includes: 1.) separations; 2.) transfer to state office; 3.) transfer to another agency; and 4.) program effort code changes from (out of) child welfare.

2005: Total # Field Placement Students:	126
Total # of FPS employed:	73

	Total Employed FPS that received Title IV-E Stipend:	36 (21 BSW, 15 MSW)
	Total CW additions:	463
	Total CW separations:	443
2006:	Total # Field Placement Students:	137
	Total # of FPS employed:	64
	Total Employed FPS that received Title IV-E Stipend:	30 (20 BSW, 10 MSW)
	Total CW additions:	467
	Total CW separations:	427
2007:	Total # Field Placement Students:	116
	Total # of FPS employed:	57
	Total Employed FPS that received Title IV-E Stipend:	28 (15 BSW, 13 MSW)
	Total CW additions:	378
	Total CW separations:	373
2008:	Total # Field Placement Students:	155
	Total # of FPS employed:	64
	Total Employed FPS that received Title IV-E Stipend:	36 (28 BSW, 8 MSW)
	Total CW additions:	336
	Total CW separations:	385
2009:	Total # Field Placement Students:	123
	Total # of FPS employed:	37
	Total Employed FPS that received Title IV-E Stipend:	14 (10 BSW, 4 MSW)
	Total CW additions:	203
	Total CW separations:	249
2010:	Total # Field Placement Students:	114
	Total # of FPS employed:	16
	Total Employed FPS that received Title IV-E Stipend:	5 (4 BSW, 1 MSW)
	Total CW additions:	215
	Total CW separations:	251
2011:	Total # Field Placement Students:	147
	Total # of FPS employed:	24
	Total Employed FPS that received Title IV-E Stipend:	5 (5 BSW, 0 MSW)
	Total CW additions:	170
	Total CW separations:	244
2012:	Total # 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 CW additions:	195
	Total CW separations:	229

The data below regarding the CPS Workforce, as reported in Alabama's NCANDS Agency File for FFY2013, was by the (SDHR) Office of Management and Fiscal Analysis.

FY2012 FY2013 % Different

		FY2012	FY2013	% Different	
WKSIIA	# of Staff Responsible for CPS Functions (Screening, Intake, and Investigation/Assessment of Reports) During the Year	553	580	4.9%	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; Prevention Assessments (Alternative Response) are counted on a ratio of 1:12; Child Protective Service On-Going Cases are staffed at a ratio of 1:18 cases. Therefore, Alabama's total Child Protective Staff for FFY2013 was Intake = 84; CA/N = 163; Prevention (AR) = 73; CPS = 260; Total 580.
WKSI	# 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 population.

Information on Staff Recruitment - The staff person that serves as the Department Recruiter, visits colleges all over the state (especially the ones with a social work program), and also participates in career fairs. Additionally she visits with graduating social work classes to inform them of the different types of job opportunities DHR has to offer and how to apply for those jobs. Information on the three (3) main child welfare classifications is posted on the career services websites of different schools. Finally, DHR has an email address that is specific to recruitment (recruitment@dhr.alabama.gov) and the staff recruiter receives all the emails that are sent to this email address. The three (3) child welfare job classifications for which recruitment efforts are made, along with the necessary qualifications for each are as follows - 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.

PIP IMPACT – SAFETY OUTCOMES 1 AND 2

PIP activities, such as those listed below, helped shape the practice in the OUTCOME areas of SAFETY.

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

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

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

PIP – TRAINING, ACTION STEP – 1.4: Implement, monitor and report on a prioritization plan for the completion of ACT I by current staff who have not yet completed this training. **Completed.** See EOC, Training, AS 1.4, Q-10 Submission.

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

PIP – TRAINING, ACTION STEP – 2.3: Implement, monitor and report on a prioritization/incremental plan for the completion of Supervision Training for current supervisors who have not attended this module. **2011 Update:** Some components of Training, AS 2, were renegotiated in July 2011. **2013 Update:** See Appendix 11, Program Improvement Plan Steps “Carried Over” to the CFSP / APSR, for more information / details. **2014 Update:** See Appendix 11.

PIP – SUPERVISION, ACTION STEP – 1.4

Implement (supervision) work group recommendations (strategic plan) in a systematic way and in accordance with the identified timeline. **2011 Update:** Some components of Supervision, AS 1, were renegotiated in **July** 2011. **2013 Update:** See Appendix 11, Program Improvement Plan Steps “Carried Over” to the CFSP / APSR, for more information / details. **2014 Update:** See Appendix 11.

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

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

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

Item 5. Foster care re-entries

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

Item 6. Stability of foster care placements

CFSR Rating:	ANI
CFSR Percent:	78%

Item 7. Permanency goal for child

CFSR Rating:	ANI
CFSR Percent:	60%

Item 8. Reunification, guardianship and placement with relatives

CFSR Rating:	ANI
CFSR Percent:	54%

Item 9. Adoption

CFSR Rating:	ANI
CFSR Percent:	27%

Item 10. Other planned living arrangement

CFSR Rating:	ANI
CFSR Percent:	50%

Goal: Foster care placements will be provided with the needed supports and services to maintain stability of the living situation.

DATA (QA) BASELINE (STABILITY):	78%
FIVE YEAR (QA) GOAL:	85%
FINAL (QA) MEASUREMENT:	79%

ASSESSMENT OF PROGRESS

Currently, the FC186A Report(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 is 4.31 for children in "out of home" placements. Due to conversion and the learning curve for users on the new system, this is an approximate number. The average number at the end of FY2011 was 4.02. In an effort to support stable resources, the FSD has continued to review Minimum Standards for Foster Family Homes to identify areas needing revision that support quality resources. 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 have a contract with AFAPA utilizing Safe and Stable Funds, through which the organization provides additional training for foster and adoptive resources and develops them to be trained parent advocates. These identified advocates received increased

training around policy and practice to serve as advocates and empower foster/adoptive resource in advocating for the children and their needs. In addition, regional foster/adoptive representatives are identified through AFAPA to help provide support and training to resources in the specific region. We have seen more stability in foster home placements with improved training and partnerships with our foster parents as well as improved assessments and supports of children placed in care. The training and consultation provided focused on assessing resources for children with special needs to promote better initial matching of child's needs with a provider's strengths and capabilities. The goal is to do an early assessment of need and secure a placement with appropriate support services to eliminate the need for additional moves and/or disruptions. An area of need identified previously was training around the needs of the older youth population. In May 2013, training occurred at the AFAPA conference around an important initiative that has been fully implemented statewide, the Permanency Roundtable Model. This training provided an overview of the roundtable process and the emphasis on permanency. The feedback from the foster parents was excellent. The foster parents discussed openly their misconceptions as well as their encouragement about the Model, and evaluations indicated those feelings. Further, training around the needs of older youth is provided during the Annual Foster and Adoptive Parent's Conference and is available regionally as well. The desire is to raise awareness to the need for permanency connections for older youth and the unique needs of this population. This may have the added benefit of increasing the number of foster homes willing to accept teens into their homes. In addition, FSD has worked with the AFAPA to provide training to increase knowledge and capacity of Advocates made up of regional foster and adoptive parents to support the provider community. Currently the Department partners with AFAPA in delivering additional training at the Annual AFAPA conference with a specific focus on the importance of placement stability and timely permanency for all youth. Fostering and adopting older youth was also featured in the January 2013 AFAPA newsletter and the ILP Division has provided an overview at the conference on the ILP Program in May 2013 and also in 2014. The State Conflict Resolution Committee receives referrals when the issue has been unable to be resolved as the local level. This committee consists of representatives from the Office of Permanency, County Directors and AFAPA. Some examples of concern might include: children being removed from a home with foster parents not in agreement; home not being re-approved to provide foster care, etc. This CRT process has specific timeframes given to counties to ensure prompt research and resolution to the issues. A Program Specialist in the Foster Care Office serves as Family Services liaison to the Committee and assists with recommendations and decision-making through the process. Currently as of February 2014, four cases have been referred to the CRT process. Revised policy related to the Conflict Resolution Process was submitted to counties via Administrative Letter No. 7405 in November 2012.

Goal:	Children entering out of home care will achieve timely permanency.
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Permanency goal for child

DATA (QA) BASELINE (PERMANENCY):	22%
FIVE YEAR (QA) GOAL:	37%
FINAL (QA) MEASUREMENT:	40%

Reunification, guardianship and placement with relatives

DATA (QA) BASELINE (REUNIFICATION/RELATIVE PLACEMENT):	5%
FIVE YEAR (QA) GOAL:	30%
FINAL (QA) MEASUREMENT:	35%

Adoption

DATA (QA) BASELINE (ADOPTION):	11%
FIVE YEAR (QA) GOAL:	20%
FINAL (QA) MEASUREMENT:	30%

Other planned living arrangement

DATA (QA) BASELINE (APPLA):	44%
FIVE YEAR (QA) GOAL:	75%
FINAL (QA) MEASUREMENT:	63%

ASSESSMENT OF PROGRESS

There has been a decrease in the state's foster care population over the last two years, with noticeable improvements in completed adoptions. Also, the use of DHR staff as court liaisons has proven helpful. In (approximately) 122 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 Permanency, was 4.61 (averages for previous years were as follows: 2013 – 4.71; 2012 – 4.70; 2011 – 4.57; 2009 – 5.14.95).

Stakeholder input included the following (individual) comments or themes: use of a court liaison has proved helpful; continue to bring to public awareness the option of adoption of Alabama children. Also, if routine appeals of TPR decisions are occurring, attention will need to be given to the issue; ranking input from county QA committee chairpersons/coordinators concurred that improved timeliness of achieving TPR was important. It will be important to continue to emphasize the importance of thoroughly assessing relative homes before children are placed, particularly examining to see if alcohol/substance abuse (when it is present in the birth family) is an inter-generational issue. There may be a need to increase the number of foster family homes, as well as service providers for the needs of medically fragile infants. Permanency is perceived as a priority and efforts are being made to that end. There remain delays that need to be addressed in terms of court continuances/backlogs, consistent attention to concurrent planning, etc.

Permanency Goal for Child

The FACTS System has been in use in Alabama since FY 2009, and truly reliable data was unavailable until FY 2011. Our agency is more confident in the accuracy of current data and we continue to monitor this item through many avenues locally and from the State Office. Note trends below which reflect the length of time in continuous foster care (based on the most recent admission to FC). 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 2006	32.49 months
FY 2007	32.27 months
FY 2008 (6/30)	31.17 months
FY 2009	No Reliable Data
FY 2010	32.38 months (approximate)
FY 2011	30.59 months (approximate)
FY 2012	30.74 Months (approximate)
FY 2013	28.26 months (approximate)

Permanency Roundtables

The development and implementation of a permanency planning case review process is a step in the program improvement plan which impacts both concurrent planning and timely permanency. A permanency roundtable model that originated in Jefferson was reviewed along with review processes in Marshall, Cullman and Tuscaloosa Counties in considering proposed guidelines to be considered for statewide implementation. In FY 2009 Alabama collaborated with Casey Family Programs to design and implement a pilot for Permanency Roundtables that provided an intense review and brainstorming process to impact permanency outcomes for children who appeared to be stuck in the system with a goal of movement within 6 months from the review. In FY 2010 Alabama implemented the Permanency Roundtable Pilot in 6 of the largest counties with a specific focus on children with the goal of APPLA (Another Permanent Planned Living Arrangement) as these were children viewed as stuck in the child welfare system without achieving legal permanency. In 2011 the Permanency Roundtable model is being expanded into 5 additional counties which is to be completed by the end of the year. In 2013, Permanency Roundtables were completed and 56 counties received train the trainer sessions and conducted or participated in a roundtable, regionally. Casey Family Programs has continued to support the roundtable model as Family Services works to initiate youth roundtables in 2014. Casey Family Programs will also support financially a Permanency Summit that will acknowledge counties on their achievements and provide a host of mini workshops. The Family Services Division used a regional approach to accomplishing the completion of permanency roundtables. The number of cases reviewed has exceeded 500. The Family Assistance Division manages and funds programs pursuant to the Temporary Assistance for Needy Families (TANF) Block Grant. Through community partnerships, services and benefits are provided to assist the recipients to find solutions to the barriers; with a focus on self-sufficiency.

Child Defend

Child Defend is a partnership between the Alabama Department of Child Abuse and Neglect Prevention and Athens State University (ASU), currently has 43 judges and 245 lawyers signed up for the service. The Website currently gives practice tips and contains abstracts and articles needed for attorneys whose practice involves protecting children. It features secure forums where case law can be discussed. Child Defend has a list of pro bono attorneys who assist other attorneys needing input on other areas of law for secondary issues arising in a child abuse or neglect cases, need co-counsel in representing a child or youth growing up in foster care, need assistance in handling a child abuse or neglect case, or who wish to refer parties needing pro bono legal services to volunteer attorneys. The Pro Bono Network also provides a way for judges to locate attorneys willing to represent children in the custody of the state who do not have any representation. Child Defend is in the process of uploading case law so that the site can serve as a one-stop resource for attorneys and judges. Through its affiliation with the online ASU CAST program participants and others interested in child maltreatment can earn a certificate in child abuse studies training.

MEPA

In compliance with the Multi-Ethnic Placement Act and the Inter-Ethnic Provisions, placement of a child is not to be delayed or denied due to race nor are applicants/resources denied placement based upon race. Placement Consultants are expected to maintain a log in the child's record identifying families that are considered for a particular child, noting the reason for not selecting a family. The In-Office Staffing Team Review process that has been in place for several years allows the placing consultant to receive input from at least two other peers and a supervisor on the suitability of the potential family to meet the child's needs and to identify the family's strengths and needs, prior to an Adoption Staffing. This staffing which includes (at a minimum) the Review Team members, the child's worker and the potential resource family's worker, is used to provide full discussion of the issues that may impact the success of the placement, so that services can be put in place and specific recommendations made to address needs. The adoption placement consultant staff has remained stable and all are seasoned professionals who have been trained on MEPA compliance in their practice. 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 5 years.

Reunification, Guardianship, and Placement with Relatives

Alabama continues to support foster, adoptive and most recently kinship caregivers through collaboration with the Alabama Foster and Adoptive Parent Association. FY2011 Alabama passed the Kinship Guardianship Legislation which provides for certain children to be eligible for subsidy assistance in cases where the court ordered kinship guardianship. Policy was developed and became effective October 2010. 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 the GAP payments were provided to 28 providers for 60 children. The most recent report, dated May 1, 2014, indicates growth in the program. The most recent data indicates that 49 providers are receiving GAP for 99 children.

Training continues to be provided through LETs, onsite presentations and during annual conferences. Kinship Guardianship remains at the forefront due to the legislation being fairly new and continuous training with help with the education barriers. During the 2013 Permanency Conference held in July, kinship guardianship was a training topic and will be considered for 2014 based on the feedback from county evaluations. Representatives for SDHR Office of Permanency provided two sessions of training on Kinship Guardianship to AFAPA providers in November 2011 and January 2012. The policy and PowerPoint has been provided to AFAPA President for further distribution and training. AFAPA recognizes themselves not only as an organization for foster and adoptive parents but also for related caregivers. The 2013 State Conference of AFAPA included a session on "Foster Parents and the Courts". Continuous training will be offered by Family Services Division or AFAPA as needed to education foster parents as well as relatives on Kinship Guardianship. During FY 2013 Kinship Guardianship was on the agenda for the Permanency Conference as well as the annual County Director's Meeting. Additionally, an external expert on the topic, provided by Casey Family Programs, paired with a program supervisor from the Office of Permanency presented on the topic at the Children's Summit held in September 2013. The Offices of Permanency and Child Welfare Policy Intake Specialist continue to answer questions and consult with counties as questions arise.

The KinShare Program – This kinship care program provides services to certain vulnerable families who are caring for related children other than their own in order to facilitate, maintain, or stabilize the child's living arrangement with the ultimate goal of reducing the need for the placement of children in foster care. Because of the nature of the program services are specific and short term and are not designed to provide long-term, routine assistance.

Alabama Fatherhood Initiative - The foundation of the Alabama Fatherhood Initiative (AFI) is over 20 projects statewide that are funded through a partnership with the **Family Assistance and Child Support Divisions** of DHR and the Alabama Department of Child Abuse and Neglect Prevention/The Children's Trust Fund that provide a variety of services to noncustodial fathers. The AFI encompasses these groups and others to form a network of public, private, non-profit, and faith-based organizations that work together to help non-custodial parents (mostly fathers), develop positive relationships with their children and to enhance their ability to support their children by providing counseling, education, and employment opportunities.

Adoption

DATA & SERVICES:

Finalized Adoptions:

FY09	676
FY10	549
FY11	439

FY12 588
 FY13 526 (as of 04/30/2013).
 FY14 227 (as of 2/25/14)

Starting in FY 2010-FY2013 (4/25/13) 2102 foster children have found permanency in Alabama through adoption. An additional 227 children have been added to that number in FY 2014 (2-28-14) for a total of 2329. We are placing children out of institutions and congregate care facilities including a 20 yr 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. We are especially proud 203 children over the age of 14 have achieved permanency through adoption in FY 2011-2014.

Age @ Adoption Finalization	FY 2011	FY 2012	FY 2013	FY 2014 As of 5/16/2014
14	15	19	11	13
15	8	19	11	14
16	12	17	15	6
17	3	11	5	6
18	2	6	4	2
19	0	2	0	1
20	0	0	1	0
Total	40	74	47	42

Alabama has consistently been awarded adoption 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. These strategies and the hard work of a dedicated staff have resulted in the Department exceeding the 5 year goal noted earlier (see baseline, goal, and measurement data for adoption).

In FY 2007 the median length of stay from entry into care to final adoption was 40.3 months. Current data has not been available until the April 27, 2011 Alabama Child and Family Services Review Data Profile which noted that median length of stay has decreased to 37.9 months. 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 in the system longer. It has been noted in the past that the greatest delays are between the time of entry into care and TPR and from TPR to actual placement. The Office of Permanency is monitoring these trends while strengthening concurrent planning, timely TPR and the number of available placement resources.

Adoption Services

Currently, adoption services are provided by the Department of Human Resources through the Office of Permanency on behalf of children in permanent custody, who cannot return to their biological family and are in need of a permanent adoptive family. These services include: recruitment and preparation of prospective adoptive families, placement of children, supervision of children in placement and other post-placement services, legal services, administering the state and federal adoption subsidy programs, 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. Adoption services also consist of providing supervision of the post adoption services program and providing training forums for building staff capacity and understanding. In the 2011 Legislative Session the Department introduced an Adoption Subsidy Bill as a result of Alabama statute being in conflict with Federal Law. There were two major issues to be changed which included the Department requiring children be in the “permanent custody” which was more restrictive than the federal law of in the “care and custody” as well as Alabama requiring “recertification” annually which again is more restrictive than Federal Law allows. Adoption Subsidy Legislation passed June 2011 bringing Alabama into compliance with Federal policy. An Adoption PIP has been implemented which includes the development of policies,

training and supports for the legislation. Policy was developed with input from stakeholders and Regional Office and was released effective February 2012. Training was developed, via LETs, to assure that county staff implementing the policy will have a greater understanding. A brief training was provided at the May 2012 County Directors Meeting. Workshops were presented at the Supervisors Conference in April 2012 and the Permanency Conference in April 2012, July 2013, and May 2014. Applications for subsidy have been developed for those children who meet special needs criteria and are being adopted independently or through a licensed child placing agency (LCPA) and once approved by the Office of Legal Affairs will be added to the DHR web site.

Inter-jurisdictional Placements

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

Inter Country Adoptions

Track and report children adopted from other countries that enter state custody. Alabama has two private licensed child placing agencies that have received Hague accreditation status. These agencies provide adoption services in Inter-country adoption cases involving the United States and Hague convention countries. See 5.3/5.6. The Inter-country Adoption Act (ICAA) of 2000 (P.L. 106-279) was signed into law October 6, 2000. Five children adopted from the Ukraine adoption placement disrupted, as the children reported physical and emotional abuse/bizarre discipline. Children's Aid society completed the home studies for this adoption. The children came into care due to physical and emotional abuse and bizarre discipline. The permanency plan is return to parents pending completion of the investigation.

Termination of Parental Rights

In response to the CFSR through the Program Improvement Plan, steps have been developed to focus efforts on timely filing of TPR petitions and minimizing continuances through improved preparation of the case. The State's SACWIS system which is interfaced with the Administrative Office of Courts aids in accessing court information that is significant as TPR is pursued in cases. As a result of the Department's collaboration with the Court system, training and emphasis has been provided to judges and court personnel on the importance of TPR cases being given priority over other nonjury cases pursuant to Rule 16(D), Alabama Rules of Judicial Administration. 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.

Adult Adoptees

Adult adoptees are served each year by providing non-identifying background information on their birth families and the reasons for their placement. Searches for birth parents are initiated if the Department is appointed as an intermediary by the court or if birth parents have previously written the Department and given consent to be contacted. In cases where siblings were placed for adoption by the Department in separate adoptive homes, a search for siblings is initiated at the adoptee's request without a court referral and a reunion facilitated if a sibling is located. A permanency consultant is assigned to serve and respond to inquiries from adult adoptees. Since 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 more older child adoptions are being completed, the adult adoptees are able to search the Internet for themselves as they remember their birth family identifying information. Over the last five years this Office has served approximately 60 adult adoptees a year. We are on track for a similar number for 2014. Since 2000, adult adoptees born in the state of Alabama are permitted to obtain a non-certified copy of their original birth certificate through the State Department of Public Health. Birth parents are also permitted to complete a contact Preference Form to be filed with the original birth

certificate that can be forwarded to an adoptee if he requests his original certificate. (This form can be completed years after the adoptee's birth). The permanency consultant for the Department often refers both adoptees and birth parents to the Department of Public Health to utilize this service.

Putative Father Registry

The Office of Permanency continues to maintain the Putative Father Registry. When an adoption petition is received, names are checked against the Putative Father Registry and the court notified if a putative or adjudicated father not included on the petition is listed. By law, the Department should receive a copy of all petitions filed in the state and respond within 30 days as to whether there is information that needs to be shared with the court. As engaging fathers as well as relatives was identified in the Statewide Assessment and the CFSR as areas needing ongoing focus, the Office of Permanency has developed and disseminated via LETS a power point presentation for county staff that provides information of the purpose and utilization of the Putative Father Registry. This 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 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. In March 2011 a training on the Putative Father Registry Law was integrated into a training provided for State legal, the court and child welfare staff as a step in the Program Improvement Plan of including this topic in future trainings.

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 Adoption Policy Manual contains a section on "DHR placements". The decision to place a child for adoption is considered in various ways. If the goal for a particular child is to be adopted by their current foster parent, the policies outline things to consider in determining if it is in the child's best interest to be adopted by their current foster parent or to have a goal of ANIR (Adoption No Identified Resource) and to be referred for recruitment. This decision is made by the child/family service planning team. If the child is not going to be adopted by their current foster parent and have a goal of ANIR, then they are referred for recruitment. Home studies for both in and out of state families are considered. If the placement specialist for a particular child/sib group identified a potential family, information on the family (home study document) and the child (non-identifying background summary) are reviewed by a state-level adoption staffing team. A team staffing meeting is held, which include the county/agency worker for both the child/sib group and the family. Strengths and needs of the potential placement are identified and weighed and a decision regarding how (or if) to move forward is made. After the team staffing meeting, the family's resource worker and the adoption placement specialist will provide additional information to the family and a mutual decision is made regarding how to move forward with pre-placement activities. If the family needs help processing the information they are given, a referral to APAC for pre-adoptive services can be made. This year the Office has started partnering 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. The Office has also started partnering 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 aide in expediting adoption for children with special needs. The legal process of adoption in Alabama includes the Adoptive Home Placement Agreement being entered between the adoptive resource and the Department. The Consent to Adopt is usually issued in Foster Parent Adoptions immediately while in non-foster parent adoptions there is a 3 month post placement supervision period before the Consent to Adopt is given. The Petition to Adopt can then be filed in the Probate Court, along with a report from the county department. The Court issues an Interlocutory Order pending the post placement report and a dispositional hearing is held and the final decree issued. During the 2010-2011 fiscal year, the approval policies for foster family homes were released and later revised to provide for dual approval of foster family homes/adoptive resources. The intention is to expedite permanency through adoption by current foster parents so that foster family studies no longer have to be converted to adoption studies in order for adoption by foster parents to move forward. As a result of this change, those children placed with families approved by child-placing agencies that provide traditional foster care (AGAPE, Alabama Baptist Children's Home, etc.) can move their adoptions forward more quickly.

COLLABORATION

AdoptUsKids

AdoptUsKids is operated through the national adoption exchange and one of their most popular services is a web-oriented nation-wide child photo listing that can be viewed by potential adoptive families all over the world. In addition to their main

photo listing, AdoptUsKids maintains the state-partner pages for public and private agencies. Through this service, AdoptUsKids provides a page on the Alabama DHR page that features only children legally available and waiting for adoption in Alabama. In addition to photos, profiles and biographies the site also provides a mechanism for posting video footage of the children. Alabama DHR has an agreement with Heart Gallery Alabama to provide link to their videos from the AdoptUsKids and DHR sites. During this fiscal year the Recruitment Unit within the Office of Adoption/Permanency added an additional program specialist 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 placemen staff for review and consideration.

Heart Gallery of Alabama

Heart Gallery 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 Alabama no longer has their funding from Casey Family Programs. However, they continue to conduct exhibits throughout the state. As stated earlier, 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. From 10/1/2012 – 9/30/2013 134 children were photographed. Of these, 52 were new children on the waiting list and updated photographs on 82 children. From 10/1/2013 through 5/27/2014 they photographed 63 children; 40 being new children and updated photographs on 23 children. During fiscal year 2012-2013 they responded to 3,209 inquiries. Since 10/1/2013 they have responded to 1,921 inquiries. They held exhibits in the following locations during FY 2012-2013:

- Tuscaloosa County, October 2012, 54 portraits
- Marengo County, October 2012, 25 portraits
- Dothan Peanut Festival, November 2012, 10 portraits
- Western Hills Mall in Birmingham, December 2012, 40 portraits
- Alexander City (Tallapoosa County) January 2013, 31 portraits
- Tuscaloosa's "Doing What Matters for Children" Conference – January 2013, 6 portraits
- Shelby County, Vineyard Church, February 2013, 44 portraits
- Mobile County Government Plaza, March 2013, 54 portraits
- Rojo Event, Birmingham, March 7, 2013, 4 portraits
- Prattville YMCA (Autauga County), April 2013, 26 portraits
- Auburn Orphan Sunday (Lee County), April 14, 2013, 6 portraits
- Shelby County FPA Walk Me Home Event, April 27, 2013, 10 portraits
- Marshall County Library Trail, May 2013, 54 portraits
- Medically Fragile Tabletop Exhibit at Fortis Institute Health Fair in Birmingham, 7 portraits
- Selma Exhibit (Dallas County) June, 2013, 40 portraits
- Heart Gallery Classic, Region's Park in Birmingham, June 16, 2013, 34 portraits
- Bel-Air Mall in Mobile, July 2013, 50 exhibits
- Permanency Conference – Birmingham, July 16, 2013, 18 portraits
- Supervisor's Conference – Ross Bridge, Birmingham, July 22, 2013, 30 portraits
- Dothan Cinema 6 Theater (Houston County) August 2013, 51 portraits
- Supervisor's Conference – Ross Bridge, Birmingham, August 5, 2013, 19 portraits
- Montgomery Statewide Combined Federal Campaign, August 28, 2013, 6 portraits
- Miss Teen Marshall County (traveling exhibit), September, 2013, 7 portraits
- Canterbury UMC in Jefferson County, September 2013, 30 portraits
- BJCC, Combined Federal Campaign, September 11, 2013, 6 portraits
- Montgomery Statewide CFC Fair, September 12, 2013, 6 portraits
- Tuscaloosa, September 2013, 40 portraits
- Tuscaloosa CFC, September 17, 2013, 7 portraits
- Chambers County DHR / Miscellaneous Exhibits from 9/2013 – 11/2013 – 6 portraits
- Mobile Walk Me Home Event, 9/28/2013 – 6 portraits

And since October 2013, they have had on-site exhibits in the following locations:

- Covington County DHR event, 10/14-21/2013, 6 portraits
- Prattville Centerpoint Fellowship Church (located in Elmore Co.), 6 portraits
- Birmingham Public Library, November 2013, 54 portraits
- Dothan Harvest Church Orphan Sunday, 11/3/2013 (Dale County), 6 portraits

- Florence Macedonia Church of Christ, November, 2013, 6 portraits
- Gardendale First Baptist Church, November, 2013, 6 portraits
- Gardendale Walk Me Home Event, 11/23/2013, 6 portraits
- Chambers County Courthouse, December 2013, 44 portraits
- Huntsville YMCA (Madison County), January 2014, 44 portraits
- Gardendale First Baptist Church, January 2014, 8 portraits
- Russell County Public Library, February, 2014, 43 portraits
- Quintard Mall (Calhoun County), March, 2014, 48 portraits
- Big Benefit Run and Ride (Birmingham) March 6, 2014, 5 portraits
- Bel-Air Mall in Mobile, April 2014, 48 portraits
- AmeriCorps Career Fair, April 11, 2014, 4 portraits
- Frazer UMC (Montgomery), May 2014, 28 portraits

APAC (Alabama Pre/Post Adoption Connections)

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

09-10	3,476 consumers served	10,118 service units
10-11	3,652 consumers served	10,236 service units
11-12	4,018* consumers served	12,598 service units
12-13	4,473 consumers served	12,159 service units
10/13-3/14	2,350 consumers served	5,535 service units

**this edited number is lower than previously reported. Updated data management software installed in the fall of 2012 led to a duplicated count of consumers served in some areas during FY 2011-2012.*

The counseling services initiated in 2005, have grown each year, helping adoptive families with adjustment issues and crisis times throughout their adoption journey. In FY 09-10, a total of 232 adoptive family members received APAC’s counseling services. By FY 12-13, a total of 321 adoptive family members received a total of 1,286 counseling sessions. Already in the first six months of FY 13-14, a total of 284 adoptive family members have received counseling services. 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). Within the first six months of FY 13-14, crisis services have served 12 adoptive family members (7 families).

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.

The APAC contract expanded several years ago to include education of the Alabama clinical community who work with the population of foster and adopted children and families. This service referred to as the Trained Therapist Network, has resulted in multiple all day workshops by well-known authors and adoption experts: Bryan Post spoke on “Healing the Hurt Child”, Dr. Bruce Perry spoke on “The Impact of Trauma and Neglect on the Developing Child”;-Dr. Gregory Keck presented “Working with Adopted Adolescents”-; Dr. Brent Wilson spoke on the use of psychotropic medications within the foster and adoption population; and Dr. Wayne Deuhn presented on “Creating Sexual Safety in Adoption and Foster Care”. These workshops have been attended by approximately 500 professionals per speaker, which is laying an amazing foundation for the clinical community to understand issues related to adoption. The intent is for this clinical community to provide more appropriate services to adoptive family members based on their increased understanding of adoption issues. These services are free to participants, which include social workers, counselors, probation officers, residential/therapeutic providers, and other interested professionals. DHR staff also attend through slots approved for mileage support by DHR. In addition to these workshops, the annual APAC hosted Permanency Conference continues to provide training on permanency topics to approximately 200 DHR direct staff and approximately 75 non-DHR clinicians. This Permanency Conference is provided 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.

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”; A total of 4,770 webinar service units have now been provided to professionals and families since the webinar trainings were initiated.

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 support group participants receive the support they want/need in these monthly group meetings and do not feel the need for more individualized, intensive family therapy.

FY 08-09	671 adoptive family members attended APAC support groups
FY 09-10	902 adoptive family members attended APAC support groups.
FY 10-11	1,008 adoptive family members attended APAC support groups.
FY 11-12	1,208 adoptive family members attended APAC support groups.
FY 12-13	2,654 adoptive family members attended APAC support groups.
10/13-3/14	1,482 adoptive family members attended APAC support groups.

The informal networking that is facilitated through participation in Adoptive Family Groups is invaluable. One way of increasing the friendships and support gained through these relationships outside of group sessions, is to provide occasional special events for these groups that will lead to increased interaction and friendships outside of the group setting. In FY 2012-2013 604 special event services were provided to 533 adoptive family members coming from a total of 190 adoptive families. During the first six months of FY 13-14, 184 special event services were provided to a total of 61 families.

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 expected 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 that have walked a similar adoption path. Currently there are only 2 families that have followed through with having an “official” mentor assigned to them for support, so marketing this service in more effective ways continues to be a challenge. APAC counselors and Family Support Workers are now presenting the information during adoption preparation classes (GPS), in hopes that families will seek adoptive family mentors early on in their journey.

A Lending Library on adoption related topics continues to be available for both foster and adoptive families and the professionals who work with this population. Books, DVDs, Videos, Audiotapes, journals, etc. are available for free loan and are even mailed (and returned) to clients without postage charges incurred to them. Consumer feedback continues to guide the resource topics and format that APAC selects for the library. In FY 2012-2013, 860 check-out sessions were made to 387 consumers (332 families). In the first six months of FY 13-14, 464 check-out sessions were made to 260 consumers (189 families).

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 the first 6 months of FY 13-14, a total of 370 units of information and Referral were provided to 347 individuals (210 families). Additional Information and Support services were provided to PRE-Adoptive families (154 incidences of Information and Support involving 77 consumers from 50 families).

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 2011 to provide for up to 144 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, 100% of the parents with youth attending Camp APAC share that the camp experience provided support related to the adoption experience.

Hundreds of families have now been recruited by APAC, trained in 10 week GPS (Group Preparation and Selection classes), home studies are prepared, and assistance is provided to DHR adoption placement consultants for the matching of waiting children with these waiting families. GPS classes are 10 week 3 hour training sessions to prepare families interested in adoption. Once training is completed, the families who do not select out are then assessed as potential adoptive family resources. The completed home studies are then submitted to the Office of Permanency for review and approval. The Recruitment efforts between DHR and APAC have resulted in hundreds of new adoptive family resources and matches of children with these families.

FY 09-10	2,051 inquiries on fostering/adoption were provided information 109 consumers (103 families) completed APAC GPS classes 50 APAC home studies were approved as adoptive resources 19 children were matched with APAC families
FY 10-11	2,121 inquiries on fostering/adoption were provided information 228 consumers received APAC orientation recruitment services 161 consumers (91 families) participated in APAC GPS classes 50 APAC home studies were approved as adoptive resources 43 children were matched with 29 APAC families
FY 11-12	1,802 inquiries on fostering/adoption were provided information 377 consumers received APAC orientation recruitment services 229 individuals attended GPS classes (123 families) 90 individuals (54 families) were approved as adoptive resources 49 children were matched with 31 "APAC" families
FY 12-13	1,751 inquiries on fostering/adoption were provided information 159 consumers received APAC orientation recruitment services 91 individuals attended GPS classes (50 families) 84 individuals (44 families) were approved as adoptive resources 22 children were matched with 15 "APAC" families
10/13-3/14	930 inquiries on fostering/adoption were provided information 95 consumers received APAC orientation recruitment services 62 individuals attended GPS classes (34 families) 23 individuals (12 families) were approved as adoptive resources 16 children were matched with 11 "APAC" families

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. 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 Permanency. In addition, APAC's Pre-Adoption Services team distribute surveys after families attend GPS classes, and also Post Placement surveys to APAC families that have had a child placed in their home. Many changes are made based on consumer feedback in one or more of these forums.

Beginning with (2013) regular meetings were established between SDHR and APAC program staff to continuously monitor outcomes and review areas of concern.

Alabama Foster/Adoptive Parent Association

The Department continues with the partnership and contract with Alabama's Foster/Adoptive Parent Association to support improved outcomes for children through joint training sessions, regional meetings and various recruitment and fundraising activities. The association has 9 Regional Representatives who serve as trained advocates and liaisons with the Department. The AFAPA is a significant partner partner 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.

Court Improvement Program

DHR staff works closely with the AOC staff to address policies and practices of both the court system and the child welfare system. AOC has been a key partner in implementation of Alabama's PIP through assisting in identifying and implementing steps to improve dependency caseload management, and educating judges and guardians ad litem and staff. AOC staff provided input and assistance in drafting Alabama's Kinship Guardianship Subsidy Act which passed in the FY 2010 Legislative Session and assisted in organizing video conference training on several legal topics for legal, court and child welfare staff. In addition, DHR staff continues to partner with AOC staff to monitor the timeliness of permanency hearings and other timeframes in the dependency and TPR case process through sharing of data which will be used to develop future trainings. In FY 2011 a representative from the Office of Permanency accompanied AOC staff to a summit out-of-state to discuss court improvement and issues facing permanency within both systems, and representatives from State DHR and a county DHR were invited to attend the Annual CIP Conferences during FY 2012 and FY 2013. In late 2011 DHR collaborated with AOC to purchase Alabama Child Welfare Law books to be distributed to all 67 counties and Court staff. Caseload reunion workshops were also held in November 2011. 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 has begun planning -an Adoption Conference for May of 2015. DHR staff including county and state staff and DHR attorneys, judges from both Probate and Juvenile Courts, and GALs and adoption attorneys will be invited to attend.

Lifeline Family Services

Since January 2012, we have had an agency approved for adoption services, namely Lifeline Family Services, express interest in offering GPS and home studies to potential adoptive families interested in adopting from the foster care system. Alabama DHR Offices of Child Welfare Training and Permanency worked with Lifeline to train GPS co-leaders and Lifeline offered a staff to be approved to conduct co-leader training and this helps DHR by having an additional trainer to turn to for this service.

Wendy's Wonderful Kids

Recruitment efforts were expanded through the Program Improvement Plan in an effort to identify potential resources for Alabama's waiting children. The Office of Permanency now has two positions dedicated to child specific recruitment under the Wendy's Wonderful Kids Grant through the Dave Thomas Foundation due to the success experienced in the initial grant period. This service is now available to the Jefferson, Shelby and Tuscaloosa County areas where a majority of Alabama's waiting children reside. Each of the two positions has a caseload of up to 16 children who have lingered in the system and have no identified adoptive resource. This method of recruitment has been successful in achieving the annual goal of identifying potential families for a number of children re-negotiated annually with the DTFA as the grants are renewed. The WWK project in southwest Alabama renews each year in January. The Jefferson County WWK grant renews annually in July. The chart below 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
2014	12	3 (as of 4/2014)	2014	6	6 (as of 4/2013)
TOTAL MATCHES:		62	TOTAL MATCHES:		26
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	2 (as of 4/2014)	2014	6	8 (as of 4/2014)
TOTAL ADOPTIONS:		34	TOTAL ADOPTIONS:		16

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. As a result of the Statewide Assessment and the CFSSR, the need for additional focus in this area was identified. There continues to be a need to address the capacity to respond to the Hispanic culture. Currently there is limited capacity to translated materials into Spanish and the State is exploring effective translation resources. There continues to be effort to explore recruitment of resources to support the training and support of this population. Additional funding has been dedicated from Adoption Incentives for increase and support of statewide recruitment efforts. With the assistance of an adoptive parent of Hispanic heritage, one of our radio public service announcements was recorded in Spanish language this year and distributed to Spanish language radio stations through the Alabama Broadcaster's Association's Public Education Program. Through the continued work of our Wendy's Wonderful Kids recruiters we are matching and placing children with more significant physical and developmental disabilities. We learned that Department of Rehabilitation has an 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. We recently finalized an adoption of a child with microcephaly and profound developmental disabilities with an adoptive resource who is also a teacher's aid at the special school he attends utilizing the waiver to remove the barriers and we are currently working to move another child with profound developmental disabilities from institutional care to an adoptive family setting this summer utilizing this waiver. As a result of the success of realizing permanency for the child with significant developmental disabilities Jefferson County turned to the adoption placement staff as they (Jefferson County) were preparing for a TPR trial involving a child with similar significant developmental disabilities and residing in the same facility. They asked that the adoption placement staff serve as an expert witness during the TPR trial. 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".

Adoption Incentive Funds – 5 Year Goals:

As a result of the Foster Connections Bill, Alabama's baseline was changed to FY 2007 for which Alabama reported finalizing 328 adoptions. This resulted in Alabama being eligible to receive adoption incentive funds as this was one of the lowest years. Subsequent years were higher in that FY 2008 resulted in 412 finalized adoptions and FY 2009 resulted in 676 finalized adoptions which was the highest ever achieved which resulted in an Adoption Incentive award of approximately \$1.5 million dollars. Alabama once again exceeded the 2007 baseline with 549 finalized adoptions for FY2010. Alabama received \$1,668,000 in Adoption Incentive Funds for this outcome. In August 2011 notification was received that Alabama will received \$1,391,849 in Adoption Incentive monies for adoptions completed in FY 2010. Alabama received more good news the first week in June 2012. A letter dated 5/29/2012 was received stating that Alabama has been awarded an additional \$476,151 in Adoption Incentive Funds for FY 2011. For 2012 we received a letter dated 8/16/2012 that the Alabama has been awarded \$313,406 in Adoption Incentive Funds. The 2013 Adoption Incentive Funds final award as of March 13, 2014 is \$1,540,000. The 2014 award will not be issued until later this year and the final grant amount will be out in 2015. Adoption Incentive Funds have been utilized to support training, to support and strengthen staff and stakeholder capacity and to achieve permanency through adoption. In addition, funds have been

used for expanding the pre and post adoptive services to families and enhance statewide recruitment efforts. The flexibility of the funds provides increased opportunities to obtain and provide needed services to staff, children and families. Use of the funds includes:

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

All counties received an allotment of Adoption Incentive funds to use for local adoption recruitment and training efforts. Additionally, county and state office staff have used the funds to remove child/case specific barriers to permanency through adoption including but not limited to counseling, diagnostic testing that could not be paid for through other avenues, behavioral management services, items to help the child integrate into placement, etc. Once the county's allotment was exhausted or obligated, the counties were able to secure more funds through the Office of Permanency.

ADOPTION - FINAL FIVE YEAR SUMMARY

GOAL: Children entering out of home care will achieve timely permanency (through adoption).
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Strategies implemented to achieve this goal include

- Leadership with a sense of "urgency for permanency"
- Ongoing review and revision of adoption policies to remove barriers impacting timeliness.
- Increased post adoption support services.
- Collaboration and input quarterly with the State Q.A. policy review sub-committee, AFAPA and other stakeholders.
- Collaboration with the Administrative Office of Courts for training of Juvenile Court Judges and GALs as well as DHR attorneys.
- DHR collaboration with the Administrative Office of Courts regarding delays in TPR and ways to streamline the appeals process (expedited appeals).
- Renewal and expansion of the Wendy's Wonderful Kids Grant through the Dave Thomas Foundation that provided the ability to hire an additional child specific recruiter.
- Collaboration with Casey Family Program and Children's Aid Society in addressing pending foster parent adoptions.
- Increase in statewide recruitment activities
- Permanency Roundtables that focus on children with a plan of APPLA to identify the child's connections for a possible adoptive resource
- General and child specific ongoing recruitment efforts such as Open Your Heart, Open Your Home, Wendy's Wonderful Kids (two dedicated positions), APAC special recruiter (One position).
- A warm line for prospective foster and adoptive families that is manned by the APAC staff through the APAC contract. Informational packet is sent immediately and follow up is provided by the APAC staff.
- Concurrent Permanency Planning training for front line workers and supervisors.
- Partnering with an adoptive parent of Hispanic heritage to develop and record in a Spanish a public service announcement for Hispanic foster and adoptive homes.
- Annual Permanency Conference with nationally known speakers in the field of Permanency that is designed for front end workers, supervisors, and foster/adoptive parents.
- The Trained Therapist Network training to which therapists, DHR county and state staff, and foster/adoptive parents are invited to attend.
- Great partnership with Heart Gallery of Alabama to professionally photograph our children for recruitment efforts.
- A post adoption support program that has statewide capability.
- Discovery and utilization of the 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

Chafee Foster Care Independence Program – 2014 Final Report, Summary, and ETV Data**ADMINISTRATION OF PROGRAM:**

Alabama Department of Human Resources, Family Services Division is implementing the Foster Care Independence Act of 1999 by operating a statewide Chafee Foster Care Independence Program. In addition, the Education Training Voucher Program was implemented in 2004. Direct and indirect services are provided for youth for whom we hold custody and planning responsibility. Alabama Department of Human Resources, Family Services Division through the Office of Permanency, administers and supervises the programs and services carried out by the 67 County Departments of Human Resources under the Act. The mission of Alabama's Independence Program is to assist Alabama's eligible foster youth and former foster youth in attaining the skills, education, and character needed to become adults who will contribute to their community. Alabama currently has 1 Coordinator and 2 Specialists dedicated specifically to provide county support and ILP consultation to county ILP Staff and group homes who are working with foster youth, ages 14 through 20. However, capacity has been strengthened in that all consultants to have a working knowledge of the program requirements.

Alabama's State Department of Human Resources allows each county to provide its own Foster Care Independent Living Program. Services are provided through group programs and individual services and several also offer experiential activities. The programs are to provide services to assist a youth in improving education and career opportunities and to decrease high-risk activities and the potential for incarceration, non-marital childbirth, dependence, and homelessness.

The Education Training Voucher program is administered through a contract with the Orphan Foundation of America, recently renamed Foster Care to Success. The funds are used primarily to pay school expenses such as fees, tuition, and books. Each youth's application requires that they complete a budget providing information about rent (copy of lease agreement is required) and childcare (payment is made only to a licensed provider). Youth may also request funds to purchase a computer, school sponsored health insurance, payment of outstanding student loans (documentation required), costs related to a disability (eyeglasses, tutoring, adaptive software, etc. and living expenses such as groceries and transportation (not purchase of a car). Information from the schools' Student Financial Aid Office is required to validate the expense of attending the school. No youth may receive more than \$5,000 and the total funds received are not to exceed the cost of attendance. Youth must apply each year to receive funds.

Alabama awards each of Alabama's 67 counties funds to provide ILP services for their foster teens. When providing counties with funds for their ILP services, each are reminded that Appropriations law precludes the use of Chafee funds to supplement the \$5,000 per-year ceiling for a youth in the Chafee Educational and Training Voucher (ETV) program. 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. However, General Chafee funds may be used for activities that are outside the scope of an institution's definition of "cost of attendance," and are not covered by the ETV program. Funds are also available for the Poarch Band of the Creek Indian Tribe if they have youth in custody.

Though many of our young people are attending institutions of higher learning, the graduation rates are an area of concern. Our number of freshman 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. We will meet in September 2014 to enhance and develop strategies to improve our Youths' overall college experience and success. We hope to enhance their ability to succeed by offering college-like experiences earlier and employing proper assessments of their college and career readiness. Successfully lobbying our State Legislature for tuition waiver for foster youth will provide the financial support our Young People require at a time that college tuition and costs are increasing.

SERVING YOUTH OF VARIOUS AGES AND STAGES

Youth receive services at various ages and at various stages of achieving independence without regard to their eligibility for Title IV-E funded foster care. Youth of all ages are entitled to receive age-appropriate services, including opportunities to learn independent living skills and receive unique services as determined by the child and family planning team. Youth may stay in care by State of Alabama law until their 21st birthday. Aftercare assistance is available to youth who leave care between their 18th and 21st birthday in the form of financial assistance or services. There are no services targeted to address services to teen likely to remain in foster care until age 18, as Alabama allows young adults to remain in foster care until age 21.

The program is managed through the Office of Permanency. There is a Program Supervisor serving as the ILP Coordinator for Alabama's Independent Living Program. The Coordinator has the responsibility of building the IL program at the State level in an effort to ensure youth aging out of foster care receive needed services at the local level to increase their chances of success, and to provide Technical assistance and training to County Department of Human Resources to ensure that the Independence Program is uniform throughout the state and still accommodates county modifications.

There are currently two consultants in the ILP area. With the work of these two Program Specialists, the Program's capacity to provide training to line staff, youth and foster parents has improved from the year prior. A regional training model was employed and all regions of the state have had the opportunity to participate in the Regional Training. The consultants have been able to offer targeted consultation to their assigned counties, provide training upon request and began to conduct site visits beginning June 2013. The components for each youth are: Promoting a sense of control over their future, Promoting a sense of competency, Promoting a sense of permanency, and Promoting a sense of usefulness.

The needs of our older Youth population continue to intensify. The level of consultation needed to provide positive outcomes is challenging. Additional staff with specialized tasks around permanency, educational and vocational success, Youth leadership development, intensive transition supports, services and training and the NYTD project would be ideal in helping the unit reach Program goals, and these opportunities are being researched at this time.

CONSULTATION WITH PUBLIC AND PRIVATE ORGANIZATIONS IN DEVELOPING PLAN Refer to Section titled: Involvement of Public and Private Sectors in Helping Adolescents Achieve Self-Sufficient Independence.

DESCRIPTION OF THE CFCIP SERVICES PROVIDED AND ACTIVITIES CONDUCTED

Alabama's State Department of Human Resources allows each county to provide its own Foster Care Independence Program. To support each county the State Department awards each of Alabama's 67 counties funds to provide direct independent living services and supports for their foster teens. In addition to funding county programs, the State Department provides training, technical support and resource development services. County Departments apply for and receive funds based on the amount of funds available and an annual application in which the County's Program Plan is submitted. County programs provide the educational training and financial services necessary for foster teens to acquire the skills that they will need after they are emancipated from care. Some examples of services provided through group activities include: budgeting, avoiding risky behaviors, basic first aid, cultural diversity, communication, job seeking, values & responsibilities, public speaking and voting, grief and loss issues, household management, budgeting, purchasing and insuring a car, safe driving, and teen stress. Experiential activities included: tours of college campuses, shopping trips (money management and social skills), visit to a nursing home, driver's education, camps, planning menus and preparing meals, completing job applications, opening bank accounts, and various extracurricular activities.

Residential Child Facilities continue to express interest in developing or enhancing their transitional and independent living programs. Our TL and IL providers participated in our annual ILP Networking Conference in January 2013. Providers and staff were able to share information to improve communication and services. Site visits to all of our TL/ILP providers began June, 2013 as a continuing effort to assess and improve services to our young people. We will use the information gathered to enhance services in the next Request for Proposal cycle in Spring 2014. The recent RFP was enhanced to include specific instructions regarding county staff duties versus providers' duties, enhancing our ability to deliver services with best practice and expediency in mind.

ILP Mini- Conferences were held in Spring 2014. Our TL/IL providers, county and state office staff participated in the mini-conferences. This presented an additional opportunity for staff and providers and stakeholders to share successes, develop strategies to break barriers and enhance their skills regarding the services and supports for our Youth.

See information on the Resource Management Division and Offices within that Division. The Office of Permanency previously explored with the Resource Management Division a "Request for a Proposal" to develop foster homes approved and trained specifically to care for the older youth and provide IL supports beyond that in a regular foster home. This is still a project we want to explore, but have not formally researched or written the RFP as of this date. The Office of Permanency will continue working closely with the Adoption Program Supervisors and agency partners to develop plans to launch an advertising campaign and other recruitment tools to recruit foster and adoptive homes for older youth. Alabama Foster and Adoptive Parents Association will also act as partners in developing a training module for foster parents interested in serving older Youth.

In an effort to continue to improve and support permanency for the youth ages 14 to 21, the youth were trained on developing Permanent Connections at the Fall 2012 Youth Camps. Work on bringing Youth Centered Roundtables to the State started in Fall 2012 with Casey Family Programs. ILP staff were trained on the permanency model at the ILP conference held in January 2013. The two Youth Consultants led this process and have participated in a Train the Trainer

model to support this effort. The training model was updated in summer 2013. It will be rolled out in Fall 2014. Twenty five county and State staff will be trained as trainers to deliver the permanency model statewide in Fall 2014. Seventy-five Youth Leaders across the State will participate in the training in July 2014. Youth will be instrumental in this process, assisting their peers in preparing to participate in the intensive transition consultation. By building the capacity of both the Youth and staff, Alabama will be able to deploy the consultation model throughout the State in winter 2014. The Office of Permanency, ILP Staff and the ILP Coordinators for the four largest counties participated in the Train the Trainer model in Winter 2013 and will present again in Fall 2014.

CRITERIA FOR DETERMINING BENEFITS AND SERVICES

Each youth is involved in the development of their individualized service plan (ISP). The ISP is created in partnership with the youth and family planning team. The ISP identified the strengths, needs, and goals the youth is to work toward to reach the desired case outcome, and steps to be taken by the youth and family planning team members. The ISP is used to authorize and deliver services, and to measure progress toward goals necessary to make the transition to self-sufficiency. An extensive assessment using the Daniel Memorial Program is completed on each teen in the program to determine the skills the teen has mastered and the skills that the teen needs to acquire. Informal assessments also provide information about a youth's needs. The ISP includes results of life skill assessments and independent/transitional living plans. The ISP is updated every six months at a minimum but can be updated as the need for other services and supports are identified. The youth is given a copy of the plan.

INVOLVEMENT OF PUBLIC AND PRIVATE SECTORS IN HELPING ADOLESCENTS ACHIEVE SELF-SUFFICIENT INDEPENDENCE

As in the past, the Governor will sign Senior Certificates for our graduating high school seniors. Information is provided to youth and staff about community-based employment centers and job training employment opportunities such as those identified in the Work Force Investment Act of 1998 and the Department of Labor Welfare-to-Work Program. The Office of Permanency is working with Job Corps to strengthen our partnership and provide educational opportunities for our youth.

County Departments of Human Resources provide assistance with preparation for job readiness through life skills development classes. Youth are provided opportunities for career exploration such as guided tours of major employers, attending job fairs and career seminars and by helping with job search support and placement programs. Statewide there are limited opportunities that are available for job shadowing and apprentice programs.

The Department is collaborating with the Workforce Investment Agency and other agencies that serve youth in ETA's new strategic vision to serve out-of-school and at-risk-youth under the Workforce Investment Act. As stated previously, the Department along with several state agencies, with the Alabama Department of Economic and Community Affairs/Office of Workforce Development as the lead, is part of collaboration to serve youth at risk. The Office of Permanency has been involved in a limited manner in the Shared Youth Vision Project. The "Shared Youth Vision," project is aimed at closing the gap in services for the neediest youth.

County Departments of Human Resources are encouraged to develop relationships with community-based organizations to form partnerships for providing mentor programs. Businesses will be encouraged to participate by providing opportunities for apprenticeships and job shadowing opportunities.

Alabama Department of Human Resources is continuously working to develop new resources and connecting youth to existing resources. The needs for older youth in out of home care continue to be an area for more attention in the Office of Permanency. As a step in the Program Improvement Plan a survey was developed and completed by a sampling of older youth in care, DHR Social Workers and TLP/ILP providers. The results of the survey have been shared with youth in care, DHR Social Workers and providers/caretakers. The feedback the Department received provided a clear understanding on how youth experience the system as well as their needs and how to support these needs. As a result of the survey, plans are being developed that will focus on providing additional supports and resources aimed at youth transitioning successfully to adulthood. At the state level, the Independent Living Program works closely with the Resource Management Division to identify and locate resources. Each county office has an identified Resource Development staff member who is available to assist in resource development for the county and for individual youth.

A primary focus of the Independent Living Program has been to enhance the leadership and self-advocacy abilities of our young people. The DREAM Council is key to the development of services for our young people. The Council has been instrumental in advocating for safe and stable foster homes; improved services while in transitional and independent living programs; and how to enhance the youths' ability to succeed in post-secondary education settings and post foster care. To that end, over the last 12 months we have met and enhanced our partnership with our foster parents through the Alabama Foster and Adoptive Parent Association; our residential providers; Casey Family Programs; Job Corps; the Alabama Department of Public Health; and Alabama REACH, and we have expanded the services provided by the

National Social Work Enrichment Program. As noted above, The Independent Living Program is currently developing, in conjunction with the Department of Youth Services, an initiative to improve our outcomes with regard to our young people who are involved with both child welfare and Juvenile Justice.

AVAILABILITY OF MEDICAID TO YOUTH AGES 18-21

By policy, youth in Alabama may remain in care until their 21st birthday and are eligible for ACFC Medicaid provided all points of eligibility are met. If a youth is discharged from care prior to their 21st birthday, Medicaid is not available.

SERVICES TO YOUTH AGES 18-20

Youth of all ages are entitled to receive age-appropriate services, including opportunities to learn independent living skills and receive unique services as determined by the child and family planning team. Youth may stay in care by State of Alabama law until their 21st birthday. Aftercare assistance is available to youth who leave care between their 18th and 21st birthday in the form of financial assistance or services.

Alabama provides each youth exiting the foster care system with a one-time stipend of \$1,000.00 for 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 their own home, financial, housing, counseling, employment, education and other appropriate support and services are also to be provided as needed until the 21st birthday.

Room and board payments are available for youth who choose to remain in care after their 18th birthday or for those who leave care after their 18th birthday on a case-by-case basis. County staff must make such requests to their State ILP consultant to ensure no more than 30% of the State funds are used for room and board. Room and board funds may be used to assist with dorm room deposits or to make limited payments on rent when a plan is in place to ensure the youth will continue to have housing available after the assistance is no longer available.

The Department considers all children as “Alabama’s Children” without regard to race or culture. The Department continues to strengthen services to Indian youth who reside on reservations and need access to benefits and services under the Chafee Foster Care Independence Program. Families and tribes are included in the ISP for the child when the Department is working with Indian youth living off the reservation and independent living services are being provided. Indian youth living off the reservation have access to services and benefits under the Chafee Foster Care Independence Act as would any other child. The Department will collaborate with all tribal entities located in Alabama to provide information and obtain input in the support of Indian youth and their families. See also under Item 38.2, “The Department’s goals in regards to work with the Poarch Creek Indian Tribe and other federally recognized tribes located outside the state”, which is located in the report section of the APSR.

EDUCATION AND TRAINING VOUCHERS PROGRAM

The Orphan Foundation of America (OFA) now known as **Foster Care to Success** will administer the Alabama Education and Training Voucher Program (AL ETV). Below is the program narrative submitted by OFA in response to a Request for Proposal. This narrative details the plans for Alabama’s program.

Education Training Voucher funds are available to:

- foster youth who are attending post-secondary education in public schools or non-profit private schools;
- youth who were adopted from foster care after their 16th birthday;
- youth who aged out of foster care on or after their 18th birthday who have not yet attained the age of 21;
- youth must be a citizen or documented alien (eligible for other federal benefits);
- youth may not have more than \$10,000 in personal reserves.

The funds will continue to be available to a youth attaining a post-secondary education up to their 23rd birthday if assistance through ETV was received during the semester of the 21st birthday and the youth continues to make satisfactory progress. ETV’s will provide financial support to youth who age out of foster care and those who were adopted after age 16 to attend post-secondary institutions of higher learning and vocational/technical training programs.

Foster Care to Success is a national non-profit organization with the capacity and expertise to develop the Alabama Education and Training Voucher Program. In consultation with the State it will develop the ETV Program including recruiting applicants for mentors, designing and processing applications, fiscal management: disbursing scholarship

funds, tracking and monitoring student participation and reporting to the State on a monthly basis.

Intended Outcomes:

The goal of the AL ETV Program is to provide the economic and personal supports for eligible youth's need to attend and complete post-secondary training and education programs. The program seeks to couple funding with the support and guidance 18-23 year olds need throughout their post-secondary schooling. The program will build on the services of the AL IL Program and provide a continuum of State services that help youth become educated, trained and ready to enter the 21st Century workforce.

Success will be measured by a number of factors, including but not limited to:

- The number of students assisted through the ETV program
- The percentage of participating students graduating or successfully completing their academic or vocational program.
- The number of students who, if they decide to discontinue their studies, complete the term rather than dropping out and have a plan that identifies next steps, career/job goals, opportunities and available resources. as determined by the exit interview and school records
- Foster Care to Success has post-program information regarding the student's status and contact information regarding employment stability.
- The percentage of participant students pursuing graduate studies

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

Services To Be Provided:

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

1. Verify the eligibility of participants and institutions
2. Process applications for Education Training Vouchers
3. Issue vouchers in accordance with Federal law
4. Monitor and support student progress
5. Utilize volunteers to provide adjunct services to students
6. Provide regular program reports to the state Chafee Coordinator
7. Provide quarterly fiscal reports that account for the use of funds for this contract, documentation of the in-kind match, as well as the use of the ETV funds to provide assistance to students.

Foster Care to Success will develop and implement a community awareness program and outreach program directed toward soliciting qualified scholarship applications and providing ETV program information to youth and organizations with links to eligible youth. Foster Care to Success will develop descriptive information about the ETV program and will also develop a website specific to the AL ETV program. Any print material will be submitted for approval of the AL coordinator prior to use.

Eligibility for the Education Training Voucher Program:

Participants:

- Young adults served will be limited to those individuals' ages 18 to 21 who are eligible for Alabama's Chafee Independent Living Services and who aged out of DHR foster care at age 18 or whose adoptions from foster care were finalized after their sixteenth birthdays. Students participating in the Education Training Voucher program on their 21st birthday shall remain eligible until their 23rd birthdays as long as they are enrolled in a post-secondary education or training program and are making satisfactory progress toward completing their course of study.
- Students will be selected on a first-come first served basis from among the eligible pool.
- Students from Alabama who go to school out of state are eligible on the same basis as youth who attend in-state schools. Alabama ETV funds shall be provided to Alabama students who are attending eligible institutions that are out of state.

Post-secondary educational and vocational institutions will qualify only if they:

- Admit as regular student only persons with a high school diploma or equivalent or admits as a regular student persons who are beyond the age of compulsory school attendance.
- Are eligible to accept Pell Grant awards on behalf of their students
- Are accredited or pre-accredited and authorized to operate in the state where it is located

- Award a bachelor's degree, a two-year associate's degree, or a one-year state or nationally recognized certificate.
- Vocational schools must have been operating for at least 2 years and offer a certificate or diploma that is state or nationally recognized by an organization such as the Accrediting Commission of Career Schools & Colleges of Technology (ACCSCCT) which will ensure that their diploma/certificate is recognized by the profession.

Student Funding:

The amount a full-time student may receive shall not exceed the lesser of \$5,000 per year or the total cost of attendance as defined in section 472 of the Higher Education Act. Part time students may receive no more than \$2,500 or the cost of attendance. The funds may be used for:

- Tuition and school fees
- Room and board, and off campus housing
- Books
- Rental or purchase of required equipment, materials, supplies (i.e. computer, adaptive software, tools, etc.)
- Tutoring
- Child care (payment is made only to a licensed provider)
- Transportation that is necessary for the student to attend school. No more than \$1250 may be used for transportation per academic year.
- Repayment of student loans incurred for the 2006-2007 academic year
- Health insurance for the student

Applications:

All applicants must submit the following information in a timely manner:

- A completed application
- An essay
- A school financial aid award letter
- An official transcript of the most recent school/program attended
- Budget Form

Students must reapply for the ETV annually. No ETV shall be awarded to a student who does not maintain at least a 2.0 Grade Point Average (GPA) or equivalent, demonstrate satisfactory progress toward achieving his or her degree or certificate, and be in good standing at the school. However if a student does not maintain a 2.0 GPA they may, at the discretion of the program manager and the state/county IL coordinator, be placed on a one-semester academic probation. Additional supportive services will be provided to students on academic probation.

Student Services:

Once a student has been qualified as eligible and selected, the AL ETV Program Manager will review the youth's budget to determine financial need and a payment plan/schedule. The assumption is that many students will access the voucher funding to pay allowable expenses such as housing, transportation and childcare. Each student will submit documentation that must be verified before a voucher package will be offered to the student. Students will be required to participate in a program entrance and exit interview, submit grades, and comply with program participation requirements.

Additional Support Services:

Foster Care to Success will work to identify in-State resources that can support the student's academic goals and provide personal support and enrichment opportunities. This will include collaborating with colleges, federal programs, civic organizations, community services and IL programs located in the area. Additionally, every AL ETV recipient will be enrolled in Foster Care to Success Care Package Program and Mentor Program. Students will receive three care packages per year containing age-appropriate necessities and extras that students want. The regularly scheduled packages will be delivered as follows 1) Fall – back to school or within 14 days of been accepted in the ETV Program, 2) Valentines Day, 3) late April - final exams.

ETV recipients will be offered a mentor in his or her career field that will provide one-on-one coaching. All Mentees have a case manager who supports the mentoring relationship and will communicate as necessary with local program including the IL worker, foster parents, the school, members of the student's personal support system, etc. Students who choose not to be matched with a volunteer mentor will receive education-related mentoring from the AL ETV coordinator. This bi-weekly check-in will help engage the student in the mentoring process and show them the advantages of having a mentor who provides one-on-one counseling and guidance. Alabama youth will be recruited for Foster Care to Success' annual summer Public Service Intern Program for Foster Youth. Selected students are offered a 6-week internship on Capitol Hill

or at a Federal Agency; all expenses are paid including a living stipend. OFA will help the student realize the full benefit of a prestigious Washington DC internship which may lead to employment opportunities, school credit, etc. AL students may also be invited to the annual OLIVER Project, a teen leadership program held in Washington DC each summer.

Program Reports regarding the ETV program will be submitted monthly and quarterly to the AL IL State Coordinator. The format will be mutually agreed upon using compatible software and will be encrypted and password protected.

- 1) Monthly report – number of referrals and self-referrals, and action taken and the amount and purpose funding provided to each student – this is a snapshot of the program
- 2) Quarterly status report on student/participant status report – grades, support services offered etc.,
- 3) Monthly reimbursement invoice: Administrative costs will be submitted for reimbursement to the contract administrator on a monthly basis.
- 4) End of the year report: A comprehensive summary of the results of the program and a youth/participation evaluation form.

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

Youth Involvement:

Youth Development is the most integral part of the success of the Independent Living Program. It is our goal that our youth are sufficiently trained and prepared to deliver the message that all children in foster care want, need and deserve all the best the Child Welfare system can offer them with regard to permanency options, education, health care services and placement stability. Youth involvement in the development of policies and practices is viewed as key to addressing the needs of this population. Therefore, State level participation in the State Youth Advisory Committee (D.R.E.A.M. Council) is being designed to provide updates and gain input from the youth around key issues impacting permanency planning for older youth and ILP services. As a result the youth have organized a Youth Speakers Bureau to be available to speak to various key stakeholder groups to provide insight into how youth experience the system and provide suggestions to improve practice in engaging the youth population in permanency planning. This has involved speaking to Judges, County Administrators, Foster and Adoptive provider groups along with facilitating workshops at State conferences. The State has hired two Youth Consultants who are Foster Care Alumni through a contract with Children’s Aid Society. These young people act as liaisons to the youth in foster care. Current and alumni youth have been engaged to provide presentations both locally, Statewide and Nationally on the issues identified in the PIP specifically to strengthening the engagement of youth, identifying the needs of youth and strategies to support positive outcomes for youth. Eighteen youth identified as DREAM Council Leaders participated in a three-day DREAM Council Leadership Training in July 2012. These young people have received additional trainings in goal setting, public speaking, developing agendas, engaging speakers and community leaders to join in partnership to improve services and outcomes to all youth in foster care. The DREAM Council Leaders have conducted monthly meeting in Montgomery, Madison, Dallas, Jefferson and Cullman counties. They have participated on Foster Care panels and presented to the statewide County Director’s Association meetings. These young people have set a goal to provide 300 hours of community service and increase involvement in the DREAM Council with a goal of recruiting 300 members by the end of 2014. These young people assisted in the development of the NYTD brochure which is used as a training aid as they travel across the state.

Report on the specific accomplishment achieved to-date in FY 2014 (and planned) for each of the following seven purpose areas:

1. Help youth transition to self-sufficiency:

It appears that progress is being observed with the population of children with APPLA as a permanency plan, and while there are some children under the age of 14 who have APPLA as a plan, it is believed that the majority of children with that plan are 14 years of age and older. The state recognizes there remains data issues to be addressed; however, the below trends seem positive.

Permanency Goal percentage of APPLA for children in Out-of-Home Care:

FY2006 – 24.1%	FY2010 – 17.9%	
FY2007 – 21.8%	FY2011 (as of 6/30/11)	16.8%
FY2008 - 20.3%	FY2012 (as of 5/31/12) @	18.6%*
	FY2013 (as of 5/31/2013)	18.8%
	FY2014 (as of 4/30/2014)	18.8%

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

Furthermore, the state has exceeded the PIP improvement goal for APPLA, using the state’s QA measurement data. This was reported on in the state’s Q-7 PIP report. Alabama has opted to extend Foster Care Maintenance from 18-21 in helping to support and prepare youth in transitioning to adulthood. In addition, Alabama continues to maintain transitional living and independent living programs that provide youth the opportunity to experience independence in preparation for adulthood outside of a foster care setting. See also under #5 below.

2. Help youth receive the education, training, and services necessary to obtain employment:

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

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

ETV 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

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 young joined the Armed Forces. Further, all of the young people pursuing their GEDs received them. The program will begin its sixth year summer 2014.

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.

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

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

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 model currently being employed involves empowering youth to identify, enhance and improve relationships; their permanent connections through the Roundtable process; the coming Youth Centered Roundtables; and relationship training provided by the Alabama Department of Public Health. An upcoming initiative, in partnership with the Alabama Department of Youth Services and the Boys and Girls Clubs of America will be a mentoring project through which we will partner to serve those young people who are involved with both the Department of Human Resources and the Department of Youth Services. That initiative will match participants with educational/ life coaches, and has seen steady, positive outcomes in other sites.

Attending and making academic progress towards completing a degree or certificate is the goal of the AL ETV Program. To help students progress academically, FC2S developed its Academic Success Program (ASP) so 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 start up cost. Aftercare financial assistance and support services continue to be available to youth who leave the system prior to their 21st birthday. For youth that leave care on or after their 18th birthday, policy allows for the youth to re-enter foster care if the need arises. If the youth needs to re-enter foster care or remain in their own home, financial, housing, counseling, employment, education and other appropriate support and services are also to be provided as needed until the 21st birthday. Room and board payments are available for youth who choose to remain in care after their 18th birthday or for those who leave care after their 18th birthday on a case-by-case basis. County staff must make such requests to their State ILP consultant to ensure no more than 30% of the State funds are used for room and board. Room and board funds may be used to assist with dorm room deposits or to make limited payments on rent when a plan is in place to ensure the youth will continue to have housing available after the assistance is no longer available. As of May 31, 2013, there were 1833 young people in foster care aged 14 to 21 years old. That number 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. Madison and Montgomery counties have identified staff to work specifically with those youth at age 20, providing intensive transition services to include monthly contact with the youth to keep them on target with their personal, educational, and even professional goals. The Program is also working with all our community providers and partners to begin permanency and transition services starting at age 14 to improve our youths' potential for successful outcomes.

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

7. Provide services to youth who, after attaining 16 years of age, have left foster care for kinship guardianship or adoption. What is available to this population involves financial subsidies to the family as well as eligibility for ETV to provide educational support for youth to access post-secondary education. The adoptive parents and caretaker become responsible for the youth upon exit from care.

STATUS OF FIVE YEAR (2010 – 2014) OBJECTIVES

GOAL: Independent living services will be provided to youth ages 14-21, whom are currently in the planning responsibility of the Public Child Welfare system that will build skills to support transition into adulthood.

1. OBJECTIVE

The ILP unit will conduct, coordinate, and provide consultation for all county social workers with ILP responsibilities to development of programs to promote successful outcomes for youth. Progress will be monitored through county feedback and the annual DHR Quality Assurance process. Status: Ongoing

The Office of Permanency will seek to expand support to counties in building capacity to understand and serve older youth needs through funds available through Chaffee. Currently there is one state ILP Coordinator position and two Program Specialists serving 67 counties. With the addition of a new ILP Consultant and two youth consultants, the Office of Permanency has developed an ILP training model and began delivering to ILP and other interested county staff using a regional training approach. These were completed by July 31, 2013. The ILP consultant responsible for delivering the training is conducting training assessments and evaluations to assess current practices and programs provided to older youth served by the site. Written feedback will be provided to the county sites to include recommendations and strategies to improve outcomes through the IL program. Ongoing training throughout the state for staff on Permanency Connections for Older Youth is provided by one of the ILP staff. The ILP Program staff is consulting with the Office of Resource Management to develop a similar training model for the staff and management providing IL and TL services to our youth. The Program will offer group training to our partners and began conducting site visits in September 2012 to assess current services.

The Office of Permanency arranges statewide training/meetings for county staff serving older youth to provide education on policy changes and strategies in serving the older youth population. Some areas of focus will include current trends for youth exiting care, barriers facing foster care youth and what we can do as a system to increase successful transition into adulthood for foster youth. Ongoing efforts will be made to expand county and state resources through increasing opportunities for professionals, stakeholders and older youth to have dialogue together in an effort to develop policies and practice that support improved outcomes and independence for youth in care. The Office of Permanency issued a statewide "Request for Proposal" for four one-day weekend computer camps. Children's Aid Society was awarded the contract for February 1, 2010 through January 31, 2012 to provide a total of eight one-day weekend computer camps during the contract period.

In 2011, The Office of Permanency requested an addendum to the contract with Children's Aid Society. The request included an addition of a weekend camp for IL youth ages 14 – 15, a two day networking conference for IL county and state DHR staff as well as IL contract providers, the addition of a former foster youth to serve as a Youth Consultant, and deletion of the computer camps. This request was approved. In 2012, the Independent Living Program focused on improving worker competence regarding the services to Independent Living Youth, improved tracking and reporting of the service provision, strengthening youth leadership, improving

communication and information sharing. Those objectives were accomplished through Regional ILP trainings, a strong collaboration and development of additional services through our contract with Children's Aid Society, a new interactive website, forming new collaborations with Alabama REACH, the National Social Enrichment Program, the Alabama Department of Public Health and Job Corps.

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

The Independent Living Camps continued in late summer and fall 2013 serving approximately 112 Youth ages 14-21 at two separate camps. The camps offer young people and opportunity to learn crucial ILP skills in a wilderness setting. There are 220 young people registered to participate in the summer 2014 camps. We developed strategies along with our Children's Aid Society partners to have our Young DREAM Council Leaders advertise the Camps at their monthly meetings and any other training opportunities yielding excellent participation results. Our DREAM Council Leaders will also deliver training at the two summer camps.

2. OBJECTIVE

ILP teens will be encouraged to participate in the development of policies and practices of the Independent Living Program. Status: Ongoing

Efforts will continue to be made in order to develop Youth Advisory Councils (YAC) in every county office and where the population of youth is too small for a council, efforts will be made to connect the youth to active local councils in nearby counties. Members of local committees will be encouraged to also participate in the State Youth Advisory Council. Cultural Diversity will be encouraged and monitored to support the needs of all youth.

The State IL Coordinator and Program Specialist(s) will attend local Youth Advisory Councils along with members of the State YAC to build understanding and participation of youth in policy development and implementation as well as identification of services and supports for the older youth population. The Officers of the State YAC will receive leadership training and support to encourage and improve leadership skills. In addition, a "Youth Speaker's Bureau" has been developed consisting of both youth currently served in the system as well as former foster youth to speak at different events throughout the state on issues involving youth in the foster care system. Opportunities for youth will be explored for youth to increase visibility and accessibility in the Legislative process in an effort to seek political support in addressing needs of older youth. The State IL Coordinator, Program Specialists and Children's Aid Society worked with ILP coordinators representing 16 counties to revamp the current Youth Advisory and DREAM Council Leadership models. 25 youth and foster care alumni applied and were selected to participate in a Youth Leadership Camp July 31 through August 2, 2012. The Youth Leadership Camp is designed to assist our youth in learning to advocate for themselves, set goals for themselves, and to become the faces and voices representing the IL youth of Alabama. The identified Youth will elect statewide leadership, develop a meeting calendar of events and set goals for the functions of the leadership body with the support of CAS and Office of Permanency staff. Trainings are being developed to support these youth to continue to enhance the capacity of the Youth Speakers Bureau, to keep youth across the State connected to available services regarding education, training and employment opportunities, health care services and to assist them in continually developing the skills to enhance their capacities to be successful, contributing community members.

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

Our Youth Leaders have been the core to our success and renewed interest in our Program across the State. They have participated in intensive Youth leadership training each summer and will host 50 additional county level youth leaders at their annual conference in July 2014. They have participated in providing monthly trainings to peers, volunteering service hours to communities and agencies across the State, participated in summer ILP camps and national conference. They have also presented at foster parent, judicial, Quality Assurance committee panels. This Youth voice has positively impacted county level practice and services to meet their needs. Alumni Youth represent our Youth voice on our Court Improvement Project Advisory Committee and on our State Quality Assurance Committee. The “seats at the table” provide them the opportunity to share the Youth perspective, ultimately improving practice.

3. **OBJECTIVE**

ILP teens will have access to information about policies and program development along with activities and opportunities that will be supportive as youth transition to adulthood.

The Department has recently developed an ILP website, (www.ilconnect.org) which provides information on Alabama’s Independent Living Program to social workers as well as teens in foster care and those who have exited the system. The website also provides an email address for those who may have questions or concerns about Alabama’s IL Program. This website will be enhanced to provide policy updates, state calendar events for youth and connections to links that will be of value to youth. The Department will continue to explore the development of a 1-800 number, which will offer information to those youth still in care as well as those who have exit care. The State ILP Coordinator is working closely with the D.R.E.A.M. Council to develop a handbook specific to the interests and needs of youth who enter the system. The handbook will also provide basic information that is relevant to the foster care system. This will be developed and distributed utilizing Chaffee funds. This handbook is being developed currently as part of the new contract with CAS. Plan is to These were completed and distributed first handbooks in January 1, 2014. As a part of a contract expansion, Children’s Aid Society launched ILConnect in June 2012. ILConnect, is a web page and blog portal for ILP staff, providers and youth. This site will provide users with information regarding training opportunities for staff, foster parents, IL and TL provider and most importantly youth across the state Teens are advised to access the new ILConnect website which has both Twitter and Facebook access. The traffic to the site is being monitored by the provider and traffic to the site has increased monthly since its launch in May 2012. <https://www.facebook.com/ILConnect>.

National Social Work Enrichment Program (NSEP)

While at this program, students have an opportunity to take a mini “Careers in Social Work” course, participate in four weeks of paid work experience in a social service agency, learn more about college life, and participate in various socially and culturally enriching activities. ~~NSEP students are in their 3rd week of the program.~~ During this time, youth have experienced many aspects of college life such as obtaining information on financial aid, Greek organizations, Institutional advancement, workshops on different learning styles as well as recreational activities on campus. The youth are also completing a field work experience in social service agency. Thus far, this has been a very successful experience for these youth.

In an effort to improve educational outcomes for youth in foster care, the Program has developed and expanded programs related to employment and education success. The National Social Work Enrichment program expanded to two university campuses and served 35 young people during the Summer of 2012. In June 2013, we supported two programs at the University of Alabama and Alabama State University. Young people from all across the state arrived on campus and began the six-week program designed to give them an opportunity to take a mini “Careers in Social Work” course, participated in four weeks of paid work experience in a social service agency, learned more about college life, and participated in various socially and culturally enriching activities. The partnership with the National Social Work Enrichment Project has grown tremendously over the course of five years. Over 100 young people have participated in the NSEP Program.

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

We are working with Alabama Reach to expand to Alabama State University in fall 2014. REACH will work to expand statewide with at least one campus in each major city to serve their area colleges and universities. REACH has also partnered with Casey Family Program to support foster Youth on the campus of the University and to work in partnership with State DHR to bring college tuition waiver to the State.

Development and maintenance of a website has been an essential tool. All information regarding the Program is provided on the ILConnect website, www.ilconnect.org. The website has a Twitter, Facebook and Instagram links. Youth, foster parents, providers, community members and staff have 24 hour a day access to our NYTD portal, FASFA forms, employment opportunities, scholarships, ILP policy, camp and conference registrations, recipes, links to partner agencies such as AFAPA, NSEP, Alabama REACH, Foster club and other information system pertinent to the young People we serve.

4. OBJECTIVE

The State ILP Unit will partner with foster parents and other stakeholders to prepare and serve youth toward independent living. Status: Ongoing

Training curriculum will be developed to support an increased understanding of the needs of older youth and strategies for developing and accessing services and supports that aid in building youth capacity and skills for transitioning to adulthood. The 2012 annual statewide “teen conferences” were used to provide workshops and forums on issues facing older youth. This conference was developed in collaboration with youth currently involved in the system as well as former foster youth. In an effort to provide more youth with an opportunity to attend the annual statewide “teen conference”, a “request for proposal” was issued for three one-day teen conferences to be held across the state. Children’s Aid Society was awarded the contract. They coordinated three one-day youth conferences which were held in the Northern, Central and Southern parts of the state.

Information obtained through surveys conducted with youth and providers was used to develop training and supports needed to improve outcomes for youth. Foster parents have been provided tools to document the ways in which they teach independent living skills to the youth in their care. These tools were developed with foster and adoptive providers’ and youth input. The Office of Permanency conducted two, three day IL Youth Camps in fall 2012. One camp served the youth 14-15 and a second for youth ages 16-21. ILP Consultants provided ILP specific training to foster parents at the State’s Annual Foster Parent Association Conference. Foster parents were advised regarding access to the ILConnect website and are encouraged to share information there.

The ILP Program and DREAM Council have developed a partnership with the Alabama Foster and Adoptive parents and have co-trained at the past three annual foster parent conferences. Foster Youth have participated in Group Preparation and Selection class panels across the State. The development of interdependent living skills is crucial to the success of the Young adults we serve. Building networks of support and educating our Young People is a complex process. In an effort to improve outcomes for teens we will convene ILP staff, foster parents, congregate care provider and IL and TL providers to develop a strategic plan in Spring 2015. The focus will be successful transitions through permanency and competent skill building.

5. OBJECTIVE

Aftercare services will be available to all teens eligible and served for participating in the ILP Program. Status: Ongoing

The Office of Permanency will seek to develop a successful aftercare program and explore the possibility of issuing a request for proposal for such an aftercare program. This program will provide services to assist foster youth with transitioning into adulthood prior to and after leaving the foster care system for a period of 6 months from exit of care. Chaffee funding will be accessed to provide services that will aid youth as they transition out of care.

Room and board will continue to be available for youth ages 18-21 that left care on or after their 18th birthday. If youth contact the agency for any assistance after leaving care, a group comprised of the youth, social worker, any individual requested by the youth, an adult protective service worker, and an Independent Living Program or Family Options worker or supervisor will meet to discuss the youth’s needs to identify and access support or referral. If funding is needed to assist the youth with rent, the agency will work with the youth to secure and/or access monies through Chaffee funds while working with the youth to become self-sufficient and able to meet their individual housing needs. The department will continue to monitor trends in youth who request or need aftercare services and work to develop resources in communities and connect youth to available supports. The Office of Permanency is having dialogue with a current provider to prepare a proposal in applying for a grant to develop a mentor program. Should the provider receive the grant, the Office of Permanency will collaborate with the provider and county office in implementing the mentoring program with the program being available in the Jefferson County area.

Our Youth leaders and youth in the counties have advised and noted that aftercare services are a priority for them. We are working with them to develop more practical transition skills and more “real world” opportunities to develop meaningful and portable skills. Young People are continuing to struggle with moving forward on their own post foster care. Our Program will continue to focus on partnering with communities and agencies to establish true permanent connections very early with our Young People. Strong, competent adults provide the most successful transitional supports for our Young People. There will be continued focus on developing supportive services closer to our Youths counties of origin. Request for Proposals will be developed to focus on supportive services to youth with clear benchmarks that guide successful transitions.

6. **OBJECTIVE**

The Department will take the necessary steps to develop a system to track youth aging out of the system of care in order to meet National Youth in Transition Data requirements to monitor outcomes for youth transitioning out of care.

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

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

Alabama was in compliance and met the benchmarks set with regard to the second baseline data requirements established. Meeting this goal was a true challenge. Too often young people leave our system of care wanting no additional contact and refusing to complete the survey as required. With the addition of a new baseline this year and the demands of maintaining contact and getting feedback from the original baseline population, compliance will be more difficult challenge. Adding an additional staff member to monitor and maintain this data will be a priority.

7. **OBJECTIVE**

The Department considers all children as “Alabama’s Children” without regard to race or culture.

The Department continues to strengthen services to Indian youth who reside on reservations and need access to benefits and services under the Chafee Foster Care Independence Program. Families and tribes are included in the ISP for the child when the Department is working with Indian youth living off the reservation and independent living services are being provided. Indian youth living off the reservation have access to services and benefits under the Chafee Foster Care Independence Act as would any other child. The Department will collaborate with all tribal entities located in Alabama to provide information and obtain input in the support of Indian youth and their families. See also under Item 38.2, “The Department’s goals in regards to work with the Poarch Band of Creek Indian Tribe and other federally recognized tribes located out side the state”, which is located in the report section of the APSR

Our involvement with Tribal Youth has been limited. We are currently working with Tribal services to develop a cross-leadership training with our DREAM Council and Tribal Youth Leaders set to take place fall 2014.

ILP Assessment/Five Year Plan 2010-2014

The Independent Living Program, a unit of the Office of Permanency, is designed to improve safety, permanency and well-being, most particularly for those youth age 14-21 in the States’ care. We are committed to fostering the positive development of older youth in the State in order that they may live interdependently, making positive permanent connections enhancing their ability to become contributing members of their communities. The program is currently managed by a Program Supervisor, serving as the State Independent Living Coordinator and two Independent Living Consultants, responsible for serving assigned counties. The current service model includes providing relevant and portable trainings to Youth, county staff and the stakeholders who serve them. Counties are tasked to provide

individualized support to Youth based on their strengths and needs. The continued development of a strong partnership with community agencies, employing former foster youth, to assist in providing training and effective supports and services to Alabama's Youth and direct service to counties by developing specific training for Youth, based on the counties' identified needs is an important component of our continuum. There is a marked emphasis on education and educational success. There is also an intensified focus on Youth leadership and participation in the development of needed supportive services and a renewed focus on linking young people with people who will foster their success throughout the courses of their lives beyond the foster care system. The 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. 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 has improved successful outcomes through strong partnerships with community providers, such as: Children's Aid Society, Alabama Department of Public Health, Alabama Department of Education, Alabama Foster and Adoptive Parents Association, Casey Family Programs, Alabama Reach, Job Corps, The Department of Youth services, the Court Improvement Project, our Behavioral Analysts, the National Social Work Enrichment Program and the Office of Adoption. Innovations from agency supporters and a team-focused approach to our individualized service planning are essential to the Program's success. The addition of the foster care alumni as Youth Consultants and an additional staff member to the Program has increased our capacity to provide consultation to county staff, offer tailored trainings and enhance innovations for the Program. Our strategic youth leadership development has tremendously enhanced our Youth's growth and ability to deliver the messages of the Youth directly to relevant stakeholders. Our youth provided training directly to their peers at the 2012 and 2013 Youth Conferences. Our DREAM Council Leaders have provided training to staff and to foster parents across the State. They have participated in panels for education and judicial staff, as well as foster parents and community providers. This direct messaging has bolstered their voice, empowering them to become a part of the change to our system that they want to see. They are a key to our strategic planning and work cooperatively meeting monthly to assess their goals and advise our staff regarding the needs of the Youth population. Our Youth have participated in service projects, lending volunteer hours to Alabama Foster and Adoptive Parents, Military Veterans, community children in need and Christmas and the City of Birmingham. They hold monthly meetings in counties around the State in order to impact as many Youth as possible. They directly train their peers regarding NYTD, the state and national conferences, the use of the ILConnect website, participation in volunteer opportunities, healthcare initiatives, such as the Affordable Healthcare Acts' Medicaid to 26 and other topics relevant to their peers.

Through the increased capacity of the State Office Program, regional training and consultation was completed, having served every county, by the end of fiscal year 2013. Counties requesting individualized trainings for their staff had that need met by Consultant staff. Full day onsite assessments were completed on three of our largest independent living and transitional living placements. We will continue to work closely with our partners to ensure that our goals regarding permanency, educational success and the overall well-being needs of our young people are met. There are also yearly ILP Networking Trainings which provide staff, community stakeholder and community providers to receive specific training to enhance their capacity to serve this population of Young People. Alabama had an impressive 114 Youth and 41 county and state staff members participate in the Annual Daniel Memorial Independent Living Conference in Orlando, Florida in August 2013.

An emphasis on education and educational success has yielded positive results, as well. The number of Young People successfully completing high school is steadily increasing in spite of a decrease in the overall number of older Youth in foster care. Partnerships with the Department of Human Resources and the State Department of Education led to two Education Summits held in 2010 and 2013. The Summit in 2010 brought together County Directors and Superintendents representing all 67 counties. A follow-up Summit in 2013 brought those two agencies together a second time and added the expertise of the judicial representatives from across the state. Foster care Youth and Alumni participated in a panel highlighting the pitfalls of multiple moves and their effects on their educational success.

With more Youth successfully completing high school, there is an increased interest in college attendance. Through our expanding partnership with the National Social Work Enrichment Program, more Youth are attending college. The six week on-campus experience held for the past four summers has yielded outstanding results. Over 100 foster Youth have participated in the program over the past four years. The Program will serve 60 additional youth at three campuses summer 2014. Of the Young People who participated at least one year between 2011 and 2013, 100% completed high school timely. 85% of those Young People also applied to and enrolled in colleges and universities. Our partnership with the Alabama Reach Project has also enhanced our capacity to assist our Young People in achieving their educational goals. The Alabama Reach Program at the University of Alabama provides intensive supportive services to all foster Youth attending the University of Alabama and Shelton State Community College. The Young People meet monthly, complete community service projects, are linked to host families and receive assistance with completing financial aid documents, navigating the university system and hard services, such as, food, clothing, school supplies, gas for their cars,

etc. We are working to expand the program statewide to ensure that all Young People in the State who choose to attend college have the services and supports necessary to complete college. We are coordinating a partnership with Alabama Foster and Adoptive Parents, Children's Aid Society, Alabama DREAM Council, the National Social Work Enrichment Program and Alabama Reach supported by Casey Family Programs to promote tuition waiver in the State.

Our Program was able to achieve its National Youth in Transition Database goals in fiscal year 2013. The ILP Consultant for that project employed an intensive contact approach to working with counties and the NYTD technical staff to ensure that NYTD goals were successfully met. NYTD training was delivered to all county staff via our State automated training system. Additional training specific to NYTD was delivered at annual ILP Networking Conference. DREAM Council Youth were intensively trained on NYTD at their annual Leadership Conferences. The Young People developed a brochure that was shared with county staff and Youth. DREAM Council Leaders trained their peers on NYTD at our annual Youth Camps, Conferences and monthly meetings held across the State. Our Youth and ILP Consultants and DREAM Council Leaders trained county staff, Youth, foster parents, community stakeholder and placement providers regarding NYTD.

Alabama is one of the 19 states who have opted to participate in the Title IV-E to enhance our service provision to include our over 18 Youth. Competent transition planning is a key to the success of our Young People beyond their foster care experience. County and State office staff, independent living care providers, Youth and foster parents have participated in transition planning training. Resources regarding transition planning have also been provided to all stakeholders.

County Staff have checked and monitored the credit reports of all teens at the time of their sixteenth birthdays using the free services provided by the three national credit reporting services, as is prescribed in our policy.

With all of our successes there are still many challenges related to serving our older Youth in foster care. Continued success with our young people will include continued emphasis on bolstering their participation in permanency, educational success and overall well-being. Continued opportunities to enhance real life experiences related to improved familial relationships, relationships and connections to their communities. Our goals moving forward will be focused on including and respecting our Young People with regard to appropriate foster care placement selection, improving the frequency and quality of their visitation with siblings and innovative support to address their unique needs. Enhancing their ability to engage with our staff and their individualized service and transition planning teams will improve positive permanency outcomes. Current placement services and supports to meet the needs of Young People who are in a constant state of change by virtue of their age and circumstance of being Foster Youth will be enhanced and developed based on their input. We will continue to enhance their ability to participate in setting goals regarding their education and chosen vocations through a comprehensive transition model. Youth, State and County and Tribal staff will work and invested stakeholders to develop strategic plans to reduce time spent in foster care, improve education and overall well-being outcomes. Continued improvements in the foster care experience of these Young People will improve outcomes for all Youth in foster care.

Remaining connected to Youth who participated in the baseline population of the NYTD population is a concerning challenge. Coupling those challenges with the implementation of a second set of 17 year old youth will be important. Continued support for this project is a priority for our program. We will continue to assess the need for a dedicated staff to address the growing needs of the project. Though our overall population of youth in foster care age 14 to 21 has substantially decreased over the course of the prior reporting period, from 2509 in 2009 to 1764 in 2014, representing a 30% decrease, our Young People with the Permanency goal of APPLA have only reduced by 3%. We are, however, encouraged that our "long-stayers", those remaining in foster care for more than 10 years, have substantially decreased; now representing only 9% of the older youth population.

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

CFSR Determination: Not in Substantial Conformity

Item 11. Proximity of placement

CFSR Rating: Strength CFSR Percent: 97%
QA Baseline: 94%
5 Year Goal: 98%
QA Measurement: 100%

Item 12. Placement with siblings

CFSR Rating: ANI CFSR Percent: 80%
QA Baseline: 94%
5 Year Goal: 98%
QA Measurement: 92%

Item 13. Visiting with parents and siblings in foster care

CFSR Rating: ANI CFSR Percent: 56%
QA Baseline: 36%
5 Year Goal: 45%
QA Measurement: 51%

Item 14. Preserving connections

CFSR Rating: ANI CFSR Percent: 79%
QA Baseline: 80%
5 Year Goal: 85%
QA Measurement: 77%

Item 15. Relative placement

CFSR Rating: ANI CFSR Percent: 66%
QA Baseline: 85%
5 Year Goal: 90%
QA Measurement: 81%

Item 16. Relationship of child in care with parents

CFSR Rating: ANI CFSR Percent: 55%
QA Baseline: 40%
5 Year Goal: 45%
QA Measurement: 73%

GOAL: Improve the Continuity of Family Relationships and Preservation of Connections for Children improve.

DATA (QA BASELINE): See item measurements above (referenced below)
FIVE YEAR (QA) GOAL: See item measurements above (referenced below)
FINAL MEASUREMENT (QA) DATA: See item measurements above (referenced below)

ASSESSMENT OF PROGRESS:

As the data above reflects, in cases reviewed by State QA there has been an increase from 94% to 100% in **Proximity of Placement**. Regarding **Placement with Siblings** there has been a decrease to 92% from the baseline of 94%. There has been improvement in **Visiting with Parents and Siblings in Foster Care** from 36% to 51%, though the ending data still reflects significant work to be done. In the area of **Preserving Connections** there has been a decline from a baseline of 80% to 77%, and in **Relative Placement** and **The Relationship of Child in Care with Parents** saw the most significant increase. In this area the baseline was 40% and the most recent QA Measurement was 73%.

Over the past five years State QA has monitored the placement of children through QSR's to determine if children are placed in close proximity to the home from which they were removed and to determine if siblings were only separated when/if it was in their best interest to do so. In addition to monitoring activities from State QA, training provided to new workers and supervisors continues to emphasize the importance of placing children near the family of removal and not separating children unless it is in their best interest to do so. The Department's practice model (developed as part of the FSD Program Improvement Plan) as it applied to meaningful caseworker visits addresses assessment of the on-going need for siblings to remain separated. On-site reviews by state QA also include a permanency review component. In the process of conducting permanency reviews there are incidences in which connections have been broken, and whenever possible, strategies are identified to re-establish relationships through the use of visitation. This has resulted in permanent connections being developed, resulting in some children being able to achieve permanency as well. The Office of Permanency now has a curriculum for both staff and youth to address the need of youth in

out-of-home care to have, or develop, permanent connections with a significant adult who can support them into adulthood. This includes both family and non-family relationships. This **curriculum** was featured in July and August, 2012, as part of the AFAPA Conference, Supervisory Conferences, and Permanency Conferences. This goal was presented as well at the 2013 sessions of those respective conferences. In addition, the curriculum was available at the Independent Living Conferences for youth, as well as available to ILP coordinators to use in training youth in their respective counties. During the reporting period the agency worked with Casey Family Programs on development and implementation of permanency round tables (PRT). Updates were provided on this activity in previous APSR submissions. Through the PRT work, the Offices of Child Welfare Consultation, Child Protective Services and Permanency (IL) have had the opportunity to receive train-the-trainer sessions on Permanency Values & Skills. Over the course of the reporting period, the training model was shared with all 67 counties through training, demonstration and implementation. Each county, therefore, has the knowledge and skills regarding the basic implementation practices of the permanency model and may use it, along with other permanency tools to improve outcomes for all children in foster care. When initially implementing the PRT permanency model, focus was placed on our APPLA population, but counties have since elected to apply to model when reviewing children with all permanency goals, beginning with a review at the 90 day point in foster care. Some counties use the model to review progress with children identified as Adoption No Identified Resource and Kinship Guardianship. It is an expectation that each county have a permanency review process and that process and the resulting outcomes are reported biannually via the required Quality Assurance reporting. As previously stated, the Practice Model did provide training sessions addressing caseworker visits and emphasizing the value of the caseworker's relationship with families (with a focus on fathers), preparing for visits and using the ISP when conducting visits. Thorough documentation of the visits was also emphasized in the training. Through the collaboration with the courts DHR developed policy and local protocols that addressed notification of foster parents, pre-adoptive parents and relative caregivers of court hearing, proceedings and the right to be heard in the same.

Services for Children in Foster Care < 5

ASSESSMENT OF PROGRESS - Activities to reduce LOS in FC & provide developmentally appropriate services

There has been a heightened awareness of this population of children, due in part to serious research and consultation occurring around prescription rates of psychotropic medication in this population; and due to state office memoranda and other emphasis spotlighting the needs of these children. The focus on the under-age five population has primarily been coordinated through the county offices. Family Services will continue to seek a state level partner to provide guidance and feedback, as we continue to identify services and resources for the under-age five population. 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. During a recent query (May 2014), it was noted that 1853 children are identified in the under age five population.

Family Services addressed the under-age five population in an administrative letter distributed to the counties in February 2013. Data representing this population was periodically sent to the counties in 2013 in the following months: June, July, September and November. 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

The above will be ongoing key services 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.

PIP IMPACT – PERMANENCY OUTCOMES 1 AND 2

PIP activities, such as those listed below, helped shape the practice in the OUTCOME areas of PERMANENCY.

PIP – PRACTICE MODEL, ACTION STEP – 1.5

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

PIP – PRACTICE MODEL, ACTION STEP – 2.6

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

PIP – TRAINING, ACTION STEP – 1.1

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

PIP – TRAINING, ACTION STEP – 1.4

Implement, monitor and report on a prioritization plan for the completion of ACT I by current staff who have not yet completed this training. **Completed.** See EOC, Training, AS 1.4, Q-10 Submission.

PIP – TRAINING, ACTION STEP – 2.1

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

PIP – TRAINING, ACTION STEP – 2.3

Implement, monitor and report on a prioritization/incremental plan for the completion of Supervision Training for current supervisors who have not attended this module. **2011 Update:** Some components of Supervision, AS 1, were renegotiated in July 2011. **2013 Update:** See Appendix 11, Program Improvement Plan Steps “Carried Over” to the CFSP/APSR, for more information / details.

PIP – SUPERVISION, ACTION STEP – 1.4

Implement (supervision) work group recommendations (strategic plan) in a systemic way and in accordance with the identified timeline. **2011 Update:** Some components of Supervision, AS 1, were renegotiated in July 2011. **2013 Update:** See Appendix 11, Program Improvement Plan Steps “Carried Over” to the CFSP / APSR, for more information / details.

PIP – TRAINING, ACTION STEP – 2.2

Implement, monitor and report on a prioritization/incremental plan for the completion of CPP Training for current staff who have not attended this module. **2011 Update:** Some components of Training, AS 2, were renegotiated in February 2011. See Appendix 11 Program Improvement Plan Steps “Carried Over” to the CFSP / APSR, for more information/details. **2012 Update:** Some components of Training, AS 2, were renegotiated in July 2011. **2013 Update:** See Appendix 11 Program Improvement Plan Steps “Carried Over” to the CFSP / APSR, for more information / details.

PIP – COURT COLLABORATION, ACTION STEP – 3.2

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

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

PIP – COURT COLLABORATION, ACTION STEP – 1

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

PIP – COURT COLLABORATION, ACTION STEP – 2

Expand the dependency caseload management training to 5 additional counties in September 2009.

Completed - See EOC, Court Collaboration, AS 2.4, Q-1 PIP Submission.

PIP – COURT COLLABORATION, ACTION STEP – 5

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

PIP – COURT COLLABORATION, ACTION STEP 6

Implement DHR policy and local (court/DHR) protocols that address notification of foster parents, preadoptive parents, and relative caregivers of court hearings and proceedings and right to be heard in those hearings and proceedings. 2010 Update: During the first and second quarters of 2010, county departments developed and submitted

to SDHR protocols for notification of foster parents, pre-adoptive parents and relative caregivers regarding any court proceedings involving a child in their care and their right to be heard in such proceedings. These have been reviewed; however, because current policy requires these notifications no policy revisions are planned at this time. **2011 Update:** Some components of Court Collaboration, AS 6, were renegotiated in February 2011. See Appendix 11, “Renegotiated PIP Steps” for more information / details. **2012 Update:** All components of Court Collaboration, AS 6, that were to be completed during the PIP and/or extended PIP, have been completed. See the following PIP submissions: Q-1, Q-3, and Q-10. **2013 Update:** See Appendix 11, **Program Improvement Plan Steps “Carried Over” to the CFSP / APSR**, for more information / details.

PIP – COURT COLLABORATION, ACTION STEP – 7

Distribute a law article to clarify the issues around TPR and relative caregivers. Completed. See EOC, Court Collaboration, AS 7.2, Q-4 PIP Submission.

PIP – OLDER YOUTH, ACTION STEP – 1.3

Implement plan of action (regarding identifying and meeting needs of older youth). Completed.

See EOC, Older Youth, AS 1.3, Q-3, 4 PIP Submissions.

PIP – OLDER YOUTH, ACTION STEP – 2

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

Completed. See PIP (EOC) submissions for Older Youth AS: 2.1 & 2.2 (Q-5); 2.3 (Q-3); **2.4 (Q-8)**; 2.5 (Q-4); 2.6 (Q-5); 2.7 (Q-3); and 2.8 (Q-5).

PIP – OLDER YOUTH, AS – 3

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

PIP – OLDER YOUTH, ACTION STEP – 4.3:

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

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

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

CFSR Determination: Not in Substantial Conformity

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

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

CFSR Rating: ANI
CFSR Percent: 53%

Item 18. Child/family involvement in case planning

CFSR Rating: ANI
CFSR Percent: 66%

Item 19. Worker visits with child

CFSR Rating: ANI
CFSR Percent: 75%

Item 20. Worker visits with parents

CFSR Rating: ANI
CFSR Percent: 41%

GOAL: FAMILIES HAVE ENHANCED CAPACITY TO PROVIDE FOR CHILDREN’S NEEDS

DATA (QA) BASELINE (ISP): 14%
FIVE YEAR (QA) GOAL: 24%
FINAL MEASUREMENT (QA) DATA: 21%

DATA (QA) BASELINE (FAMILY INVOLVEMENT IN ISP): 51%
FIVE YEAR (QA) GOAL: 70%
FINAL MEASUREMENT (QA) DATA: 67%

DATA (QA) BASELINE (WORKER VISITS WITH CHILD): 75%
FIVE YEAR (QA) GOAL: 85%
FINAL MEASUREMENT (QA) DATA: 92%

DATA (QA) BASELINE (WORKER VISITS WITH BIRTH PARENTS) 50%
FIVE YEAR (QA) GOAL: 60%
FINAL MEASUREMENT (QA) DATA: 63%

ASSESSMENT OF PROGRESS:

Skill 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 (for teens - see description in Training Appendix). Family Service Centers continue to offer a range of services to families throughout the state, and Fatherhood programs (through DCAP) continue provide needed services to fathers in 14 locations throughout the state (with two other programs possibly opening in Selma and Birmingham). The Fatherhood Programs are funded with TANF dollars thru an interagency agreement (contract) between DHR and ADCANP (Children’s Trust Fund). For the past two years, six (6) programs have been funded through a non-competitive process. 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. 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 (<i>through program related services</i>)	Completed Educational Program	Completed Short Term Skills Training	Total Number of Participants	Total Payments
PY 2012-2013	90	2	10	203	\$232,600

ADCANP is in its third year of funding for the Pathways to Responsible Fatherhood program. The Responsible Fatherhood program supports non-court mandated fathers. It has three goals: (1) become a better parent (2) expand educational opportunities (3) provide job readiness or placement. DCAP is working closely with county DHR’s and the courts for referrals. An award notification for Year 4 has been received. The new cycle of the program will begin October 1, 2014. 11 non-profits and 3 institutions of higher learning continue to be funded through this program. Programs are located in each Congressional District. Stakeholder input included the following (individual) comments or themes: an example of another service that provides useful supports for birth/foster families is the “Parents as Teachers” program; which is offered through a number of avenues, including the Department of Children’s Affairs. Family Service Centers continue to offer a range of services to families through the state; Fatherhood programs (through DCAP) continue to provide needed services to fathers in a number of locations throughout the state. It will be important to give attention to strengthening 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 deal with these issues. Also, it will be useful to continue to explore ways of facilitating and promoting networking among (and between) related/foster care providers and department staff. There may be an opportunity for further collaboration within SDHR, in terms of services for older youth with severe mental health needs. More internal discussion needs to occur in this regard.

The ranking input from county QA committee chairpersons/coordinators reflected agreement with the importance of strengthening the timeliness and individualization of the ISP (including thorough assessments), obtaining feedback from

relevant family stakeholders and providing the needed services. Feedback from county QA committee surveys indicated some strengths related to timeliness of conducting the ISP; however, there was a theme related to the need to improve on inviting relevant parties to the ISP, and/or including them as active participants in the ISP process.

In terms of caseworker visits, input from completed county QA committee surveys reflect overall timeliness of visits occurring with children. Some consistency issues were noted in regard to how purposeful the visits are, with some feedback reflecting that meaningful visits are occurring and others noting that improvements are needed in this area. In (approximately) 122 survey ratings completed by county QA committee members, on a scale of 1-6 (6 being optimal), the average rating for ISP, was 4.80 (averages for previous years were as follows: 2013 – 4.69; 2012 – 4.80; 2011 – 4.90; 2009 – 5.03). Through the OCWC record review process and subsequent feedback, attention has been focused on the strengthening of the ISP process. During the PIP, there was work completed in the three supervisory initiative counties that directly addressed the ISP process. Specific supervisory work has been completed in 7 counties during 2013. This work focused on the ISP process and ways to strengthen the process. QA reviews also assessed this area of work. Additional record reviews were conducted in 2012, 2013, and 2014 by the OCWC unit. There continues to be feedback around ISP’s and what is needed to strengthen the planning in the cases reviewed. Some consultant support has been provided to counties in 2014 regarding specific cases and additional training has been provided to several counties. The OCWC has continued in 2014 to support counties through record reviews. Feedback is being provided directly to the county using a review tool that is provided to the Management Team in Family Services as well as provided to the County Directors to use to enhance skills in their staff. There is now a formal “Office of Child Welfare Intake” with a Program Manager. She and two in-based staff take calls/emergencies from constituents and counties; provide guidance around policy and best practice; and respond to inquiries and assignments from Commissioner’s Office, Deputy Commissioner and Director, or State Legal Division. The OCWC continues to support the county in growing in their skills in FACTS. Refresher training has been provided to county staff to aid in the improved use of the new system where this was identified as a need during the random record review process. In surveys completed by county QA committee members, some references were made to the challenge of the ISP template in FACTS. 2012 Update: The OCWC staff have continued to work with the county staff around how to best use the system to individualize the plan for the family so that the cases do not all look the same. This has included working with FACTS staff in refresher training and how to use the Other selection for more individualization in service delivery and etc. 2013 Update: FACTS continues to become more meaningful and useful to the counties relative to documentation, particularly around ISP’s. Since counties have had training and received examples of ways to use FACTS to denote service delivery, the ISP component has more detail and is more accurate regarding service. 2014 Update: Supportive work with the counties has continued during this year. The OCWC staff has assisted the counties in using the FACTS system to provide the most effective service delivery. Staff has been supported by OCWC to use FACTS and have OCWC staff have even assisted with trainings at the county level on refresher FACTS trainings and skill development.

Caseworker Visits With Child

It should be noted that Alabama calculates caseworker visit data on month by month basis vs. federal, i.e. calculating all 12 months of a fiscal year. The Department captures caseworker visits using FACTS. Workers are required to register their contacts with children in out-of-home care every month. The information captured on FACTS relative to children in out-of-home care is used to report information to HHS/ACF in the AFCARS report. The data are as follows:*

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%

* Alabama continues to report caseworker visits data based on sample data provided by the Children’s Bureau taken from the fiscal year AFCRS submissions. The total aggregate number of children under age 18 who was in foster care for one full month between October 1, 2012 and September 30, 2013 was 6,548.

The Behavior Analysis 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 Analysis 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 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 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.

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

CFSR Determination: Not in Substantial Conformity

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

Item 21. Educational needs of child

CFSR Rating: ANI
CFSR Percent: 84%

GOAL: Collaboration with schools with participation in the ISP meetings by school personnel as well as DHR involvement/input in IEP meetings.

DATA (QA) BASELINE (EDUCATIONAL NEEDS) 78%
FIVE YEAR (QA) GOAL: 85%
FINAL MEASUREMENT (QA) DATA: 80%

ASSESSMENT OF PROGRESS

Assessment of the goal was completed through random record views that OCWC conducted. The random record reviews provided feedback to the county offices on their progress toward ensuring the child’s educational needs were being met, prompting workers to know what grade and reading level that the children that are receiving services are on and monitoring to make sure that the ISP are the educational needs. Also provided to the county’s was feedback from the reviews where the reviewer were able to find cases with an outstanding example of educational advocacy. There has been evidence of staff holding the ISP’s at the school to promote participation by education staff. There has been evidence of joint ISP’s and IEP’s in some cases. This is encouraged through every opportunity for more consistency across the state. Emphasis on education and worker communication with school personnel appears to have improved.

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

Barriers that we had for this goal was that we are unable to go back and monitor if the counties were able to take the feedback from the reviews and use the feedback to improve practice.

Stakeholder input included the following (individual) comments or themes: in terms of education and collaboration with school personnel there was input such as believing the emphasis on education and worker communication with school personnel appears to have improved, that case workers and foster parents are involved in IEP's, and that workers are following up with school personnel to provide for, and advocate for, meeting a child's educational needs. At the same time, there was feedback that reflected more should be done to involve school personnel in the ISP process, advocating for educational services/improved worker involvement in the IEP process, etc. Striving for improved consistency will therefore be important. In (approximately) 122 survey ratings completed by county QA committee members, on a scale of 1-6 (6 being optimal), the average rating for Education was 5.03, compared to 5.01 in 2009 (ratings on Education have not been requested each year).

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

CFSR Determination: Not in Substantial Conformity

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

Item 22. Physical health of child	
CFSR Rating:	Strength
CFSR Percent:	96%

Item 23. Mental health of child	
CFSR Rating:	ANI
CFSR Percent:	83%

GOAL:	Continue to support improved assessment of mental health needs, including the trauma informed assessment of children, along with treatment and monitoring outcomes.
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DATA (QA) BASELINE (PHYSICAL NEEDS)	97%
FIVE YEAR (QA) GOAL:	98%
FINAL MEASUREMENT (QA) DATA:	98%

DATA (QA) BASELINE (EMOTIONAL NEEDS)	70%
FIVE YEAR (QA) GOAL:	85%
FINAL MEASUREMENT (QA) DATA:	77%

ASSESSMENT OF PROGRESS

The Behavior Analysis have provide significant support to the Counties in assisting them to meet the mental health needs of some of the most severe. Random Record reviews provided the counties with assessment of their progress in meeting the physical/mental health needs of the families that received services. State Child Welfare Intake provides approval providing overall directions in regard to , restrictive placements, Out of State placements. This setting provides a teaching tool to best practice in regard to working with the counties in placing children in the less restrictive settings.

Within the past five years, a clinical, stand-alone trauma workshop was conducted in Birmingham by a national expert; then additional workshops and other information were shared at the 2012 Permanency and Supervisory Conferences. Staff from the State Department of Mental Health; public education; DHR and others were present for the Birmingham training, which received extremely high evaluation scores. There will also be Trauma-informed Practice workshops/training presented at the Supervisory Conferences in July and August, 2013.

The department continues the work with the Behavior Analysts Program at Auburn University and the University of South Alabama. The collaboration with these two schools supports our work with emotional and behaviorally challenged children. Also, the Behavior Analysts review behavior management plans upon special assignment on a case by case basis.

Casey Family Program 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 3. Barriers that we had for this goal was that we are unable to go back and monitor if the counties were able to take the from the reviews and use the feedback to improve practice

Generally, completed county QA committee surveys reflected that children's emotional/physical needs were being met and that staff were invested in the emotional/physical well-being of children. A comment or two were made related to availability of mental health resources, so continuing to maintain a focus on ensuring an array of resources will be important. In (approximately) 122 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 5.5.27, compared to 5.36 in 2009 (ratings on Physical Well-Being have not been requested each year). In (approximately) 122 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 4.93, compared to 5.06 in 2009 (ratings on Emotional Well-Being have not been requested each year).

PIP IMPACT – WELL BEING OUTCOMES 1, 2, AND 3:

PIP activities, such as those listed below, helped shape the practice in the OUTCOME areas of WELL-BEING.

PIP – TRAINING, ACTION STEP – 1.1

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

PIP – TRAINING, ACTION STEP – 1.4

Implement, monitor and report on a prioritization plan for the completion of ACT I by current staff who ave not yet completed this training. **Completed**. See EOC, Training, AS 1.4, Q-10 Submission.

PIP – TRAINING, ACTION STEP – 2.1

Develop and disburse for implementation agency time frame expectations, along with monitoring and reporting mechanisms for completion of Supervisor Training for future (new) supervisors.

Completed - See EOC, Training, AS 2.1b, Q-3 PIP Submission.

PIP – TRAINING, ACTION STEP – 2.2

Implement, monitor and report on a prioritization/incremental plan for the completion of Supervision Training for current supervisors who have not attended this module.

2011 Update: Some components of Training, AS 2, were renegotiated in February 2011. See Appendix 15, Renegotiated PIP Steps” for more information / details. **2012 Update:** Some components of Training, AS 2, were renegotiated in July 2011. **2013 Update:** See Appendix 11, Program Improvement Plan Steps “Carried Over” to the CFSP / APSR, for more information / details. **2014 Update:** See Appendix 11.

PIP – SUPERVISION, ACTION STEP – 1.4

Implement (supervision) work group recommendations (strategic plan) in a systemic way and in accordance with the identified timeline. **2011 Update:** Some components of Supervision, AS 1, were renegotiated in February 2011.

See Appendix 15, “Renegotiated PIP Steps” for more information / details. **2012 Update:** Some components of Supervision, AS 1, were renegotiated in July 2011. **2013 Update:** See Appendix 11, Program Improvement Plan Steps “Carried Over” to the CFSP/APSR, for more information/details. **2014 Update:** See Appendix 11.

PIP – PRACTICE MODEL, ACTION STEP – 1.5

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

Systemic Factor: Statewide Information System

Item 24: State is operating a statewide information system.

Summary of Progress on Goals for the 2010 – 2014 CFSP

GOAL: Support all other Family Services offices, as well as county staff, in their self-assessment process by gathering, compiling, analyzing and reporting on county specific and/or Statewide permanency, safety, and well-being data.

ASSESSMENT OF PROGRESS

The statewide information system, FACTS (SACWIS) has been operating statewide since January 2009. The Family Services Division has worked jointly with the Division of Information Services to enhance the system in order to improve the federal reporting quality as well as meet all requirements and user needs. During the last year Ad Hoc capability has been added for the purpose of allowing monthly reporting of foster care and adoption data. Work continues on improving data quality through several initiatives. Staff is currently assessing the National Child Abuse and Neglect Data System (NCANDS) element mapping and updating the extraction code where applicable; the AFCARS Improvement Plan is monitored closely and priority given to complete system enhancements to reach reporting compliance on all data elements and improve data quality; enhancements have been made to the IVE component to improve the capturing of approvals in a timely manner; training has been provided directly from the training unit and the Office of Data Analysis has provided supportive training at Director's meeting and Supervisors Conferences to affect improvement in our data quality.

GOAL: Maintain a database on child deaths due to maltreatment and if services have been provided to the family within the past 12 months.

ASSESSMENT OF PROGRESS

FACTS is utilized to provide query information on a number of agency needs and to also provide information to stakeholders and community partners. A few examples include information to the Alabama Administrative Office of Courts (AOC) for reporting of Fostering Court Improvement data measures; information provided to the Department of Education for use at the AOC sponsored Education Summit; Data for the analysis of the Jefferson County Drug Court; child abuse and neglect and foster care data to the Department of Public Health, adoption data for the Alabama State Legislature and Casey Family Programs initiatives.

Two stand-alone access data bases are maintained to assist in the capturing and reporting of child death information and Quality Service Review data. Data from these systems was also used in monitoring our PIP and reporting to data for the NCANDS Agency File.

Systemic Factor: Case Review System

CFSR Determination: Not In Substantial Conformity

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

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

CFSR Rating: ANI

Item 26. Periodic administrative / judicial review

CFSR Rating: Strength

Item 27. Process ensuring permanency hearings

CFSR Rating: ANI

Item 28. Provides a process for TPR proceedings in accordance with the provisions of ASFA

CFSR Rating: ANI

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

CFSR Rating: ANI

GOAL: Make Permanency hearings more productive and outcome focused

ASSESSMENT OF PROGRESS

Specific training around this action is being finalized. Discussions have been held with AOC and internal Legal staff regarding training for judges. There may be an initiative with Casey Family Programs later in 2013 or early 2014 for training for our own attorneys, Guardians-ad-litem and judges. This has been discussed with our Legal Office, and Family Services is eager to support this in partnership with them. DHR staff represent the Department on the Probate/Juvenile Subcommittee of AOC's Court Improvement Program, which was formed to bring juvenile and probate court judges together to discuss issues that may arise in processing adoption cases. This committee has begun planning an Adoption Conference for May of 2015. DHR staff including county and state staff and DHR attorneys, judges from both Probate and Juvenile Courts, and GALs and adoption attorneys will be invited to attend. Casey Family Programs are partnering with both AOC and DHR to help fund the conference.

DHR staff represent the Department on the Probate/Juvenile Subcommittee of the Court Improvement Program, which was formed to bring juvenile and probate court judges together to discuss issues that may arise in processing adoption cases. This committee has begun planning an Adoption Conference for May of 2015. DHR staff including county and state staff and DHR attorneys, judges from both Probate and Juvenile Courts, and GALs and adoption attorneys will be invited to attend.

In October, 2014, one initiative that will be especially helpful in this arena is a Fall Judicial/Child Welfare Summit where workshops, training, youth voices, and other activities will be held focusing on the very issues mentioned above. Timeliness, continuances, impact on children and families and all pieces of pertinent casework practice will be stressed to the judges at that time. Family Services Leadership staff, Judges, and staff from the Governors Office have attended national discussions which have supported the development of the Summit agenda.

Systemic Factor: Quality Assurance System/Continuous Quality Improvement

CFSR Determination: Substantial Conformity

The QA system monitors, evaluates and provides feedback to the Department on the performance of the overall system of care and whether services provided are of sufficient intensity, scope and quality to meet the individual needs of children and their families. 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.

Item 30. Implementation of standards ensuring provision of quality services -

CFSR Rating: Strength

Item 31. Statewide operation of a quality assurance system

GOAL: Examine/assess/monitor/evaluate the components of the Department's system of care.

ASSESSMENT OF PROGRESS

The Office of Quality Assurance completed 69 onsite reviews and 15 quarters of PIP monitoring in Calhoun, Cullman and Jefferson counties from January 2010-March 2014. Another 12 onsite reviews are scheduled for April-September 2014. No onsite reviews or PIP monitoring occurred during months of May and June 2011 due to tornadoes that devastated many areas of the state in April of that year. All components of the system of care were examined and evaluated during onsite reviews through the completion of Quality Service Reviews on randomly selected children and completion of internal and external stakeholder interviews. Additional components of an onsite review included an assessment of safety practices through a review of a sample of CAN and Prevention assessments as well as a review of a sample of foster home records to assess licensing practices. A permanency assessment was completed in counties with 25 or more children in foster care through a focus on assessment of permanency practices in a sample of foster care cases.

GOAL: Provide feedback and recommendations to the Department on the status of practice and outcomes experienced by children and families, as well as the Department's system performance, and whether services provided are of sufficient intensity, scope and quality to meet the individual needs of the children and families being served by the Department.

ASSESSMENT OF PROGRESS

Completed QSRs for onsite reviews and PIP monitoring provided a specific assessment of the outcomes experienced by the selected children and their families and the county department's provision of services to them. Strengths and needs for each QSR were provided to the county on the outcomes and services with recommendations to address the identified needs. For each onsite review, stakeholder interviews addressed outcomes and services for children and families served by each county. QSR results, results of other review components, and stakeholder information was combined to make a determination on the overall performance of the county for the best practice indicators addressing outcomes and services. Strengths and needs were identified for each best practice indicator and when warranted, recommendations were provided.

GOAL: Confirm strengths, identify successful strategies, and recommend ways in which effective practice and/or system performance can be replicated or strengthened.

ASSESSMENT OF PROGRESS

A comprehensive report was provided to the counties on the status of outcomes for children and families as well as on the performance on the system to each county after each onsite review. The report addressed the overall finding of each best practice indicator, identifying strengths and needs with corresponding recommendations to address them. The write-up from each QSR as well as the reports from the additional review components of safety assessments, resource record reviews and if applicable, permanency assessments were addendums to the overall report. Only write-ups of each QSR were provided on the specific case reviews for the PIP monitoring in the specified counties. Each county was required to utilize the report regarding their performance on the best practice indicators as the framework for the development and/or revision of their county improvement plan. County improvement plans were reported semi-annually in the biannual reports provided to the Office of Quality Assurance. Feedback was provided to counties on all submitted biannual reports, including observations of progress on county improvement plans. Reports from onsite reviews were also provided to SDHR management for planning purposes.

GOAL: Support the Citizen Review Panel function in all 67 counties and with the State QA committee.

ASSESSMENT OF PROGRESS

Quality Assurance consultants provided support to the 68 county QA systems through training with county QA consultants and county QA committees in all counties (the largest metropolitan county has two committees). The State QA Committee met quarterly throughout the period to review and provide feedback on statewide issues. The annual Citizen Review Panel report was completed by the State QA Committee as the reporting agent for all 69 committees (68 county committees and one state committee). A statewide meeting of county QA coordinators and chairpersons as well as members of the State QA Committee held a joint meeting in January 2011 with another planned for May 2014 to promote the relationship between those entities. **Alabama CQI – 2014 CQI Assessment Update - Please Note:** **The recommendations enumerated in this document when it was first drafted in 2013 were not designed to all be completed in FY 2014. That continues to be the case with this 2014 update.**

I. Foundational Administrative Structure - It is important for States to have strong administrative oversight to ensure that their CQI system is functioning effectively and consistently, and is adhering to the process established by the agency's leadership. A functioning CQI system will ensure that:

- The State applies the CQI process consistently across the State and the single State agency has oversight and authority over the implementation of the CQI system; there is a systemic approach to review, modify, and implement any validated CQI process.
- The State establishes written and consistent CQI standards and requirements for the State, counties, and any other public agencies operating title IV-E programs on behalf of the State, as well as any private agencies with case management responsibilities.
- There is an approved training process for CQI staff, including any contractor or stakeholder staff conducting CQI activities.
- There are written policies, procedures, and practices for the CQI process even when the State contracts out any portion of the CQI process.
- There is evidence of capacity and resources to sustain an ongoing CQI process, including designated CQI staff or CQI contractor staff.

Identify those aspects of the foundational administrative structure that are perceived as STRENGTHS:

- There is a formalized state QA structure in place in the form of veteran, state QA staff (Program Manager and six Consultant staff) and a State QA Committee.
- All counties have an assigned state QA Consultant.
- The Child Welfare CQI process is implemented across the state by a single agency.
- There are written procedural and practice guides in place in the form of a *QA Guide, Forty-Nine (49) Best Practice Indicators* and a *QSR Protocol Instrument*. The Best Practice Indicators were revised in November 2103 to 51 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.

Identify those aspects of the foundational administrative structure that can be STRENGTHENED:

- Standardized statewide training plans / meeting schedule for county QA coordinators and county QA committee chairpersons. A statewide meeting for county QA coordinators and QA committee chairpersons as well as State QA Committee members was planned for May 2014.
- Written guidelines as to what activities will comprise state QA onsite county reviews across all counties. The best practice indicators were revised in November 2013 to better reflect current practice expectations. This resulted in a revision of the reporting format and revisions of some forms utilized in the onsite review process. An additional review component was added to the onsite review process. This component is for the review of two-four cases for which QSRs had been completed by county QA committees during the year prior to the onsite review. A state QA staff member performs that review and rates the case based on the information available at the time of the county committee review. The changes in the best practice indicators, the components of onsite reviews, and the three year schedule of reviews were provided to county directors by email on November 1, 2013. These changes are being incorporated into QA Guide which is currently being revised.
- 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 is included on the in the feedback provided on biannual reports.

- 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.

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/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 is provided to the Deputy Commissioners for Field Administration and Child and Family Services, the Director of Family Services, and the two Deputy Directors.
- Continued attention to improving accuracy of, and clarification about, FACTS data (e.g. what constitutes the permanency hearing date).
- Attention to promoting consistency in applying the QSR protocol ratings across all reviewers. 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.

Recommendations:

1. Examine the current distribution and utilization of the Summary and Findings of State QA Reviews, and make any needed adjustments.
2. Implement ways in which the feedback loop for quantitative and qualitative data can be improved/enhanced.
3. Assess the process for the qualifying of, and promoting consistency among (QSR) reviewers currently in use via training, onsite QA of the review instrument/findings, etc. and implement any needed improvements. Adjunct reviewer training is planned for July 2014 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.

III. Case Record Review Data and Process - In addition to collecting and analyzing quantitative data, it is also critical that State CQI systems have an ongoing case review component that includes reading case files of children served by the agency under the title IV-B and IV-E plans and interviewing parties involved in the cases. Case reviews are important to provide States with an understanding of what is "behind" the safety, permanency and well-being numbers in terms of day-to-day practice in the field and how that practice is impacting child and family functioning and outcomes. A CQI system will ensure that:

- The State reviews cases of children based on a sampling universe of children statewide who are/were recently in foster care and children statewide who are/were served in their own homes. Samples should be sufficiently large enough to make statistical inferences about the population served by the State. The universe of cases reviewed will also include the title IV-B and IV-E child population directly served by the State agency, or served through title IV-E agreements (e.g. with Indian Tribes, juvenile justice, or mental health agencies).
- The sample is stratified to include a proportion of cases that reflect different age groups, permanency goals, and other considerations, such as varying geographic areas of the State, as appropriate.
- The State conducts case reviews on a schedule that takes into consideration representation of the populations served by the State, including the largest metropolitan area, and the significance of other demographic and practice issues.
- Case reviews collect specific case-level data that provides context and addresses agency performance.
- Case reviews are able to detect the quality of services for the children and families served and therefore focus on the assessment and monitoring of how child and family functioning is progressing in relation to the services provided.
- Case reviews include the completion of interviews specific to each case, such as the child/youth, birth parent, caregiver, caseworker or supervisor, and as indicated, health, mental health and other service providers, educators, and guardian ad litem (or child's attorney).
- Case reviews are conducted by staff who go through a uniform and consistent training process and whom the State determines are qualified to conduct reviews, with a preference for staff and stakeholders with direct service experience.
- The process prevents reviewer conflict-of-interest and promotes third-party (unbiased) review of cases, i.e. cases are not reviewed by caseworker or supervisor responsible for cases or who had previous involvement in the cases, as well as those who may have a personal interest in the case.
- Policies, written manuals, and instructions exist to assist in standardizing completion of the instruments and the implementation of the case review process.
- Inter-rater reliability procedures are implemented to ensure consistency of case ratings among reviewers.
- There is a process for conducting ad hoc/special reviews targeting specific domains when analysis and other data warrant such reviews.

Identify those aspects of quality data collection that are perceived as STRENGTHS:

- There is a QA review process that is operable at both the county and state level that includes the conducting of QSR's, whereby individual interviews are conducted with relevant stakeholders involved in the case, including the identified child/youth and family.
- At the state level a stratified sampling process is utilized for the identification of cases to be reviewed and the state QA review schedule includes varying geographic areas of the state, including the largest metropolitan area.
- The state QA review process is designed to prevent reviewer conflict-of-interest and the QSR protocol (review instrument) contains rating guide information that is designed to assist the reviewer in making rating determinations and guided appraisals.
- The state QA review process includes several components that are designed to strengthen the practice assessment and better inform the resulting findings and recommendations. These include a review of a sample of resource records, as well as a safety assessment and permanency assessment, that are distinct from the QSRs that are also conducted.
- There is a means by which State QA staff review and provide feedback on the QSR write-ups and ratings of practice/systemic items that are conducted by county QA committee reviewers.
- There is a data base maintained in Family Services, whereby QSR rating information conducted by county and state reviewers is entered.
- There is an ability to conduct ad hoc/special studies at both the county and state level.
- The state QA review process includes an assessment of the status of services to children and families, the effectiveness of monitoring, and the progress toward effective family functioning.

Identify those aspects of quality data collection that can be STRENGTHENED:

- While at the state level there are ways of giving attention to rating consistency, the process for ensuring inter-rater reliability can be strengthened. 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 members to promote rating reliability.
- A process is currently being used to train state reviewers; however, having a uniform and consistent training process that qualifies reviewers to serve in that role could be strengthened. 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.
- Tracking of data related to NYTD, AFCARS and NCANDS are operative (see also data collection).
- Qualitative data is maintained via a QA database, which serves as a repository for state and county QSR ratings.
- There is a process for analyzing and commenting upon qualitative data in the form of QSR write-ups which are provided to county workers and supervisors.
- Some informal means of aggregating results related to the Best Practice Indicators has been utilized.
- There is some evidence for dissemination of data through website posting and provision of data reports to staff.
- Data profiles are developed/used for onsite (state) QA reviews.

Identify those aspects of the analysis and dissemination of data that can be STRENGTHENED:

- Emphasis / training on and monitoring of, effective use of data as a child welfare management tool related to impacting outcomes of safety, permanency and well-being. 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.
- 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/make recommendations on the timely and correct entry of data.
- Consistent provision of information as to where to look for data outside of FACTS.
- Determining ways in which CFSR outcome data can be explained/distributed (once the R3 data sets are established).
- Consistently involving other SDHR Divisions and external stakeholders (partner agencies/groups) in meaningful discussion, analysis, and dissemination of quantitative and qualitative data.

Recommendation:

1. Develop a comprehensive plan for quantitative/qualitative data analysis and dissemination that includes consistent internal/external stakeholder involvement/feedback/input related to trends and findings, as well as a focus on monitoring, training, and use of data in managing for best practice outcomes and improved collaboration/system performance. The resulting plan may require incremental implementation.

V. Feedback to Stakeholders and Decision-makers and Adjustment of Programs and Process - Collecting information and analyzing results are important steps in CQI; however, how States use this information is a critical component to driving change within the organization and is key to improving outcomes for children and families. A functioning CQI system will ensure that:

- Results (i.e., trends, comparisons and findings) are used by agency leadership/top management, courts, tribes, entities with title IV-E agreements, and other stakeholders to help guide collaborative efforts, inform the goals and strategies of the CFSP and other State plans for federal funds such as the Court Improvement Program strategic plan, and to improve practice, services and monitor/track progress toward goals.
- Supervisors and field staff understand how results link to daily casework practices; results are used by supervisors and field staff to assess and improve practice.
- Results are used to inform training, policy, practice, community partnerships, service array (service gaps, quality, etc.), automated system development, and other supportive systems.
- The CQI process itself is adjusted as needed over time as results indicate a need for additional study, information and/or analysis.

Identify those aspects of quality data collection that are perceived as STRENGTHS:

- By design, there is an expectation that the bi-annual county QA report is to be shared with the county QA committee, and signed by the county QA committee chairperson.
- Of the 49 Best Practice Indicators, there are items that address data collection and planning. The Best Practice Indicators were revised in November 2103 to 51 indicators. Two of the indicators directly address data.
- On a monthly basis data related to child protective services, child abuse and neglect reporting, and permanency, are provided to the District Administrative Specialists (DAS), who are to reference/use the data in their work across all 67 counties.
- For each state QA review that is conducted, the Office of Data Analysis provides a data profile to the state QA team on the county that is being reviewed.

Identify those aspects of quality data collection that can be STRENGTHENED:

- Ensuring consistency between the data provided to counties and that provided to the state QA review team.
- Assessment/provision of data needs/request from the state QA review team and the Family Services Management team.
- Distribution of both quantitative and qualitative data trends, comparisons, findings, results and recommendations (from various sources) to key external and internal stakeholders in order to better inform collaboration, system performance and ongoing practice monitoring. 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.

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

Systemic Factor: Training

CFSR Determination:

Not in Substantial Conformity

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

Item 32. Initial staff development and training program for staff

Item 33. Ongoing staff development and training program for staff

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

GOAL:	In the next five years (2010-2014) the principal goal will be to maintain up-to-date training that reflects current trends in best practice.
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GOAL:	Refine the delivery of training to minimize the cost while maximizing the learning experience for the participants.
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GOAL:	Continue to offer ACT II sessions that related to the needs within the counties.
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GOAL:	Develop and implement policy and procedures for preparing, assessing, approving and re-approving resource families.
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ASSESSMENT OF PROGRESS

The Office of Child Welfare Training has consistently provided up-to-date training to staff by developing and delivering training programs which promote the development of competent child welfare professionals. ACT I and ACT II sessions continue to equip child welfare workers and supervisors with the knowledge and skills necessary to help them to be successful in their work with families.

The delivery of ACT I training has been refined to incorporate a blended learning approach. Prior to attending ACT I (in class) training, participants are given on-line reading assignments, accompanied by a short quiz to gauge their understanding. While in class, the prerequisite work is discussed. OCWT continues to look at cost-saving measures that will not diminish the overall learning experience. In the past five years there have been approximately 620 staff who have completed ACT I. For the next fiscal year, 5-6 ACT I sessions will be (tentatively) scheduled.

The Office of Child Welfare Training provided Supervisors, Concurrent Permanency Planning, CPS, Child Sexual Abuse Intervention, and Underlying Conditions training to staff based on their requests for specific training. On-site training has also been provided. OCWT will continue to accommodate the various requests of staff as needed.

GPS Leader Training is provided to county staff, foster parents, and agency providers in order to prepare them to co-lead GPS training for prospective foster/adoptive parents. In the past five years, approximately 500 staff and foster/adoptive parents have completed GPS. In the current fiscal year, the Office of Child Welfare Training (OCWT) has scheduled three sessions. For the next fiscal year, 3-5 GPS sessions will be (tentatively) scheduled.

See also Appendix 2, Training Summary.

PIP Carry Over Steps TRAINING STATUS OF STEPS: ONGOING, TRANSFER TO CFSP OF 2015-2019

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

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

- In the past five years there have been approximately 280 staff who have completed CPP training. In the current fiscal year, OCWT has scheduled 4 CPP sessions and for the next fiscal year, approximately 5 sessions of CPP will be (tentatively) scheduled.

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

- One Supervisor training session was completed in April. Another session is scheduled for July 2013. OCWT plans to request approval for 2-3 more Supervisors sessions for the remainder of the fiscal year.
- In the past five years there have been approximately 125 supervisors who have completed Supervisors training. In the current fiscal year, OCWT has scheduled 4 Supervisors sessions and for the next fiscal year, approximately 5 sessions of Supervisor Training will be (tentatively) scheduled.

Systemic Factor: Service Array

CFSR Determination: Substantial Conformity

Item 35. The state has an array of services that assess & address the needs of children and families OCWC
CFSR Determination: CFSR Rating: Strength See item 36.

Item 36. Accessibility of service array. OCWC
CFSR Rating: ANI

Item 37. Individualization of services
CFSR Rating: Strength

GOAL: The state has an array of services that assess and address the individual needs of children and families.

ASSESSMENT OF PROGRESS

The service array was determined to be a strength in the Round 2 CFSR and an enumeration of a number of services is provided on the following pages.

Therapeutic/Specialized / Therapeutic with Enhanced Services Foster Care

Therapeutic Foster Care and Therapeutic with Enhanced Services Foster Care are less restrictive, community based programs for children whose special needs can be met through services delivered primarily by trained therapeutic foster parents working in full partnership with the child, the child’s family, and everyone on the Individualized Service Plan (ISP) team. Support from all team members allows the child to benefit from a home environment and community based setting while receiving intensive treatment and clinical services. All children placed in TFC/TFC with Enhanced Services must be evaluated continually to determine the need for ongoing services. Children in TFC with Enhanced Services must meet the same criteria as TFC but they may require additional services that vary from behavioral aid services to specifically equipped rooms, intensive treatment services from children’s hospitals, and/or younger children that have intellectual disabilities or suffer from autism.

Residential Services

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 problems 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 have behavior that is under control, and 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 (CON) 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 (CON) 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.

Multiple Needs Children

The department continues to participate in serving Multiple Needs Children. This category of child was defined legislatively by 12-15-1(19) and 12-15-71(h), Alabama Code 1975. This legislation is for children who need services from two or more agencies and who are at risk of out of home placement or movement into a more restrictive environment. The needs of these children often require intensive collaborative efforts and service coordination from the child care agencies. The state team is comprised of the Department of Youth Services, the Department of Education, the Department of Mental Health, the Department of Human Resources, and the Chief Probation Officers Association. The departments may share in funding services for these children. Additionally, the state team receives funding from the Tobacco Settlement, which is split between the state and county multiple needs teams. County teams funding may pay for services such as, outpatient mental health therapy/evaluations, behavioral aides, respite, in-home services or residential treatment. Usually requests for more extensive treatment or placements have been sent to the state team. With additional staffing capacity in the Multiple Needs Child Office, there is a greater level of oversight and monitoring for children's length of stay and closer review of the attainment of progress. This has enhanced the work that the department has pursued regarding serving children in the least restrictive setting possible to address their special needs. In FY 12 (10/1/11-9/30/12) the Department supported funding for 42 children through the Multiple Needs process. Funding was approved for 45 children in FY 13 (10/1/12-9/30/13).

Continuum of Care

The Continuum of Care Service provides a range of services from moderate care to intensive in-home services to 15 counties. The services focus on achieving the outcome of successful permanency for children in a family setting. 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 a continuum, the program will provide the majority of the services that are needed to achieve a permanency outcome. The Family Outcome-Centered Unification Services (FOCUS) Programs deliver intensive family preservation services and re-unification services across the state. FOCUS 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. The goal of the program is to preserve and reunify families, while ensuring the safety of children and helping families learn new skills to stay together successfully. The FOCUS workers work with four (4) to six (6) families at one time. They are available to the families on a 24-hour a day, 7-day a week basis. This type of schedule enables the workers to be available to the families when the families are available and/or when the families are experiencing difficulty.

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.

DHR has two (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. The services from these programs consist of an array of comprehensive, intensive in-home services to children and families identified through the case load of the respected 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 programs around the intensity, prevention, and re-unification 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 assessments, educational assessments and recommendations for achieving permanency.

Enhanced Foster Care

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

Treatment Group Homes

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

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

The number of children exiting DHR custody and committed to DYS has been tracked for the last eight years, from a low of one child in FY2006 to a high of twenty two (22) children in FY2011 and again in FY2013. The number in this population, which may reflect improvement in our reporting capability as well as actual occurrence, has trended upward. 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.

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

FAMILY PRESERVATION

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

FAMILY SUPPORT - Family Service Center contracts

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

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

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

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

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

Adoption Support and Promotion

Adoption Promotion and Support Funds are used primarily to support two staff positions assigned to provide consultation to counties. Through the post-adoption services contract with Children's Aid Society/APAC, training costs have been funded through Safe and Stable/Adoption Promotion funds for statewide training to improve staff capacity around assessing families and children and providing supports needed to achieve timely permanency. Additionally, pre and post adoption services are funded through these resources. Beginning in FY 2013-2014 the contract with the Alabama Broadcaster's Association for Adoptive & Foster family recruitment is funded from the Adoption Portion of these funds. For FY 2011 and 2012, Alabama has expenditures of 20% for the Adoption Portion of the Safe and Stable Family Grant. Alabama Pre/Post Adoption Connections (APAC) currently provides pre and post adoption support services. In FY 10 the post adoptive services contract was expanded with adoption incentive funds to include additional support for responding to inquiries and the capacity to recruit, train, and approve adoptive resources for children with special needs. This continues to have a positive impact on moving children without an identified resource (foster parent) to a permanent family. Adoption Promotion and Support Funds along with Incentive funds were also utilized to increase APAC's counseling capacity to support pre-adoptive families as well as existing adoptive families. This change was based on client and DHR feedback. The Department's goal for stability and permanence for children with the goal of adoption requires thorough assessment and matching of potential adoptive resources, while making available post adoption support services for the families as needed. The principle or standard for casework practice to meet this goal and reduce delays, requires that permanency in children's living situation shall be promoted in a timely manner through concurrent planning from the point of entry into care to the preparation and placement of children waiting to be adopted. Timely filing of petitions and conducting of hearings for termination of parental rights are also keys to preventing delays for these children when they are unable to return to their family. DHR will seek permanent living situations for children and work to prevent placement disruptions through the use of strong assessments and provision of supportive services. Though placing children with special needs presents many challenges, Alabama's adoption disruption rate has historically been 2% or below. Alabama's new SACWIS system currently has some capacity to identify and track adoption disruptions; however, accurate data is not yet available.

Systemic Factor: Agency Responsiveness to the Community

CFSR Determination: **Substantial Conformity**

Item 38. Ongoing consultation with community stakeholders

CFSR Rating: **Strength**

Item 39. Develops annual reports in consultation with community stakeholders

CFSR Rating: **Strength**

Item 40. Coordination of services

CFSR Rating: **Strength**

GOAL: The Department will strive to strengthen and/or maintain collaborative relationships, with partners and stakeholders.

GOAL: The Department will develop annual reports in consultation with community stakeholders.

ASSESSMENT OF PROGRESS – See updates below.

Consultation with Community Stakeholders through Quality Assurance

The Alabama Department of Human Resources has continued with its process for community consultation through its quality assurance operations. Each county Department of Human Resources has an independently functioning county quality assurance committee with Jefferson County having an additional committee for their Bessemer region. Committee membership is encouraged to be reflective of the county population and generally consists of representatives of service providers, other public and private agencies, allied professionals, the courts, and community stakeholders. While each county QA committee completes quality service reviews to measure and monitor outcomes for children and families, it is an expectation each committee also complete stakeholder interviews annually to measure and monitor systemic issues. Stakeholders generally interviewed are juvenile court judges, juvenile probation officers, foster parents, law enforcement, education personnel, service providers (including mental health and child advocacy centers), attorneys and Guardians ad litem, and agency staff. Information and any resulting recommendations from QSRs and stakeholder interviews are provided to each county department to strengthen their practices. The completion of QSRs and stakeholder interviews are required reporting elements of county biannual reports which are reviewed by State Quality Assurance staff. It is an expectation State QA staff review and provide feedback to county departments on their biannual reports. The Office of Quality Assurance routinely conducts onsite reviews to evaluate the quality of services and the outcomes achieved by children and families. One component of onsite reviews is the completion of stakeholder interviews to evaluate systemic functioning. The same community stakeholder groups are interviewed as noted above with the addition of an interview with the county QA committee. Information gained from these interviews is used in conjunction with the completion quality service reviews, 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. From June 1, 2013 through May 31, 2014 the Office of Quality Assurance conducted 17 onsite reviews.

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

Other Ongoing Involvement/Consultation in Planning

In addition to the regular and in-depth involvement of internal and external parties in Quality Assurance, Family Services Division relies on a range of individuals and groups to assist in providing input into the ongoing planning and service delivery system. The Child Welfare policy development process involves both internal and external individuals and groups to provide input as new policy is formulated and existing policy is revised. New policies are initially written by policy specialists in the Office of Child Welfare Policy and then sent to the program area for review and comment. Following finalization from State Office staff, the policy may be sent out for review and comment to county directors/child

welfare supervisors, select community stakeholders and others prior to the final release. Conference calls with community stakeholders and department staff can be made to resolve policy issues arising from the review and comment. If necessary, meetings may be conducted to discuss policy issues. Resource Management utilizes a number of groups and individuals in planning. These include directors of a number of child care institutions, members of the Alabama Association of Child Care Agencies (AACCA), and the network of therapeutic foster care providers (FFTA). The Office of Permanency has included groups such as the following: Alabama Foster and Adoptive Parent Association, adoptive parents, foster care youth currently or previously in out of home care system, pre and post adoption service agencies and other consumers among its stakeholders.

Court Collaboration

The Family Services Division staff has a strong relationship with staff of the Administrative Office of Courts (AOC), especially with the staff of the Court Improvement Program, designed to improve the processing of dependency and termination of parental rights cases so that abused and neglected children may be placed in safe and permanent homes as quickly as possible. DHR representation is common on committees, work groups, and court-sponsored projects. Likewise, staff at AOC frequently partner with State DHR staff to train, develop policies and procedures, or devise long-range plans for implementation of state and federal child welfare legislation.

The relationship between State DHR and AOC has been vital to successful training and operationalizing of best practice in Alabama. Collaboration took place on developing a strategic plan to strengthen issuance of timely and legally sufficient, Title IV-E compliant orders. Cross training (involving both offices) to familiarize court staff with the importance of permanency issues has continued. Key staff from DHR have participated in, and/or presented at, workshops organized and sponsored by the staff of the Court Improvement Program to address the revised Alabama Juvenile Justice Act of 2008, ways to improve the caseload of dependency and termination of parental rights cases and helping children achieve permanency more quickly and other topic areas impacting permanency. DHR staff continues to be represented on a Probate/Juvenile Subcommittee of the Court Improvement Program, which was formed to bring juvenile and probate court judges together to discuss issues that may arise in processing adoption cases. Staff from both offices also have attended National Summits relating to addressing the educational needs of foster children, and an Alabama Educational Summit was held on November 8, 2010, to develop strategies that will remove organizational barriers to the successful education of children in foster care. This collaboration continues with DHR partnering in training for juvenile court judges regarding activities in the PIP and the emphasis on achieving timely permanency for children. This committee has recently started to plan a Legal Aspects of Adoption Conference for May of 2014. DHR staff including county and state staff and DHR attorneys, judges from both Probate and Juvenile Courts, and GALs and adoption attorneys will be invited to attend.

COURT COLLABORATION	PIP Carry Over Steps	STATUS OF STEP:	COMPLETED
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6.5	If needed, policy revisions (on the <u>local protocols</u> for foster parent, pre-adoptive parent and relative caretaker notification of court hearings and right to be heard) will be sent to all DHR county offices and all juvenile courts.		
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As of May 2013, no new policies related to the above-mentioned local protocols had been developed.

6.6	Incorporate training of any revised policies and protocols into future training opportunities for judges, DHR staff, other Agency staff and foster parents.		
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Unless new/revised policies are finalized, there will not be a need to conduct training sessions related to policies that are revised or newly established.

<u>Alabama Pre and Post Adoption Connections</u>	See Permanency Outcome 1
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<u>Alabama Foster and Adoptive Parent Association</u>	See Permanency Outcome 1
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Conflict Resolution Process:

Since January, 2014, the State Conflict Resolution Team has heard five complaints that either could not be resolved at the local county level or were complaints regarding the closure of a foster home. 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, several complaints have been resolved locally rather than referred to the State Team. The Alabama Foster Adoptive Parent Association is available to provide county social workers and foster parents training on the Conflict Resolution Process and the State's Foster Parent Bill of Rights.

Foster Parent Mentor Program:

Two of the three counties who implemented the program in 2013 have had second mentor sessions with new foster parents in 2014. These two counties have reported that the meetings have been very positive and well received. One

county reported that the need to train new mentors to give their current mentors a break as these mentors also participate in their GPS preparation program for new foster and adoptive parents. The third county participating in the program in 2013 has been unable to offer the mentor program in 2014 as they only have one couple who co-lead the GPS preparation and also serve as mentors. Due to some health issues, this couple has not been as active this year. There are plans to identify new counties to implement the mentoring program. At the point the counties are identified, training will be offered to new mentors and assistance to the counties to implement the mentor program.

Children's Justice Task Force

The Office of Child Protective Services has worked closely with the multidisciplinary team members of the Children's Justice Task Force on the assessment of needs to improve the child protective services system as well as collaborative planning projects. The Office of CPS maintains communication with the Alabama Department of Public Health; the Alabama Department of Mental Health; Children's Rehabilitation Services; the Administrative Office of Courts; the Office of Prosecution Services and other community partners whose focus is lessening the trauma for child abuse victims and improving prosecution of child abuse cases. The Office of Child Welfare Consultation began conducting statewide reviews of Child Welfare Practice. An emerging theme is the need for training for CPS supervisors and workers on the co-existence of child abuse and domestic violence. As part of the continued work, the Children's Justice Task Force developed a two day CPS/Family Violence training curriculum for DHR supervisors and staff. The training will be delivered by a 2 member team of a CPS trainer and a Family Violence Specialist. The focus of the training will be on the assessment of family violence in conjunction with assessing/investigating child abuse, education about the dynamics of domestic violence and development of CPS/Family Violence practice skills with families in which child abuse and family violence co-occur. The training has been offered twice in FY 14. Family Violence Assessment & Intervention in Child Protective Services Training will continue to be offered twice yearly. The sessions that have been offered thus far have been at capacity. Alabama's Children's Justice Task Force remains active and worked toward its mission. The Children's Justice Task Force meets regularly. The small Children's Justice Task Force training work group has been established to oversee the Family Violence and Intervention in Child Protective Services.

Department of Child Abuse Prevention (DCAP)

As of May 2014, two staff representatives from DCAP serve as members of the Alabama Child Welfare Collaborative Initiative (ACWCI – see below). In 2011, due to staff changes at DCAP, a change was made in the staff person representing the agency. The previous DCAP staff person that had a role in discussing the re-instituting of meetings for this group began employment with DHR in June 2011. A former Director of DCAP served (in the past) on DHR's State QA Committee.

Recruitment & Retention Task Force/PIP Development

Following the 2007 Child & Family Services Review Alabama began a planning process for addressing the Area Needing Improvement of Recruitment & Retention. In addition to state DHR staff, representatives from small, medium and large county offices participated in a process that consisted of an assessment of "what currently worked and what didn't". Stakeholders such as Heart Gallery Alabama, Children's Aid Society/APAC, and staff from two licensed child-placing agencies also participate in this work. The information included in the agency's Program Improvement Plan in the area of Recruitment and Retention was developed by this group. We continue to utilize the market segmentation information as well as the county demographic information provided by Tapestry to work with counties in the development of targeted recruitment plans. Since the last APSR submission we have worked with Lauderdale County (9/22/2011) and Calhoun County (1/10/2012). In FY 2013 Jackson and Barbour Counties contacted the Recruitment & Retention Program Supervisor to present targeted recruitment strategies formulated jointly with child welfare staff and their local foster parent associations. Meetings were held with both of these counties as well as with Shelby DHR last year to help them develop targeted recruitment plans utilizing market segmentation data for their respective counties. Thus far in FY 2013-2014 the R&R Program Supervisor has conducted targeted recruitment planning sessions with Hale and Jefferson County and has plans to set up a date with Colbert County DHR. There have been no additional meetings of the Recruitment & Retention Task Force this year. However, two foster/adoptive parent representatives from this task force have participated in the development of the Foster Parent Mentor Project description. This project was a strong recommendation of the task force when the PIP was initially being developed. Upon the conclusion of the foster parent mentoring pilot period, we will gather applicable stakeholders from this group to help us examine feedback and make necessary changes. More information about the Foster Parent Mentoring Pilot Projects will be provided later in this report.

Alabama Child Welfare Collaborative Initiative (ACWCI)

The Alabama Child Welfare Collaborative Initiative (ACWCI) continues to meet on a quarterly basis. As of 06/30/14 two meetings have been conducted thus far in CY 2014, with other meetings planned for August and November of 2014. The core group of the ACWCI consists of identified staff from partner agencies, Family Services staff and staff from other divisions within State DHR. This team was re-instituted early in CY 2010 and generally has met on a quarterly basis since that time. An action plan was developed that is reviewed (and/or updated) annually, along with a definition of prevention

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.

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

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

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

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

Update 2012: The Annual Planning Meeting between the Department of Human Resources and the Poarch Creek Indian Tribe was held on June 13 at the Department of Human Resources, Montgomery, Alabama. In attendance was Martha Gookin with PCI; Paul Butler, Director Family Services (FS); Freida Baker, Deputy Director FS; John James, Deputy Director, FS; Donna Spear, Training FS; Madgelyon Johnson, Child Welfare Eligibility FS; Margaret Livingston, Policy FS; Larry Dean Federal Reporting Officer; Felicia Brooks, Legal; and Carolyn B. Lapsley, Deputy Commissioner for Child and Family Services. Copies of policy revisions to the ICWA Policies and Procedures and the Child Protective Services Policies and Procedures are provided to the Poarch Creek Indian Tribe (PCI). The Poarch Creek Indian Tribe may be requested to provide assistance in locating and working with other tribes.

Update 2013: The Annual Planning meeting between the Department of Human Resources and the Poarch Band of Creek Indians (PBCI) was held on May 28, 2013, at the PBCI Office in Atmore, Alabama. Follow-up on the 2013 updates that follow will occur via communication between PBCI and SDHR (and others as needed), and additionally may be reported on in the 2014 APSR. In attendance were Martha Gookin, Director of Family Services with PBCI; Michealine Deese, Child/Family Welfare Coordinator with PBCI; Felicia Brooks, SDHR Legal; and the following DHR, Family Services staff: John James, Deputy Director; Freida Baker, Deputy Director; Kanoschu Campbell, ILP; Madgelyon Johnson, Office of Child Welfare Eligibility; Beth Schaffer, Office of Child Welfare Consultation; Debbie Green, Office of Policy, and Larry Dean, CFPSR Coordinator.

Martha Gookin updated the participants on a couple of matters. The Tribe did not receive subpart II of IV-B funding and those funds will have to be replaced by Tribal monies for those services. Several building projects are occurring/planned, including a new building that will house the Tribal Health Department and Family Services staff. A new Day Care facility is being considered and would serve Tribal and possibly non-Tribal families. Also, a drive through tour was provided of the Tribal "Magnolia Branch", which is the Tribal Wildlife Preserve. The present accommodations, current expansion plans, and future vision were all discussed. This resource is available for non-Tribal activities, and could serve as a resource for ILP activities in the future. Finally, a tour was provided of the Cultural Center, which had not been completed the last time a meeting took place at the PBCI Offices. In accordance with section 422(b) (9) of the Act, the following requirements are included in the APSR.

Update 2014: Meeting with the Poarch Band of Creek Indians (PBCI) was held on April 25, 2014 at the PBCI Office. Due to unavoidable conflicts, several staff who traditionally attend from DHR were unable to attend. Those attending from DHR were Deputy Director Freida Baker and Program Supervisor Jeanette Davis from the Family Services IV-E unit. Further, PBCI staff were scheduled to attend, but only Martha Gookin, Director of Family Services with BPCI, and Social Worker, Michealine Deese were available. The meeting included a comprehensive tour of all new Family Service facilities on the Reservation. There is now a multi-systems complex where families can have medical, dental, mental health, financial, and other typical needs met in one convenient location. The facilities are impressive and Ms. Gookin spoke to the pride and accomplishment associated with the complex. Brief discussion about the ongoing Interagency Agreement was held, but neither attorney (DHR or the Tribe) were able to attend. 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. Ms. Deese was scheduled to attend "Group Preparation and Selection" training within the next few weeks of the April meeting. This is the curriculum used by DHR for prospective foster and adoptive parents, and she was eager to learn and use the information. They are working toward a new "paperless system" for documentation, and indicated that this, along with construction and building issues, had taken a huge amount of effort. They spoke of ongoing activities to strengthen relationships and work with the Escambia County DHR staff.

1. **Update 2010:** Copies of the Child and Family Services Plan and the Annual Progress Service Reports are provided to the Poarch Creek Indian Tribe. The Department has received a copy of PCI's CFSP. **Update 2011:** This continues in effect. The 2010 APSR from the Department was emailed to the Tribe. The Department was provided a copy of the Tribe's CFSP by hand delivery. The 2011 Plans will also be exchanged. **Update 2012:** When approved by the Children's Bureau, the respective APSR/CFSR reports will be exchanged between PCI and the Department. **Update 2013:** FSD and PBCI have exchanged their respective 2012 APSR's. Upon approval of the 2013 APSR's, a similar exchange will occur. **Update 2014:** FSD and PBCI have exchanged their respective 2013 APSR's. Upon approval of the 2014 Final Report and 2015-2019 CFSP, the same exchange will occur.
2. The ethnicity of children is captured on FACTS, Alabama's SACWIS system. FACTS captures thirteen ICWA requirements reported in AFCARS. Ethnicity is a required element in FACTS and if the ethnicity of American Indian/Alaskan Native is selected for a child, then other required elements must also be addressed. FACTS is operating statewide. **Update 2011:** This continues in effect. **Update 2012:** Continues in effect. **Update 2013:** Continues in effect. **Update 2014:** Continues in effect.
3. The Department must formally and in writing notify the Indian child's parents or Indian custodian and the child's tribe of pending legal proceedings involving foster care or termination of parental rights. Notification is by registered mail with return receipt requested. **Update 2010:** In April 2010, FACTS was enhanced to generate the required notices. **Update 2011:** This continues in effect. **Update 2012:** Continues in effect. **Update 2013:** Continues in effect. **Update 2014:** Continues in effect.
4. DHR policy provides that tribes have an absolute right to intervene in those child custody proceedings defined in ICWA. Tribes may decline jurisdictional transfer, but retain the right to request updates and participate in planning activities for development of the Tribal/Department plan for the child. **Update 2011:** This continues in effect. **Update 2012:** Continues in effect. **Update 2013:** Continues in effect. **Update 2014:** Continues in effect.
5. There are two placement categories for Indian children: foster care/pre-adoptive placements and adoptive placements. Foster care/pre-adoptive placements include members of the child's extended family; foster homes which are licensed, approved or specified by the child's tribe; and Indian foster homes licensed or approved by an authorized non-Indian licensing authority; or institutions for children which are approved by an Indian tribe or operated by an Indian organization which has a suitable program. Adoptive placements include a member of the child's extended family; other members of the Indian child's tribe; or other Indian families. **Update 2011:** This continues in effect. **Update 2012:** This continues. **Update 2013:** Continues in effect. **Update 2014:** Continues in effect.

6. Prior to initiating court proceedings to remove Indian children from their homes, active efforts are made to maintain the Indian family unit. Active efforts are defined as “making active attempts to assist in alleviating the problem that causes the need for removal.” Active efforts are more intense than reasonable efforts and require remedial services and rehabilitation programs for family members to prevent placement and are made before out-of-home placement is considered. **Update 2011:** This continues in effect. **Update 2012:** Continues in effect. **Update 2013:** Continues in effect. **Update 2014:** Continues in effect.
7. The Tribal Court for the Poarch Creek Indians (PCI) has exclusive jurisdiction over child custody proceedings defined in ICWA for children who reside on the Reservation or are domiciled on the Reservation. PCI Tribal court or any other tribal court of an Indian child not living or domiciled on the tribal reservation has a right to intervene at any point in the state court proceedings for both foster care placements and termination of parental rights proceedings. State courts are responsible for transferring jurisdiction to the Tribal Court, absent good cause or absent the objection of either parent. **Update 2011:** This continues in effect. **Update 2012:** Continues in effect. **Update 2013:** Continues in effect. **Update 2014:** Continues in effect.
8. PCI, the only federally recognized tribe in Alabama, maintains records on children and families to whom the Tribe provides services. Reports of child abuse/neglect that occur on the Reservation are investigated by the Tribal caseworker. The Tribe maintains a case review system for those children for whom the Tribe has custody. PCI has established a Child Protection Team to review cases. Additionally, PCI has an annual review performed by the Bureau of Indian Affairs. There are some cases in which the county Department and the Tribe work jointly with a child and family, e.g., an incident occurred off the reservation, but the child resides on the reservation. In these cases, both the Tribe and the county Department maintain records and the Department is required to do an ISP on any open case. The Department’s efforts to involve the PCI in developing policies affecting the Tribe and efforts to join with the Tribe in providing services is positive for Indian children living in Alabama. **Update 2011:** This continues in effect. **Update 2012:** Continues in effect. **Update 2013:** Continues in effect. **Update 2014:** Continues in effect.
9. The Department considers all children as “Alabama’s Children” without regard to race or culture. The Alabama Medicaid Agency has approved PCI to contract individually with residential facilities when a youth needs residential treatment services. The Department will continue to strengthen services to Indian youth who reside on reservations and need access to benefits and services under the Chafee Foster Care Independence Program (CFCIP). Indian youth are to have access to the benefits and services under the CFCIP on the same basis as any other child. Efforts will continue to be made to ensure that Indian youth have access to CFCIP and Education Training Vouchers. See Section of APSR on CFCFP/ETV. Indian families and the Tribe are to be included in ISPs for the child/family when the Department is working with Indian children and youth living off the reservation. **Update 2011:** This continues in effect. **Update 2012:** Continues in effect. **Update 2013:** Continues in effect. **Update 2014:** Continues in effect.
10. During the spring of 2010, the Department conducted regional training on the Indian Child Welfare Act. The purpose of the training is to improve and maintain compliance with ICWA. The training included pertinent policies, the law and court cases that impact practice with Indian tribes. **Update 2011:** During the last months of 2010 and early months of 2011, Department legal staff provided training on the Indian Child Welfare Act to county social workers, supervisors and county directors. This included topics on notifications, placement preferences, active efforts and tribal right to intervene in State proceedings.

Update 2012: Training was discussed during the annual meeting to discover what trainings may be available for this reporting year. The training done by Legal is now on an “as needed” basis. When Legal has a training session for county DHR offices in the Tribal coverage area, members of the Tribal Family Services will be invited to the training. Family Services, Office of Training will be conducting two sessions in Mobile in July and August 2012 on “Concurrent and Permanency Planning” for supervisors and workers. Staff of the tribe will be asked to attend this. Currently, at this writing, there is no Alabama Child Welfare Training scheduled, but ACT I is expected to resume in fiscal 2013. The Tribe will be provided with a schedule of attending. On October 18, 2012, PCI will conduct training with a focus on “Family Violence.” Family Services staff has an open invitation to attend this training. PCI has also offered their facility at the PCI Administrative Office at no cost for DHR Alabama Child Welfare Training. **Update 2013:** see #6 under CFSP Goals for 2010 – 2014. **Update 2014:** While training from DHR Legal did not occur for state staff in 2014, the Tribe will be presenting workshops at the upcoming (July 2014) Supervisors’ Conferences, entitled: “Working and Accessing Services through the Tribe”. These conferences are well-attended and have proven to be a great learning arena, and we are confident that these workshops will be helpful to DHR staff statewide who need more information Tribal partnership.

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

The Family Services Division has developed a strong relationship with the Poarch Creek Indians as indicated in updates ranging from 2010 until currently. The data being tracked has been obtained from Data Analysis and as of 3/31/14; there are 37 active American Indian foster children in our database. Family Services Data Analysis is also able to capture tribal information as needed to meet ICWA requirements and maintain compliance.

1. While there have been some efforts at assuring that Indian youth have access to services, more work is needed to assure that Indian youth, both living on the reservation and off the reservation, have access to CFCIP and ETV funds. The Department will explore how this can happen, develop a plan and implement the plan. (Refer to CFCIP/ETV section of the APSR). Other areas identified as needed, include accessing State paid residential slots when the youth is in the custody of the Tribe; accessing Multi-Needs services; determining how best to develop a mechanism for Medicaid reimbursement directly to the Tribe for eligible children. **Update 2010:** With regard to accessing residential slots, the Tribe has negotiated directly with facilities for slots. In 2010, the issue of the Tribe being a player in the Multi-Needs process will be explored. At this point, Tribes are not included in the Multi-Needs process. This will involve legislation and a change in the Code of Alabama 1975. In addition, the need for a referral or linkage between the Tribe and Department of Youth Service has been identified. The multi needs process would provide linkages for the Tribe to state departments. **Update 2011:** During the June 2011 meeting, a decision was made not seek to change in the statute on Multi Needs children. The Tribe will confirm whether Indian children who are Medicaid eligible are 100% Medicaid reimbursable with no state match. Also, this will be maintained as a goal if the situation that prompted this occurs again. **Update 2012:** Accessing CFCIP and ETV funds will be addressed in the agreement between the Department and PCI. During the June 2012 meeting, it was felt that a conference call with RO is needed to discuss this. The Tribe has confirmed that Indian children who are Medicaid eligible are 100% Medicaid reimbursable with no state or tribal match. **Update 2013:** Any ILP-eligible Indian youth in the state's foster care system will have access to CFCIP and ETV funds as any other youth in foster care. Additionally, Indian youth that have a high school diploma or GED, have access to Tribal monies (through the Tribal Trust Fund) to assist in paying for college expenses. Finally, SDHR and PBCI staff agreed that if a specific Indian youth in the state's foster care system was in need of particular services, collaboration would occur around assessing/addressing those needs, as they would for any other (non-Indian) youth in foster care. **Update 2014:** Continues in effect.
2. The Department and the Tribe will explore the possibility of a IV-E Agreement with the Tribe or whether the Tribe will apply directly to the Secretary for IV-E funds. Related to this goal is the determination of whether a IV-E agreement or direct IV-E funding to the Tribe is necessary to access CFCIP and ETV funds for Indian youth. **Update 2010:** Because of the small number of children that the Tribe has in care, applying directly to the Secretary for a IV-E program that will involve establishing administration of the IV-E program does not seem feasible. Therefore, a IV-E state/tribal agreement that provides for the Department of Human Resources to administer the IV-E program on behalf of Indian children placed in care by the Tribe and for Tribe to access other parts of IV-E will be evaluated. ACYF-CB-PI-10-09 clarifies that Tribes with an approved title IV-E plan or a title IV-E Tribal/State agreement have the option to receive directly from the Secretary a portion of the State's CFCIP and ETV allotments to provide services to Tribal youth. Refer to CFCIP/ETV section of the APSR. **Update 2011:** During the June 2011 meeting, attorneys for the Tribe and the Department determined that the Indian Child Welfare Act Policies and Procedures would be the basis for developing a revised interagency agreement. The agreement is to include a section to address IV-E funds and CFCIP/ETV funds. At this time, the Tribe does not have the number of children in care to make it feasible to apply to the Secretary for direct IV-E funding. The department attorney will draft a revised interagency agreement that will be reviewed by Tribal administration and Department administrators, including county directors. **Update 2012:** This is continued. The Department's Legal staff is taking the lead on this. **Update 2013:** It was agreed that by June 30, 2013, a conference call would occur between SDHR, PBCI and Leadership in Escambia County DHR. Included in this discussion would be deciding upon a means by which PBCI could collaborate with Escambia County DHR, in providing SDHR with the needed information to make decisions relative to IV-E determinations. In turn by July 30, 2013, a conference call will take place between PBCI, SDHR and the Atlanta Regional Office, to determine the means by which the Tribal receipt of IV-E funding could best occur (upon determinations being made of IV-E eligibility). **Update 2014:** 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. 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.
3. The Department and the Tribe will strengthen contact and collaboration on ICPC issues which involve ICWA case transfers to tribal custody. The Office of Interstate Placement for Children will coordinate this. **Update 2010:** It has been determined that the ICPC issues are between the Tribe and the state of Florida. The Tribe serves one county in the State of Florida. Therefore this goal will be considered as completed. **Update: August 2010:** Following a joint

planning meeting with PCI administration, it was clarified that the ICPC issue concerns situations in which there is an interstate placement from one tribe to another tribe, but the issue of needing to go through the ICPC process is not clear. There may be some federal legislation that expands ICPC to include from Tribe to Tribe. **Update 2011:** This goal is complete. **Update 2013:** There continues to be concurrence that (presently) this goal has been achieved. **Update 2014:** Continues in effect.

4. There is a recognized need for Tribes and child welfare agencies to exchange information about child abuse/neglect investigations. Without a national child abuse/neglect system for states and Tribes to access, the Department will explore the possibility of the Tribe accessing the child abuse/neglect registry. The Office of Child Safety will coordinate this. **Update 2011:** This will be continued. In the June 2011 meeting, access of information by the Tribe and the confidentiality laws governing Departmental records was discussed. This will be addressed in the agreement. Whether a policy revision is needed will be evaluated after the agreement is completed. **Update 2012:** During the June 2012 meeting, it was again agreed that since accessing of CA/N information involves confidentiality issues, it will be addressed in the agreement for which Legal has lead responsibility. **Update 2013:** While the usefulness of Tribal access to the Child Abuse/Neglect (CAN) registry is recognized, and that future discussions within SDHR may include this consideration, it may be two years (or more) before final decisions are made. Any SDHR consideration would also entail discussions as to the legal ramifications related to possibly allowing direct access to the central registry by a third party. Tribal Leadership can already request CAN clearance as deemed necessary regarding any prospective employee and this process has worked well on the times it has been used.

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

The letter to Mandatory Reporters (when PBCI staff have reported alleged child maltreatment) is not consistently being received from DHR offices in surrounding counties. By July 30, 2013, a memo will be sent to adjacent counties, that reminds child welfare staff of the importance of doing so. **Update 2014:** The exchange of CAN information was not discussed.

5. The Department will explore in conjunction with the Tribe a method for the Medicaid reimbursement for services provided by the Tribe for Indian children who are eligible for Medicaid. **Update 2010:** The issue here is targeted case management services reimbursed by Medicaid. Foster care children only can receive this and at this writing the Tribe does not have sufficient foster care population to pursue this. This will be continued should changes occur. **Update 2011:** No change in the goal. It is continued. **Update 2012:** This goal will continue and at the end of the five year period, it will be evaluated. **Update 2013:** This topic will be included on the agenda of the conference call that is scheduled to take place by July 30, 2013, between SDHR, PBCI and the Atlanta Regional Office. **Update 2014:** 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.
6. The Department will explore the possibility of including staff from PCI, Family Services Division, in DHR training and further, will explore IV-E reimbursement for training expenses incurred by Tribal staff. The Office of Training will coordinate this. Refer to Training section of the APSR. **Update 2011:** This goal is continued. At the June 2011 meeting, the supervisor of Family Services Training Office provided information on Alabama Child Welfare Training, the Department's Practice Model and other training avenues. Information will be provided to the Tribe on available trainings. In the past, the Tribe has not been able to coordinate Tribal schedules with training schedules. **Update 2012:** Family Services, Office of Child Welfare Training (OCWT) will be conducting two sessions in Mobile in July and August 2012 on "Concurrent and Permanency Planning" for supervisors and workers. Staff of the Tribe will be asked to attend this. Currently, at this writing, there is no Alabama Child Welfare Training scheduled, but OCWT is expected to resume in 2013. The Tribe will be provided with a schedule of attending. **Update 2013:** By June 30, 2013 a listing of the known dates/locations of approved ACT I and ACT II sessions will be sent to PBCI. As future sessions are approved, the relevant information will be sent to PBCI. There is a GPS training session scheduled for Mobile later this calendar year, and as decisions are made on dates and locations, the specific information will be sent to PBCI. PBCI staff once again extended an invitation to SDHR to host a future training event (e.g. ACT I, an ACT II module, or GPS). The PBCI meeting room and parking availability would easily accommodate training needs in this regard. **Update 2014: Continues in effect.**
7. The Department, in collaboration with the Tribe and the Regional ACF Office, will review supplemental instruments to evaluate ICWA compliance, for use in the next CFSR that occurs in Alabama. **Update 2011:** This goal is continued. **Update 2012:** PCI will make a contact with RO to determine if there are national instruments used to evaluate ICWA compliance. **Update 2013:** There is nothing further to report in this regard at the present time. While the Children's

Bureau has not yet released any final program instructions on round 3 of the CFSR process, this matter can be discussed with the Regional Office in the call that is to occur by July 30, 2013. **Update 2014:** Continues in effect; 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.

8. The Department, in collaboration with the Tribe, the Department of Child Abuse Prevention and the Regional ACF Office, will explore access to CAPTA funding from the Department of Child Abuse Prevention (Children's Trust Fund). **Update 2011:** This goal is continued. **Update 2012:** This goal is continued. . **Update 2013:** This topic will also be included on the agenda of the conference call that is scheduled to take place by July 30, 2013, between SDHR, PBCI and the Atlanta Regional Office. **Update 2014:** 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.
9. **2013 New Goal** – It was agreed that that the two agencies will provide to each other a resource listing as follows: 1.) SDHR will provide information to PBCI on substance abuse treatment centers in the state, though the names of Hillcrest (Birmingham) and The Bridge (Gadsden) were given to PBCI staff on 5/28/13. Prior to June 30, 2013, SDHR will arrange for a call to take place between PBCI and selected SDHR staff in other Divisions, to discuss these/other treatment centers; 2.) PBCI will provide to SDHR information for possible distribution to all county DHR offices, the available Tribal resources for individuals enrolled (eligible for enrollment) in the Tribe, as well as those individuals of 1st Generation descent. **Update 2014:** This was not discussed at the April 2014 meeting. Plan to discuss with the Division of Resource Management to schedule teleconference with Ms. Gookin by July 2014.
10. **Interagency Agreement (IA)** – Attorneys for both PBCI and SDHR had communicated prior to the meeting and updated drafts of the IA were distributed to attendees. It was agreed that by August 30, 2013, a new agreement would be signed by the necessary representatives from both agencies.

38.3 Disaster Plans

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

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

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

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

- When appointed liaison visit shelters established by Red Cross or Emergency Management Services, they will assess whether there are any children and families needing child welfare services. They will be responsible for referring those children and families for appropriate services.
- Because Alabama is a coastal state, the need to assess displaced children from other states in the region is recognized. Contact will be established with other states that may have been affected by the natural disaster.

3. To remain in communication with caseworkers and other essential child welfare personnel displaced because of a disaster, DHR will implement this step.
 - The Department recognizes that the effect the disaster has had upon Department staff must be assessed very soon after the disaster occurred. The staff liaison appoints someone to maintain contact with staff members and assess what services they may need. This includes assessing any stress reactions staff may have and obtaining help for them to work through their feelings. Staff who may have been personally affected by the disaster, but are working with the victims of the disaster, may have stress reactions and may need help to work through their feelings.

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

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

NOTE: The Alabama Emergency Management Agency has the overall responsibility for coordinating preparedness activities in the state, while the Alabama Department of Public Health (ADPH) has the responsibility for emergency preparedness in the state that relates to medical and social services in the event of public health threats and emergencies. Public Health provides education to help people prevent disease and injury. They work with businesses, organizations and individuals on preparedness and prevention activities. ADPH publishes a booklet on emergency preparedness and maintains a web site. It should also be noted that the “Shelter and Mass Care Support Strategy Plan” was signed by the Governor along with a number of representatives from State or County (governmental and non-governmental) agencies. This plan articulated the following vision, and established goals designed to achieve the stated vision:

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

Additionally, the Department of Human Resources continues to maintain a “Continuity of Operations Plan”, that provides an operational framework for state and county offices in terms of response preparedness in times of emergency or disaster. The Disaster Plan was implemented during FY 2011. On April 27, 2011 the National Weather Service estimates twenty-four tornadoes devastated Alabama resulting in damage. Forty-two counties were declared disaster counties. The Department’s disaster plan was activated by high level administration. The Deputy Commissioners made contact with each County Director in affected areas. After determining impact of tornadoes on Department’s staff, first priority was given to checking the safety status of foster children. This was completed by the close of business the day after the tornado outbreak. All foster children were accounted for and were safe. Secondly, Deputy Commissioners obtained information on the foster family homes and the extent of damage received to their home, if any. No foster family homes were destroyed and no children required placement elsewhere. The Disaster Plan was effective and no changes are needed or required. The Emergency Management Agency reports to Family services that during 2012, Alabama experienced tornado activity in January and March 2012 and recent June 2012 flooding in South Alabama due to the tropical storm Debby. An informal disaster response was activated by Family Services in the January 2012 tornado activity by contacting those counties impacted by each weather outbreak to make sure that all foster children were accounted for and safe. When disasters occur on a localized basis and involve only a few counties, SDHR Family Services will use an informal disaster response to involved counties. **2013 Update:** There were no reported disasters in this reporting period. No changes are needed. Continues in effect as stated. **2014 Update:** There were no reported disasters in this reporting period. No changes are needed – continues in effect as stated.

Systemic Factor: Foster and Adoptive Parent Licensing, Recruitment and Retention
CFSR Determination: Not in Substantial Conformity

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

Item 41. Implementation of standards for family foster homes/child care institutions
 CFPS Rating: **Strength**

Item 42. Application of standards to all approved homes / institutions
 CFPS Rating: **Strength**

Item 43. Compliance with Federal requirements for criminal background clearance
 CFPS Rating: **Strength**

Item 44. There is a process for ensuring diligent recruitment of potential foster/adoptive homes
 CFPS Rating: **ANI**

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

GOAL: Minimum standards and Federal requirements are maintained.

GOAL: There is a process for ensuring diligent recruitment of potential foster/adoptive homes

GOAL: The major goal for the ICPC office is to process 100% of all ICPC referrals for placement within five days from the date of receipt in the ICPC office.

GOAL: Continue to provide training and case consultation to county staff.

DATA

As of the end of March, 2014, counties report 1,611 approved foster family homes. This does not meet the goal of 2,103. The chart below provides information from the PVDR230; we still believe this report provides inflated numbers and it does include homes approved by child-placing agencies providing TFC and step-down FFH services.

TYPE	FY 2009	FY 2010	FY 2011	FY 2012	FY 2013 As of 4/30/2013	FY 2014 (as of 4/2014)
Boarding	2562 / 79	2,535/90	2,573/76	2,549/44	2543/55	2410 / 53
Related	216 / 8	174/21	171/17	94/3	85/4	84/5
Free	17 / 1	13/0	16/1	10/0	10/0	13/0
Therapeutic	1015 / 11	925/0	833/3	856/0	821/1	786/3
TOTAL	*3810 / 99	3,647/90	3,593/97	3,509/47	3459/60	3293/61

*Approved/Provisional

As of April 30, 2014 (still 3293 approved homes, including provisionally approved homes and those home approved by licensed child-placing agencies), of the total homes 129 did not have ethnicity information completed. As of 4/30/14, the total number of Hispanic homes was 13 (< ½ %).

ASSESSMENT OF PROGRESS

As of the end of the reporting period, the *Minimum Standards for Foster Family Homes* remain in place. No changes to the standards have been made during this period. The Foster Family Home/Adoptive Resource Policies are reviewed by the Office of Permanency and the Office of Child Welfare Policy and are amended as necessary. Standards are applied to all foster family homes approved by the department as well as to TFC and other foster family homes licensed by child-placing agencies in the State of Alabama. Resource Record Reviews are a standing component of on-site reviews conducted by State QA.

The number of homes approved for foster care that identify with an Hispanic ethnicity has not gone up. The Department did release a Spanish-language radio PSA during this reporting period. During the upcoming CFSP period, more attention is needed in this area. As part of the PIP, market research was conducted and a resource family recruitment

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

The Agency has made efforts to use the lifestyle information on existing successful foster parents as the foundation for developing targeted recruitment strategies. According to consultants at the NRCDR, information about participation in communities of faith is fairly unpredictable in the market segmentation lifestyle information particularly through Tapestry. (Tapestry is the market segmentation program Alabama accessed). However, our resource workers know through observation of existing foster parents that participation in and support from communities of faith is significant in the lives of our existing foster parents. Each year, county departments are instructed to implement and develop a recruitment plan for the month of February. Of the counties that submitted plans over the last five years, the majority include a faith-based component to their recruitment plan. This recruitment takes the form of inserts in church bulletins, speakers to Bible-study or small groups, providing ministers and pastors information that can be used to talk about the need for foster/adoptive families during sermons, lessons, etc. We also recognize that recruitment among faith-based organization can be a way of targeting recruitment efforts to specific racial/ethnic groups.

The Office of Data Analysis re-ran the query from 2013. The results of the Query indicate that 749 families are willing to accept teenagers. Of these, 680 are families approved by a private child-placing agency. Until FY 213 the Department lacked meaningful data to use for assessing this item. Since FY 213 there has been a decrease in the numbers of families recorded as being willing to accept teenagers. During the upcoming CFSP reporting period the Independent Living Services unit and the Resource Family Recruitment Unit plan to collaborate on a public information campaign directed at increasing awareness for more families willing and able to accept teenagers. There has been no enhancement to the PVDR230, therefore it is still not reporting families willing/able to accept children with medically fragile needs. A search on FACTS for the service "Medical Fragile-CW" (both contract and non-contract) continues to net 50 families approved to provide this service. Counties are able to turn to child-placing agencies, approved for traditional foster care for providers of this service. Alabama Baptist Children's Home & Family Ministries, AGAPE of Central Alabama and Lifeline Children's Services in Birmingham are three agencies that are able to help. If a child with special health care needs or significant developmental delays also has a DSM diagnosis, the Office of Resource Management is able to craft a special needs home through therapeutic foster care agencies to serve these children. The Diligent Recruitment Plan for the next CFSP needs to address specific strategies to increase the number of families willing/able to serve the medically fragile population. For fiscal year 2013 the total number of homes that was closed was up slightly from the previous year (408) to 412. This is a decrease of 53 from the 2009 baseline (465) or a decline of 11.39%. Although a plan for conducting surveys of homes closed has not been developed, the goal to decrease the number of homes that closed by 5% was met.

PIP Carry-Over to CFSP - RECRUITMENT AND RETENTION

4.5 **After the (foster parent mentoring) program has been in-place for one year, an assessment will be conducted on the effectiveness of the program.** The Foster Parent Mentoring program was initiated toward the end of June of 2012. Since the one year period of time will not be completed until the end of June 2013, the assessment report will be included in the 2014 APSR.

2014 Update

Three Counties (Marshall, Tuscaloosa and Morgan) ultimately completed the Foster Parent Mentoring Program. Jefferson County never identified or had foster parent mentors trained. The Program Supervisor and Program Specialist assigned to work on the program met with resource staff from these three counties in July 2013 and received feedback from them regarding the process and the curriculum. These counties provided very meaningful feedback and revisions have been made to the curriculum. All three of these counties do a good job with GPS and approving foster family homes in a timely manner. Staff from two of the three counties appeared to provide more support during their mentor during their post-GPS mentoring classes.

The GPS curriculum does allow counties to localize material by providing handouts and policies where indicated. As a result, the counties indicated they felt the some of the information provided to newly trained/approved foster parents was repetitive from DHR. Counties reported the mentoring program, as designed in the pilot, was not very meaningful to families who had not yet had a placement. At least one of the counties has continued the pilot following each of their graduated GPS classes, and has continued to provide feedback. Their classes have evolved into more of an informal training (Q&A, discussion-type) setting rather than going through the power points as designed and revised after the initial pilot.

No recommendations have been submitted to or approved by administration about statewide implementation of the Foster Parent Mentoring Program at this time. It is recommended that this be address in the next five-year Child & Family Services Plan.

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 try to process most requests on the date of receipt.

Due to travel restraints training has not been provided to county staff. This is a barrier as errors in referrals will cause delays in the processing of request. ICPC Program Manager will request permission to do regional training for county staff.

1. Maintain up to date policies

Meeting this goal will involve the planned review of existing policies. In the past five years a number of substantive policies have been developed. There is a need to make a careful review of existing policies to locate needed changes. While policies are updated as laws and regulations change, other revisions are also needed as the Department changes program and procedures. **Update 2011:** This continues to be a valid goal. Since the June 2010 APSR, revisions were made to several policies, including Foster Family Home/Adoptive Resource; Out-of-Home Policies and Procedures (Kinship Guardianship added and APPLA Permanency Goal revised); revision to Child Protective Services Policies and Procedures. **2012 Update:** This reporting period, the Department has issued new or revised policies on Adoption Subsidy; Out-of-Home-Care Policies and Procedures revision requiring credit reports on children age sixteen and older; a revision to Minimum Standards for Foster Family Homes; new policy for Foster Family Home/Adoptive Resource Approval Policies and Procedures, and a revision to Child Protective Services Policies and Procedures. **2013 Update:** During this reporting period, policy has been revised in Out-of-Home Care Policies and Procedures: (1) clarifying SSI and Medically Fragile payments;(2) educational stability; (3) new code allowing the Department to give permission for medical care; and (4) revisions were made were to the conflict resolution policy. Policy has not yet been completed regarding Alabama's practices and procedures around Psychotropic Medications. There have been significant discussions within Family Services and with the Resource Management Division of SDHR. As noted elsewhere, a pilot has been designed and we will have the four counties trained and ready to begin the monitoring/notification process by September 1, 2013. This pilot will no doubt inform policy, and while the county work has not been initiated, there is a plan being assessed by the Commissioner at this time. Our concern is that, without the data and demonstration to guide decision-making around policy based on outcomes in the pilot counties, we could be premature or mis-directed by creating new policy. We are committed to serving this population of children, and have already, as seen below, gathered data that has identified where our efforts will begin. A revision was made to the Adoption Policy and Out-of-Home Care Policy regarding the continuation of Title IV-E payments for foster care, adoption subsidy and kinship guardianship for children age 18 up to 21 years of age. Legislation passed during the 2013 session requiring the Department to file for termination of parental rights at 12 months instead of 15 months. Policy is being revised in Out-of-Home policy and Adoption Policy to reflect the new legislation.

ASSESSMENT OF PROGRESS

2014: While the pilot for psychotropic medication was designed, it did not reach implementation as described above. Issues have been identified and discussed at length with staff in these counties, and it is clear that more work must be done with the providers of psychiatric services to help them understand the federal mandates as well as our candor around the data and our mutual goals for children. Deputy Director and Foster Care Program Supervisor have plans with Dr. Brent Wilson to strengthen this piece. There are other states who have had successful initiatives around psychotropic medications policy and implementation, and we plan to work with him around how best to go forward. During this reporting period policy has been revised as described above to reflect the the new TPR at 12 months instead of 15 months and was distributed to counties in May 2013. Further policy and guidelines included: on 7-18-13, CPS/Office of Child Welfare Policy submitted changes to list of current mandatory reporters to include physical therapists, public and private K-12 employees, employees of public and private institutions of postsecondary and higher education and any other person called upon to render aid or medical assistance to any child when such child is known or suspected to be a victim of child abuse or neglect. New policy around IV-E work with the PBCI was disseminated in September 2013 (see PBCI section). On April 21, 2014, policy clarifying reasonable efforts was sent to counties, clarifying that reasonable efforts do not end at the filing of a termination of parental rights petition. It declares that reasonable efforts must continue until a termination of parental rights order is acquired. Finally, on June 11, 2014, Family Services made obsolete all policy on Serious Emotional Behavioral Disturbances (SEBD)

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

An offensive plan to bring the Administrative Code up to date must be undertaken. Currently, a re-write of the entire APA for Out-of-Home-Care is underway. The APA for Adoption services will be completed following that. Included in the goal is the plan to develop the capacity of all policy developers in any program area to be familiar with updating the APA.

Update 2010: This goal continues. The APA for Out-of-Home-Care is planned for completion in the coming year. APA for Adoption Subsidy and Kinship Guardianship will be completed in the coming year. **Update 2011:** Work has been interrupted on the APA for Out-of-Home-Policies. That will continue in 2011 and Kinship Guardianship will be added to the APA. Work on the APA for Foster Family Homes has been initiated in order to assure that the APA includes only the published Minimum Standards for Foster Family Homes. The APA for Adoption Assistance will be completed in 2011 as agreed to in the Adoption Assistance Program Improvement Plan. Policy developers have received instruction on the completion of the APA. **2012 Update:** The Department continues to struggle with updates to the APA for Family Services. Legal Office points out that attorneys seeking to bring lawsuits against the Department use the APA to do so but have found that the APA and the current policy is not in sync. In this reporting period, a revision was finalized for

Minimum Standards for Foster Family Homes. The APA for Adoption Subsidy Policy is about three-fourths complete and work is continuing on the Out-of-Home Care APA. This goal is a formidable goal and will require staff whose time is dedicated to this project. **2013 Update:** Minimum Standards APA was submitted but repealed. This is ongoing and goals will continue for APA completion.

ASSESSMENT OF PROGRESS

2014: This continues in effect.

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

Partnership, Financial Procedures; In Home On-Going Protective Services, and revision of the Individual Service Planning Policy are planned for the next five years. Update 2010: In March 2010, Foster Family Home Approval Policies and Procedures were released. One revision has been completed to the FFH policies. This goal will be carried forward. **Update 2011:** Drafts of In Home Ongoing Protective Services have been completed. However, a program is being considered [Comprehensive Assessment Program (CAP)] that has been in a pilot stage to replace the ongoing protective service approach to policy. No decision has been made on whether to develop the ongoing protective service policies or to develop CAP policies. In January 2011 The Foster Family Home Approval policies were revised and renamed the Foster Family Home/Adoptive Resource Policies and Procedures in order to initially approve homes to accept children for adoption who are already in the approved home. **2012 Update:** This goal will be dropped because the Department is no longer working under the Conceptual Framework for developing policies.

ASSESSMENT OF PROGRESS

2014: This no longer remains a goal.

4. Automation

Efforts will be coordinated with the Center for Information Services to have all On-Line Documents converted to pdf files.

Update 2010: This goal will be dropped. **Policy Objectives for 2010-2014-Foster Family Home Approval Policies And Procedures:** This is set to be released summer of 2009, but no later than the end of the first quarter of the approved Program Improvement Plan. **2010 Update:** This was released effective March 2010. Objective achieved. **2011 Update:** In January 2011 these policies were revised and renamed to allow homes to be initially approved as a foster/adoptive resource. **2012 Update:** The policies of approving foster family homes and adoptive homes was collapsed into one policy titled "Foster Family Home/Adoptive Resources Approval Policies and Procedures" and released in March 2012. The policies had already been trained in September 2011. A PowerPoint training piece is in the process of being added to the Department's electronic training system to allow resource workers to view. **2013 Update:** The power point training piece was completed and added to the electronic training system. A revision was also made to the Minimum Standards regarding marital status.

ASSESSMENT OF PROGRESS

2014: Formal discussion have begun with Information systems Division of DHR regarding [plans to support information being online and available in much more user-friendly format. Deputy Director of Family Services and high level administration at ISP are meeting on June 26, 2014 for further planning.

5. Foster Family Home Approval Policies and Procedures: This is set to be released summer of 2009, but no later than the end of the first quarter of the approved Program Improvement Plan.

ASSESSMENT OF PROGRESS

2014: Policy became effective on January 1, 2011, and was last revised in August 2012.

6. On-Going Protective Services Policies and Procedures:

There has been a delay in receiving comments on this proposed policy. Efforts continue but no time is set for release. **2011 Update:** Two drafts of the Ongoing Protective Services Policies have been completed but not yet reviewed. The Comprehensive Assessment Program (CAP) is under consideration and until a decision is made on whether this will be implemented statewide, policy for ongoing protective services is on hold. **2012 Update:** In this reporting period, the decision was made that the CAP program would not go statewide as the grant for this was not renewed. Policy is needed for ongoing child protective services and the goal is continued. **2013 Update:** In this reporting period, the status will be determined if policy revision is needed.

ASSESSMENT OF PROGRESS

2014: 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.

7. Child Protective Services Policy and Procedures:

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

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

ASSESSMENT OF PROGRESS

2014: 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.

8. Financial Policies and Procedures:

The Conceptual Framework for Policy Development provides for a separate policy for financial procedures used to pay for services for children and families. This includes such programs as Title IV-E board payments for children in care, state board payments for children in care, Medicaid Rehabilitation Services for children receiving services, Targeted Case Management Services for children in care, Alabama Medicaid for children receiving services, Children's Health Insurance Program (ALL-Kids) Supplemental Security Income/Social Security benefits, Veteran's benefits, use of Flex Funds to purchase services, etc. Because of the complexity involved in developing this policy, the policy is very likely to be released in sections. Currently there exists guidance in the financial procedures in various documents which will be developed into one large policy. No date will be placed but work should begin in 2010. **Update 2010:** Some preliminary work has been done on this. This has been postponed due to other policies taking precedent. **Update 2011:** There has been no further movement; however, this remains an objective for 2010 – 2014. **2012 Update:** Because there appears to be a need on the part of counties for broad based policy on financial procedures, this goal is carried forward. **2013 Update:** These goals will be carried forward.

ASSESSMENT OF PROGRESS

2014: Goals are carried forward.

9. DHR Partnerships with Children, Their Families, and Providers Policies:

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.

ASSESSMENT OF PROGRESS

2014: Objective will continue and be carried forward.

10. Individualized Service Plan Policy:

Because this has not been re-visited since 2004, and because the implementation of FACTS has impacted how counties complete ISPs, this policy should be reviewed and revised accordingly. **Update 2011:** This is still a valid objective. **Update 2012:** This is carried forward. **2013 Update:** A revision was made to the Individualized Service Plan Policy – Guardian-ad-litem are invited to the ISP meetings.

ASSESSMENT OF PROGRESS

2014: Guardians-ad-litem are invited to the ISP meetings. A policy has been considered, but nothing formalized at this time.

11. Incorporate FACTS into all policies:

In January 2009 Alabama's SACWIS, FACTS, became operational statewide. Preliminary policy was developed during the implementation period with the expectation that all policies would be revised to incorporate needed FACTS information. For this five year CFSP this will be a planned objective. **Update 2010:** For those policies released during 2010, FACTS information has been included. **Update 2011:** During 2011, progress has been made on this objective. As new or revised policies have been developed and released, FACTS information was obtained and incorporated into the new or revised policy. **Update 2012:** This is ongoing. **2013 Update:** FACTS updates continue to be made in the policies released and revised during this reporting period.

ASSESSMENT OF PROGRESS

2014: 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.

12. Planned review of individual policies:

As the above process of incorporating FACTS into policies occurs, a review of the policy and any needed revisions can be incorporated. This is a long term objective over the next five years. **2011 Update:** This objective is continued. **Update 2012:** We are able to review policies that are sections of larger policies and update the section. **2013 Update:** Policies are reviewed as needed. The objective continues.

ASSESSMENT OF PROGRESS

2014: 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.

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.

ASSESSMENT OF PROGRESS:

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.

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.

ASSESSMENT OF PROGRESS

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 but with our current staffing issues OFRM is not able to make additional follow-up visits to review files and provide feedback related to service documentation.

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.

VIII.

ASSURANCES

See Consolidated Child and Family Services Five Year Plans:
2004-2009 and 2010-2014 and/or (relevant)
Annual Progress and Services Reports for FY's 2010 – 2012,
for signed copies of required Assurances.

IX.

FINANCIAL REPORT

CFS 101

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 CFSP to the Children's Bureau.

X.

APPENDICES

APPENDIX 1

2014 Stakeholder Participants*

Stakeholders – State Department of Human Resources (SDHR)

1. Nancy T. Buckner, Commissioner – State Department of Human Resources
2. Carolyn B. Lapsley, Deputy Commissioner – Children and Family Services
3. Mandy Andrews, Field Administration
4. Felicia Brooks, SDHR Legal
5. Beth Dykes, SDHR Finance
6. Melody Griffin, Field Administration
7. Elizabeth King, Resource Management Division
8. Brian Kolander, SDHR Finance
9. Craig Nelson, SDHR Finance
10. Nancy Schlich, SDHR Finance

State Department of Human Resources – Family Services Division

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

- 58. Faye Wilson, Program Supervisor – Office of Permanency
- 59. Janet Winningham, Program Manager– Office of Data Analysis

State Quality Assurance Committee

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

Other External Stakeholders

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

Alabama CWCI Team

Casey Family Programs (Permanency Roundtables)

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

- County QA Committee (approximate # of surveys):

@122 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 CFSP/Final Report; 2.) the provision of input for the CFSP/Final Report; 3.) survey completion 4.) involvement (since 2013 APSR submission) in activities related to the PIP Carry-Over Action Steps, and/or PIP measurements. Involvement in one or more activities discussed/described in the CFSP/Final Report (e.g. permanency roundtable process, training, etc. Members of the state QA committee while possibly included in the above categories are automatically listed – this group serves as the Citizen Review Panel for Alabama.

APPENDIX 2

2010 – 2014 TRAINING SUMMARY

2014 Final Report; Training Summary for 2010 - 2014

There are a number of child welfare training modules that are part of the curriculum of the Office of Child Welfare Training (OCWT), or other FSD Offices / SDHR Divisions. The following section provides a summary of these sessions over the past 5 years (10/01/09 – 09/30/14). Please note that while effort has been made to accurately capture what has occurred and is planned (through 9/30/14), the data shown below reflect approximate numbers.

<u>Name of Training Activity</u>	<u>Sponsoring Division</u>	<u>Length</u>	<u># attending</u>
1. Performance Appraisal For Social Workers	Field Administration	1 day	<u>245</u>
2. Progressive Discipline	Field Administration	1 day	<u>246</u>
3. Read-Act Leadership Skills	Field Administration	1 day	<u>212</u>
4. ACT I	Family Services	11 days	<u>620</u>
5. Leader Certification – GPS	Family Services	10 days	<u>500</u>
6. Deciding Together	Family Services	2 days	<u>75</u>
7. ACT II, Underlying Conditions	Family Services	3 days	<u>125</u>
8. ACT II, ISP for Families, Substance Abuse	Family Services	4 days	<u>75</u>
9. ACT II, Practical Child Sexual Abuse Inter.	Family Services	5 days	<u>55</u>
10. ACT II, Practical Child Protection Services	Family Services	5 days	<u>65</u>
11. ACT II, Supervisor's Training	Family Services	6 days	<u>125</u>
12. ACT II, Concurrent Permanency Planning	Family Services	3 days	<u>280</u>
13. Targeted Case Management	Family Services	5 days	<u>953</u>
14. Medicaid Rehabilitation	Family Services	1 day	<u>3583</u>
15. Tools of Choice Parenting	Family Services	15 hours	<u>300</u>
16. Supervisor Conferences	Family Services	2 days	<u>1350</u>
17. FACTS Refresher Courses	Family Services	1-4 days	<u>961</u>
18. FACTS Finance and/or Provider	Family Services	1 day	<u>184</u>
19. FACTS Basic User	Family Services	5 days	<u>1089</u>
20. AFAPA 2013 Annual Conference	Family Services	<u>3 days</u>	<u>750</u>
21. 2012 County Director Institute	Family Services	<u>3 days</u>	<u>350</u>
22. 2013 Safety Policy Training	Family Services	<u>1 day</u>	<u>355</u>
23. 2014 QA Coordinator Meeting	Family Services	<u>1 day</u>	<u>550</u>
24. MAT Assessors Cert./Re-cert. Tring	Family Services	<u>1 day</u>	<u>256</u>
25. MOTIVATE	Family Services	<u>1 day</u>	<u>287</u>
26. TOPIC	Family Services	<u>3 days</u>	<u>50</u>

Training Activities – Fund Sources (using information from the 2013 APSR)

For the below funding synopsis, please reference the training numbers provided above (e.g. #'s 1-19).

Funding Source: IV-B-1 (CWS); IV-E (Foster Care); IV-E (Adoption); TANF; Child Support; Title XIX
 Training Activities: #'s 1, 2, and 3

Funding Source: IV-B-1 (CWS); IV-E (Foster Care); IV-E (Adoption)
 Training Activities: #'s 4 – 12

Funding Source: IV-B-1 (CWS); IV-E (Foster Care); IV-E (Adoption); TANF; SSBG; Child Support;
 Title XIX; SAIL Grant – AL Medicaid Agency
 Training Activity: #13

Funding Source: IV-B-1 (CWS); IV-E (Foster Care); IV-E (Adoption); TANF; SSBG; Child Support;
 Title XIX
 Training Activity: #14

Funding Source: IV-B-2 (PSSF) Caseworker Grant Monies
 Training Activities: #'s 15 and 16

Funding Source: IV-E (Foster Care); IV-E (Adoption); TANF; SSBG
 Training Activities: #'s 17 and 19

Funding Source: IV-B-1 (CWS); IV-E (Foster Care); IV-E (Adoption); TANF; SSBG
 Training Activity: #18

Funding Source: IV-B, Subpart 2, Caseworker Visit Funds
Training Activities: #'s 20-25

Funding Source: IV-E Chafee ILP
Training Activities: # 26

Additionally, DHR encourages entry into the profession of social work by supporting programs and activities at several universities. DHR supports: student stipends; license review courses for social work licensure candidates; student field placement services at the Alabama A&M University, Alabama State University, Auburn University, Jacksonville State University, Miles College, Oakwood College, Talladega College, Tuskegee University, Troy University, University of Alabama, University of Montevallo, University of North Alabama, and University of South Alabama. DHR splits the cost of stipends and other funding for social work programs through funding based on the penetration rate, i.e., the ratio of children in foster care and adoption assistance who are IV-E eligible to the total number of children in foster care and adoption assistance.

I. Other Program Training

Over the last 5 years, a number of other training sessions, conferences, meetings have been conducted and/or attended by county/state child welfare staff. While not being a comprehensive identification of every training session/conference/meeting so attended, the below list provides extensive examples of what has taken place in this regard for state/county child welfare staff (this list contains some training sessions, meetings, etc. for which it was uncertain if inclusion was necessary, including LETS modules). All activities listed did not necessarily occur each year.

- ILP Youth Camps
- ILP Network Meetings.
- Office of Permanency Mini Conferences for Older Youth
- ILP DREAM Council Youth Leadership Training
- ILP Daniel Memorial Conference
- Ongoing training throughout the state for staff on Permanency Connections for Older Youth
- Ongoing Heart Gallery Exhibits throughout the state.
- State ILP Youth Advisory Council (Dream Council) Meetings.
- Local ILP Youth Advisory Committee Meetings.
- Permanency Roundtables Values and Skills Training. In 2014, permanency roundtables were offered to counties on an individual basis to assist with permanency of youth.
- Upon request, the AFAPA Regional Reps can come to local FP association meetings and provide training. Training is open to foster parents, DHR staff, and others. Training focuses on policy, advocacy skills and other topics of interest that can help improve the quality of care provided to Alabama's children in foster care.
- AFAPA Mini-Conferences (DHR staff are invited)
- AFAPA Regional Meetings
- Wendy's Wonderful Kids Summits sponsored by Dave Thomas Foundation for Adoption
- Through contract with APAC - National Adoption Month Mini-Conferences, with topics that included:
 - Effective Behavior Management Techniques for Children with Special Needs
 - Effects of Domestic Violence on Children
 - Understanding the Link between Early Childhood Trauma and Brain Development
 - Special Education Advocacy
 - Cyber Safety
 - Adoption Triad Panel
- Webinars: "Sibling Rivalry"; "Voice of the Adopted Child"; "Sleep Difficulties and Adopted Kids"; "Lying, Cheating, and Stealing".
- Greg Keck, "Working with Adopted Adolescents"
- Adoption Program Managers.
- Symposium on Human Trafficking and implications for Foster Care
- "Caseworker Visit" Training
- Deputy Director Trained Foster and Adoptive Parents as well as DHR staff on "Building Strong Partnerships with D.H.R."
- Annual AFAPA Conference
- In addition, through its contract with State DHR APAC afforded training opportunities to DHR county staff, foster parents, etc. at the request of the county, such as:
 1. Childhood Disorders
 2. Working with Adolescents

3. The Importance of Attachment
 4. Lifebooks
 5. Secondhand Trauma
 6. Transitions: Impact on Foster & Adopted Children
 7. Play Techniques for Oppositional Children
 8. Anger Management
 9. Effects of Transitions and Trauma on Child Development
- Annual AAICPC Business Meeting Training Workshop and Child welfare conference
 - Attendance at the “Preventing Child Maltreatment and Promoting Well-Being Network for Action” and the State Liaison Officers Meeting in Alexandria, VA.
 - Alabama Children’s Justice Task Force and DHR have developed a training on Domestic Violence and Child Welfare .
 - The Department in Conjunction with Alabama’s Children’s Justice Force provided Investigative and Forensic Interview Training
 - Family Values Training
 - Several counties used to use Children’s Justice funds for the purpose of planning a local training.
 - National Symposium on Child Abuse and Neglect in Huntsville, AL.
 - Training by FSD Consultant Staff to county staff as needed/requested on various practice issues, such as the ISP process, assessments and safety plans.
 - National Child Welfare Workforce Institute, Leadership Academy for Middle Managers.
 - Domestic Violence Training for the Birmingham Police Department’s Domestic Violence Conference
 - Alabama Higher Education Consortium Workshops and the Fall Social Work Conference
 - The Department continues to partner with the University of Alabama to provide Title IV-E student stipends and training for DHR employees and potential employees. Student stipends and training by additional CSWE accredited programs throughout the state are also included in this interagency agreement. The Department also continues to offer BSW/MSW Educational Leave for eligible, approved employees pursuing a social work degree.
 - Training by FSD (QA) Consultant Staff to county staff and county QA committee members on use of the protocol and other areas related to QA when requested by the County QA Coordinator or QA Committee.
 - Adjunct Reviewer Training is provided individually by FSD (QA) Consultants through a shadow experience during an onsite review.
 - National Child Abuse and Neglect Data Systems (NCANDS) State Technical Assistance Meeting
 - Fostering Court Improvement Grantee Meeting
 - Training of providers by OFRM regarding Medicaid Rehab Services and billing.
 - Alabama Department of Public Health’s Volunteer Symposia.
 - Multi-dimensional Assessment Tool training (via distance training methodologies).
 - Annual Conference on the Placement of Children.
 - Education Summit
 - Conference on Psychotropic Medications
 - Participation by selected staff in the CQI Training Academy
 - Fostering Court Improvement Grantee Meeting
 - LAS Pilot Project

DHR Learning Education and Training System (LETS)

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

Other:

- State QA Committee Meetings; Alabama CWCI Meetings; County Director’s Training Institutes
- Statewide Permanency Conference
- Alabama Association of County DHR (AACDHR) District Director (and/or Committee) Meetings and Conference calls.
- Domestic Violence / Animal Abuse Training
- The Poarch Band of Creek Indians sponsored conferences
- State QA Onsite Reviews and QSR Activities (PIP Monitoring).
- Casey Quarterly meetings
- Webinars and/or other training sessions on “Transracial Placements”, “Parents Guide to Social Media”, “Bullying”, “The Journey of Adoption”, “The Voice of the Adopted Child”, “Advocating for Permanency”, and “Holidays with our Foster and Adopted Children”

APPENDIX 3

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

**ALABAMA STATE QUALITY ASSURANCE COMMITTEE
ANNUAL REPORT 2014**



March 14, 2014

**State DHR Quality Assurance Committee
Annual Report for 2013**

MEMBERSHIP

2012-2013 Officers:

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

State Quality Assurance Committee (SQAC) Membership

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

Meeting Dates for 2013

March 8, 2013	Montgomery
June 14, 2013	Montgomery
September 13, 2013	Birmingham
December 13, 2013	Montgomery

Standing Sub-committees:

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

Purpose:

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

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

WORK OF THE STATE QUALITY ASSURANCE COMMITTEE

The State Quality Assurance Committee (SQAC) 2013 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 State Department of Human Resources and the stakeholders that comprise the State Quality Assurance Committee. The goal for 2013 was for SQAC to re-engage the standing subcommittees.

CURRENT STATUS OF THE STATE QUALITY ASSURANCE COMMITTEE

Overview

The State Quality Assurance Committee (SAQC) has by-laws. The latest revision of the By-laws was in 2009. These By-laws delineate 14 of Alabama's organizations/agencies and 11 named entities that comprise the Committee. In the by-laws there are standing subcommittees that address different areas of child welfare. These subcommittees can invite other stakeholders to be apart. This year, SQAC goal was for the subcommittees' to meet and give reports to SQAC.

Accomplishments

Stakeholder Reports:

SQAC provided a strategy for stakeholder to report on their participation in child welfare. SQAC recommended reports from stakeholders include but not limited to the following:

- What is the relationship with DHR (formal/ informal)

- How services are connected with Child Welfare
- What are any gaps in care
- Is DHR aware of how to access the stakeholder's services
- Suggestion(s) for improvement in the relationship
- Data on services or activities (any would be helpful)

In the two year, the process of including stakeholders report allowed for all attending stakeholder groups to report. Their reports included recommendations on how the stakeholder and SDHR can work more effectively together in creating a quality child welfare system of care.

SDHR Reports:

The Committee reviewed and received data from the State Department of Human Resource (SDHR) as well as other entities concerning children's welfare in Alabama. For example, presenters from SDHR presented data snapshots using graphs and charts and explained the data like variations/ fluctuations in the data; discussion of repeat maltreatment; and the subsidy increased of 4E funds up to age 21 – with certain criteria being met. As well, they entertained questions and comments which included the definition of SDHR terminology like “disposed” means a disposition.

Service Analysis Subcommittee:

The data and information reported from SDHR was then given to the Service Analysis Subcommittee for further review. The subcommittee drafted recommendations after review and SQAC adopted the recommendations:

Child Deaths Reports:

- SQAC asked SDHR to report on pending child deaths where cases pending would be reported on until resolution. SDHR began giving these reports in March 2013.
- Clarification of SDHR terminology such as with regard to child deaths: “other” and data recording such as no indication of child deaths occurring while children were in a non-relative foster home placement began June 2013.
- Provide the follow-up, changes, and/or recommendations made in the counties where there was a death still to be implemented.

CANS Reports:

- ACT I and ACT II training content with an emphasis on investigative/basic forensic training and how SDHR determines which employees receive the training and how often still to be accomplished.
- Along with DHR, list the stakeholders who are regularly involved in cases of serious allegation of physical abuse or child deaths i.e. the local law enforcement detectives still to be accomplished.
- Provide the SQAC with the prevention programs in place for mothers with children 1 and younger (based on the SDHR reports they are most at risk to be seriously harmed or killed) still to be accomplished.
- Provide the subcommittee with the long-term follow-up programs in place with families that have serious physical abuse still to be accomplished.
- Provide explanation of SDHR terminology and procedure such as “pending vs. disposed”, the original allegation and the reasons some cases remain pending past 30 days accomplished March 2013.

Staffing Report:

- As stated by DHR at the 12/14/12 meeting, staff turnover is the lynchpin, and services are best when the employee turnover rate is low. Staffing reports were given that reported each county and their turnover percentages. SQAC requested a report on the incentives and strategies aimed at retention in counties where turnover is high. This is still to be accomplished.

- Reports on the type of training supervisors receive on a yearly basis on topics of management and leadership still to be accomplished.
- Provide results from exit interviews or survey and the steps changes SDHR based on that data still to be accomplished.

Caseload Reports:

- Report the ratio of children to CPS worker, stratified by county, and years/months on the job (level of experience) with the data trended for example over 5 years, worker years of experience in the largest counties of Mobile and Jefferson for comparisons still to be accomplished.

The Child Death Review (CDR) Subcommittee:

CDR had 5 re-organizational meetings. These meet discussed the concerns the subcommittee felt had not been resolved. The subcommittee felt stalled since 2010 with these following concerns:

- The subcommittee continued to note concerns regarding reports of unsafe sleeping conditions, paramours as alleged PARANs, 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, ISPs 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 SQAC on the results of the training.
- The subcommittee asked for additional input about ways that the subcommittee review process can assist SDHR and those it serves.
- Lastly, the subcommittee would recommend a revision in the review reports and for SDHR to include in the subcommittees review a summary of aggregate data which would include the ages of the PARANs.

SDHR and CDR planned a meeting in January 2014 to develop the goals of the CDR subcommittees and the resolution of the above issues will be addressed by SDHR.

Coordination and Support of Local Committees (CSLC) Subcommittee:

CSLC met in October 2013 to begin reorganization efforts.

- The subcommittee discussed previous efforts successes and obstacles of starting a newsletter and organizing the workshop of QA coordinators and county chairs.
- The subcommittee's goals for the upcoming year were to increase support of coordinators and local QA chairs through video conferencing and regional meetings.

The subcommittee will develop a plan to present to the SQAC at the March 2014 meeting in order to meet with SDHR and ensure the infrastructure for video conference can be conducted in the DHRs and the SDHR will permit travel for regional meetings. These conferences and regional meeting will address the needs this group reported on the January 2012 evaluation comments of having more training/workshops, provide information on State DHR's Quality Assurance activities increasing the networking time and venue among county QA coordinators and local members.

SQAC Year in Review

Meetings consisted of stakeholder group information and reports provided by SDHR. The September meeting provided a slate of new officers was conducted. The December meeting consisted of a panel of foster parents and children, providers of those direct services, and meeting the Commissioner of DHR. The SQAC committees' comments were that this meeting provided insights into the hard work SDHR does daily and does well. Other SQAC comments were that numbers cannot provide the complete picture of the incredible task that DHR does on behalf of child welfare. The Committee voted to continue this type panel at the end of each year.

Challenges

SDHR has been cooperative and lending assistance in re-organizing the subcommittees. They met with subcommittees chairs and assisted in developing their plans for goal setting. There are some areas of request made that did not get fulfilled and those will be discussed in the recommendation section below.

STATE QUALITY ASSURANCE COMMITTEE RECOMMENDATIONS

The State QA Committee makes the following recommendations to State DHR:

- Continue providing reports/ updates concerning the recruitment, hiring , training, and retention, of DHR child welfare staff such as:
 - The number of staff completing required trainings
 - An update on the Supervisors' Workgroup action plan and outcomes
 - Child welfare staff turnover's impact on child welfare
 - Recruitment and incentives for hiring linguistically and culturally immersed staff
 - Identification of systemic practice issues directly related to staffing and/or supervision
- Abuse and neglect awareness and reporting including the feasibility study of creating a statewide hotline
- Provide updates on the SDHR quality assurance site reviews
- Offer shadowing experiences with state quality assurance reviews.

DEPARTMENTAL RESPONSE TO THE 2013 SQAC REPORT RECOMMENDATIONS

Staffing information has been provided to the SQAC since September 2012 in the format of separation rate for the last 24 pay periods. Caseload averages by county has been provided to the SQAC since September 2012. The primary reasons for separation for employment were provided to the SQAC in September 2013. Representatives from SDHR including the Legal Office met with the chair of the SQAC as well as the chair of the Child Death Review Subcommittee in September 2013 to address some concerns about the review process. Suggestions made by the two chairpersons were taken into consideration and revisions were made to the process of providing information on child death reviews to the subcommittee. Those revisions were finalized in January 2014. The Child Death Review Subcommittee met in March 2014 and reviewed the reports from FY 2103 to current at the time of the meeting. As a result of collaboration in that meeting, plans were made for a committee member with the Department of Public Health to present a workshop at the supervisor's conferences to be held in July 2014 on preventable child deaths.

In response to the recommendation of the Coordinator and Support of Local Committees Subcommittee, a statewide meeting for all QA coordinators and chairpersons was planned for May 2014 with a focus on the evaluation of caseworker visits. The onsite review schedule for 2014 and opportunities for shadow experiences for SQAC members was provided at the March 2014 meeting. While this information was available for the December 2013 meeting, other agenda items precluded presentation of that information. The SQAC was provided an opportunity to have input into the revision of the best practice indicators in September 2013. Some requests made by the SQAC will need additional clarification before information can be provided.

COUNTY/LOCAL QUALITY ASSURANCE COMMITTEES

There are 68 functioning County QA Committees throughout the State of Alabama and these Committees serve as the Citizen Review Panels as required by CAPTA. County QA Committees are involved in case review activities, special studies, data analysis, stakeholder interviews, child death reviews, County Bi-Annual reports and other community collaboration activities throughout the state. The SQAC did not receive any information from the County QA Committees in 2013.

APPENDIX 4

Health Care Services Plan

Health Care Services Plan

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HEALTH CARE SERVICES PLAN

I. Introduction

Recent policy updates have been incorporated including updates on Psychotropic Medications and sharing of medical information electronic health record.

The Department of Human Resources has required for many years that children coming into care receive health care services when they enter care and during their stay in care. To achieve this, the Individualized Service Plan process was developed to assure that health care needs and/or strengths are addressed for each child in care. Through this process, county departments ensure health care needs are assessed and identified and that health services are received when needed. Quality Assurance efforts in each county may bring health care professionals together in order to enhance the health care services for children in care.

In developing a Health Care Services Plan Committee, the Department asked the Alabama Academy of Pediatrics for volunteers of pediatricians who have an interest in foster care children's health care. Most if not all of the pediatricians provide medical care at the community level for our foster care children. There is a willingness and support from the pediatricians to forge positive changes in health care for children in foster care. A request was made to the Alabama Department of Public Health's Assistant State Health Officer for Personal and Community Health to provide a volunteer to represent the ADPH on health issues for children in foster care. Alabama Medicaid Agency (AMA) is represented by the agency's Director of Transformation Initiatives and a representative from the AMA EPSDT program. The Department of Mental Health is represented on the committee and provided input in developing the Health Services Plan. Foster care providers are represented by an approved foster parent who is also a registered nurse. The foster parent is able to provide insight into issues surrounding children with severe medical conditions.

II. Importance of a Medical Home

Alabama's health care community recognizes the great importance and benefit to children of a having "medical home" in providing optimal health care for children and recommend that whenever possible a foster care child continue to be cared for by his/her established physician. The physician who has been caring for the child previously is in the best position to assess the child's overall health and any changes from baseline, and will be best able to recommend any needed follow-up care or treatment. Children who have had their lives severely disrupted by being removed from their familiar environments should be able to continue their relationship with the physicians they already know and trust.

If for some reason the established medical home cannot be maintained, the child's established physician should be notified immediately so that appropriate transfer of care (including possible telephone communication) can be made with the child's new physician. At the very least, the name of the child's previous physician or clinic should be obtained and provided to the new physician. Every effort should be made to obtain prior medical records and especially immunization records, as soon as possible.

The plan for assuring oversight, coordination and a coordinated strategy to identify and respond to health care needs of children begins with a review of requirements that each child's health care needs are addressed upon entry into care and during the child's stay in care.

III. Initial Medical Examination

When a decision is reached that out-of-home care is necessary, arrangements are to be made for completion a medical examination (see timeframes below). When a child is placed in care as a result of an abuse/neglect investigation, a medical assessment may be necessary to assess the child's medical needs related to any abuse suffered by the child. DHR provides for medical examinations to occur during child abuse/neglect investigations when needed. It is recommended that at entry into foster care, the use of standardized developmental screening instruments that include social-emotional assessment should be administered. The purpose of the initial medical examination is:

- Record a brief medical history;
- Document the child's medical condition upon entry into care, including visible injuries;
- Determine whether the child is free from contagious disease; and
- Identify needed medical concerns and care needed.
- Screen for social-emotional or mental health concerns.

IV. Timeframe for Initial/Periodic Medical Exam

It is preferable that a medical examination be made just prior to the child's entry into care to assess the physical, emotional, and behavioral issues facing the child. If this is not possible, the examination must be made within 10 days after placement. The initial examination may be obtained through EPSDT (Early and Periodic Screening, Diagnosis, and

Treatment Services) for Medicaid eligible children. A child must have an annual medical exam for the duration of the stay in foster care. The yearly EPSDT may be used for the annual medical exam requirement. It is preferable that standardized developmental screening instruments be administered to children at age intervals recommended by the American Academy of Pediatrics.

V. EPSDT

Children in care under 21 years of age and eligible for Medicaid should have an EPSDT screening each year. Following EPSDT screenings, medical services are covered by Medicaid when identified through EPSDT periodic screening or inter-periodic screening and treatment is determined to be medically necessary. These medical services include medical, dental and vision examinations, physical and occupational therapy, speech therapy, rehabilitation services and psychological services.

Outreach activities are critical to successful health screening services that are available to children. The outreach process assures that eligible families are contacted, informed, and assisted in securing health-screening services. The Alabama Medicaid Agency, in conjunction with the Department of Human Resources, informs foster families of EPSDT services.

Alabama's Medicaid program utilizes a managed care system of assigned primary providers. Children in foster care may be exempted from this program if it is in the best interest of the child's health care needs. The exemption allows a child to remain with his/her usual "medical home" particularly if the child has chronic medical conditions. It may also allow the ISP team the ability to choose the more appropriate primary care physician. Additionally, and when appropriate, foster parents may use one primary care physician for all the children in their home.

When a child is placed in foster care and is already eligible for Medicaid, EPSDT screening should be requested unless the child has had an EPSDT screening within the last three months; has had a thorough medical examination other than EPSDT screening within 3 months prior to placement in foster care; or another medical examination, other than Medicaid Screening, is indicated.

EPSDT screenings encompass six broad categories and are available for children in foster care as well as children in their own home.

1. Initial screenings indicate the first time an EPSDT screening is performed on a recipient by an EPSDT screening provider.
2. Periodic screenings that are well-child checkups performed based on a periodicity schedule. The ages to be screened are 1 month, 2 months, 4 months, 6 months, 9 months, 12 months, 15 months, 18 months, 24 months, and annually beginning on or after the child's third birthday.
3. Inter-periodic screenings are considered problem-focused and abnormal. These are performed when medically necessary for undiagnosed conditions outside the established periodicity schedule and can occur at any age. Inter-periodic screenings must be provided when a medical condition is suspected or a condition has worsened or changed sufficiently enough that further examination is medically necessary.
4. Vision screenings must be performed on children from birth through age two by observation (subjective) and history. Objective vision testing should begin at age three, and should be documented in objective measurements.
5. Hearing screenings must be performed on children from birth through age four by observation (subjective) and history. Objective hearing testing begins at age five, and should be recorded in decibels.
6. Dental screenings must be performed on children from birth through age two by observation (subjective) and history. Beginning with age three, recipients must be either under the care of a dentist or referred to a dentist for dental care. Additional Medicaid screening protocols for infants, children and adolescents are addressed in the Medicaid Provider Manual, EPSDT Chapter, Appendix A, <http://www.medicaid.alabama.gov>.

VI. Health Care for Children Not Eligible for Foster Care Medicaid

Some children in out-of-home care will be ineligible for foster care Medicaid. In these cases, application is made for other medical insurance coverage including SOBRA Medicaid, ALL Kids and Child Caring Foundation. The Department of Public Health coordinates the application process for each of these medical insurance coverage types. Completed applications are routed to the ALL Kids program for screening and if the child appears to be SOBRA Medicaid eligible, the application is routed to Alabama Medicaid. If the child is not Medicaid eligible, the application will be sent first to the ALL Kids program (ADPH) and then the Child Caring Foundation (Blue Cross Blue Shield) in that order. Some children may have private insurance known as third party insurance which will need to be accessed before any of the needs based

medical insurances will pay. Medical insurance may be purchased from local funds or a child's private funds if the child is not eligible for any of the above addressed programs.

VII. Monitoring and Treatment of Ongoing Health Care Needs

When the ISP team determines that foster care is an appropriate and necessary service or that the foster care provider needs to change, the ISP team assesses the health care needs (physical, mental and emotional) of a child through contacts with and reports from the child's health care providers. The Comprehensive Family Assessment shall include developmental information related to emotional and medical/physical functioning.

Unless otherwise recommended by the pediatrician, the following guidelines are recommended in determining the frequency of medical examinations for foster children:

<u>To 1 year</u>	<u>Age 1 year to 2 years</u>	<u>Age 2 years through 18 years</u>
at 1 mo.	At 15 mos.	At age 2 years
at 2 mos.	At 18 mos.	Annually through age 18
at 4 mos.		
at 6 mos.		
at 9 mos.		
at 12 mos.		

It is through the ISP team process that a child's health needs, once identified through EPSDT or other medical screenings or procedures, are monitored and services/treatment avenues are established. Medical professionals may be ISP team members working with the child and family. Providers of health care services are identified by team members and a specific plan made to access the health care provider.

VIII. Importance of Immunizations

In addition to the above examinations, all foster care children are required to have all immunizations currently recommended by the Advisory Committee on Immunization Practices (ACIP) and the American Academy of Pediatrics, including influenza vaccinations. Immunizations are routine care and should not involve residual rights of parents to consent. The immunization record must be obtained and presented to the primary care provider if the provider is not the child's physician prior to entry into care. Immunizations may be paid for by Medicaid, the Vaccines for Children program or may be obtained at county health departments.

IX. Coordination Between DHR and County Health Departments

Approved foster parents and related caregivers of children in the temporary or permanent custody of DHR are authorized to complete and sign certification forms for the Women and Infant Care Program through the county health departments. Approved foster parents and related caregivers are provided with a letter from the County DHR Department verifying that the foster parent or relative has physical custody of the child and DHR has legal custody. Other health care needs of children in care, e.g. immunizations, are coordinated with county health departments by child welfare workers after the ISP determines a health care need.

X. Coordination of Health Services Between DHR and Alabama Early Intervention Service (AEIS)

Infants and children under 3 years of age who are the subject of an indicated child abuse/neglect investigation must be referred to the AEIS for evaluation. There is a formalized DHR referral process in place for this to occur. As part of the initial EPSDT or the initial medical when a child enters care, infants and children under 3 years of age should be screened for developmental delays and referred to AEIS.

XI. Coordination of Health Information Between DHR and Foster Parents

In Alabama the Foster Parent Bill of Rights, Code of Alabama, 1975 § 38-12A-2(7) provides that foster parents must be provided with health history information that is known by the Department at the time of placement. "When the Department knows of such information after placement, the Department shall make that information available to the foster parent as soon as practicable." Foster parents will need to be made aware of the following:

- All health problems including allergies, bedwetting, emotional problems;
- Both prescribed medications and regularly administered over the counter medications and the purpose of the medicine;
- Special diets or food allergies;
- Pediatrician's name and/or primary health care provider along with the telephone number; and
- Verification of health insurance--private insurance, Medicaid card or Medicaid number.

Foster parents are members of a child's ISP team, in accordance with Department policy. They are to be informed of follow-up medical appointments and referrals.

XII. Dental Care

Children should have care established in a dental home by the age of 1 or eruption of the first tooth. Many primary care providers will be able to make an initial assessment through Medicaid's First Look program and this is encouraged. Annual dental examinations are recommended.

All Medicaid eligible children in foster care are to have a dental examination under Medicaid Screening (EPSDT). Children who do not qualify for Medicaid will have a dental examination authorized through the ISP with payment through local flex funds after other resources have been explored and exhausted.

If the dental examination indicates a medical necessity for braces and or other orthodontic care, local DHR funds may be used for this. Medicaid does not pay for braces except in rare and unusual circumstances. Medicaid requirements state that braces must be a medical necessity and documentation from a health care provider must show evidence of the medical necessity. The caseworker must obtain approval from Medicaid. Any third party insurance should be explored to determine whether this insurance covers braces. The ISP team must determine this is a needed service before payment can be pursued. If a child age fourteen or older is in need of braces and the need can relate to one or more of the Chaffee outcomes and the ISP states a need for braces ILP funds are explored.

XIII. Mental Health Needs of Children In Foster Care

The ISP process is utilized to identify strengths and needs of children and their families, identify steps and services to address needs, and determine the least restrictive environment in which a child's needs may best be met. The ISP team shall be fully involved when assessing the need for, and appropriateness of, inpatient services. Before a child enters inpatient placement, concurrence must be received from State DHR. Placements that are more restrictive than foster family homes include therapeutic foster home, moderate residential treatment facilities, acute psychiatric hospitals and intensive residential treatment facilities.

Best child welfare practice requires that any behavior modification program employed in the treatment or management of a child's behavior be individualized and meet certain standards, including, but not limited to, the following:

- the program relies primarily on rewards instead of punishment;
- the program be based on a careful assessment of the antecedents of the behavior that the program is designed to change; and
- the program be consistently implemented throughout the day, including in school, residential and leisure activity settings.

The Department utilizes a Residential Placement Intake Protocol to provide guidance on and concurrence with the placement of children into certain programs. The Protocol addresses emergency residential placements and the completion of a Multi-dimensional Assessment Tool (MAT) when a child needs either a Therapeutic Foster Care (TFC) placement or placement in a moderate residential facility. Continuous oversight and monitoring of children receiving treatment in more restrictive settings is performed through the use of the MAT to determine the continued need for the placement. Intensive residential treatment requires completion of a "Certification of Need for Services" by a qualified professional in addition to completion of a MAT to determine the continued need for this level of treatment.

XIV. Use of Prescription Medication for Children in Psychiatric Residential Treatment Placements

Medication prescribed for mental health reasons may only be administered to children when (a) the informed consent of the parent, legal custodian/guardian, or the foster parent who is legally authorized to provide consent and (b) the informed consent of the child (age 14 or older) has been obtained. The child and adult(s) whose consent is sought will be provided sufficient information to permit them to make an informed decision. Consent may be withdrawn at any time; however, a child's refusal to consent may be overridden by a court of appropriate jurisdiction. If it appears that psychotropic medication will be used to address crises in a periodic, on-going pattern with the child, informed consent must be obtained from the child (age 14 or older) and the parent(s), legal custodian, guardian or foster parent who is legally authorized to provide consent.

The reasons for using psychotropic medication, its expected benefits, and the potential side effects should be explained in terms understandable to the child and parents along with any significant alterations in dosage. The children's and parents' preferences and requests for alternative interventions should be considered and documented in the children's

DHR records and their medical records. [NOTE: The term “parent” as used here means the child’s biological, or adoptive parent, or the primary caregiver from whom the child in care was removed. Code of Alabama, 1975 § 12-15-102(23), allows the Department to give permission for medical care to include surgery, other medical treatment, emergency or non-emergency. The Department has authority to make the decisions without court approval or approval from the parents.

Prescriptions for psychotropic medication must be written by a licensed physician who is trained in the use of such medication with children and adolescents. If the physician prescribing the psychotropic medications for the child is other than the child’s primary physician, there should be consultation with the child’s primary physician. When psychotropic medication is used as a treatment intervention, it must be administered only as prescribed by the physician writing the prescription. Psychotropic medication is to be carefully and closely monitored by the child’s physician and the ISP team for both desired effects and potential side effects. Monitoring should include information received from the child, parent(s), and caregivers. See also XXI.

XV. Criteria For Prescription of Medication for Mental Health Reasons

A qualified physician must complete a thorough assessment of the child before prescribing medication. This assessment (especially a psychiatric assessment) should be comprehensive and include history, direct observation of the child, and all pertinent information from the school, parents, foster parents, therapists and pediatrician. This will require effective communication from all the stakeholders in the child’s life. The assessment is performed to determine the appropriateness of prescribing the medication and to establish baseline data for monitoring its effects. The physician shall conduct a physical examination of the child, review the child’s medical history and other relevant evaluations (e.g., medical, psychiatric, psychological) and obtain input from the child’s parent(s)/caregiver(s), the DHR worker, and other relevant service providers and school personnel. The children’s and parents’ preferences and requests for alternative interventions should be considered by the physician as informed consent is required prior to administering medication.

The physician should be a member of the ISP team with input at times being obtained through written report, telephone calls, etc. If the physician is a consultant to a service provider, the provider and the child’s DHR worker shall ensure the physician is aware of the caregiver’s capabilities, appropriate alternative treatment interventions, and the changing needs of the child and family.

In a crisis where the child will seriously harm self, harm others, or cause substantial property damage, medication may be administered without informed consent upon an order by the treating physician and in accordance with generally accepted medical standards. There must be documented evidence in the child’s record that in the physician’s professional judgment, the harm or substantial property damage will occur without the benefit of the medication and that less restrictive interventions are not therapeutically indicated. The child’s physical and psychological condition must be frequently monitored by the physician or an appropriate staff member or other provider following administration of the medication.

The dispensing of Prescribed as Needed (PRN) psychotropic medication can only be allowed if in compliance with a physician’s approved protocol and the order is documented in the child’s medical file of the provider’s record and the child’s DHR case record. PRN medications administered to address a child’s behavior two or more times a week for three consecutive weeks will result in a comprehensive review of the child’s individualized service and behavior management plans and the incidents, factors, and rationales for such PRN medication use.

XVI. Oversight of Medications in Foster Family Homes

Individuals providing daily care for children in care must take precautions in administering medications to children in their care. While every child has individual health needs, there are consistent measures that shall be taken in administering medication to children in the care of the Department. The following should be discussed with all out-of-home care providers.

A. Over the Counter Medications

Out-of-home providers shall follow the procedures listed below when administering over-the-counter medications.

- Carefully read the manufacturer’s product information before administering any over the counter medication.
- Underscore the importance of paying close attention to product labels, particularly precautions and contraindications.
- Administer over-the-counter medication to a child **only** if the product information indicates the medication is safe for the age child it is being administered to.

- Administer medications according to the manufacturers' recommended dosage and in the manner prescribed by the manufacturer (e. g. by teaspoon, entire pill, and capsule) unless the child's doctor has given written instructions that vary from this.
- When preparing to administer over-the-counter medication, reread the labels to assure that the medication is safe for the age of the child.
- Check the expiration date on the medication container. Out-of-date medication shall not be administered.
- Certain medical conditions contraindicate the use of over-the-counter medications. In these situations, the foster parent and the child's worker shall consult with the child's doctor before administering any over the counter medications.

B. Prescription Medications

Out-of-home providers shall follow the procedures listed below when administering prescription medications:

- Because individuals react differently to medications, give prescription medication **only** to the child for whom it is prescribed.
- Some pharmacies will add a discard date to prescription labels, although this is not required. Any "left over" prescription medication should be discarded.
- Give the medication as directed by the child's doctor.
- If the child appears to have an adverse reaction to the medication, notify the doctor who prescribed the medication for the child. The adverse/allergic reaction to the medication should be documented in the child's/patients medical record. The foster parent also needs to notify the child's DHR social worker about the reaction, and especially if the child is allergic to the medication. Documentation of the adverse/allergic reaction should be made in the DHR case record.
- Maintain a log (DHR 2073) of all prescription medications administered to a child as required in the Minimum Standards For Foster Family Homes.

As stated in the Minimum Standards For Foster Family Homes, Revised 2002,

"All medications shall be secured in a locked storage area that is inaccessible to small children."

In the event of an accidental overdose or adverse reaction to either an over-the-counter medication or a prescribed medication, the Children's Poison Control Center toll free telephone number 1-800-292-6678 should be contacted. The regular Poison Control Center, toll free telephone number 1-800-222-1222, may also be contacted.

XVII. Updating and Sharing of Medical Information to Include Developing and Implementing an Electronic Health Record

Alabama's One Health Record's mission is to electronically exchange health information between Alabama's healthcare providers and as a result, improve the quality and efficiency of the healthcare received by Alabama's citizens.

The following goals have been established:

- Ensure health information is available to health care providers at the point of care for all patients
- Reduce medical errors and avoid duplicative procedures
- Improve coordination of care between hospitals, physicians, and other health professionals
- Ultimately to provide consumers access to their own health information to encourage greater participation in their health care decisions

One Health Record created the infrastructure for exchanging health information in Alabama through a grant awarded to Medicaid in 2009 by the Office of the National Coordinator (ONC). Under the guidance of the Health Information Exchange (HIE) Commission, Medicaid stood up a robust system to link provider's and hospital's electronic health

records. One Health Record will continue to build upon the existing HIE and create a network of providers and hospitals within the state and provide the network to exchange health information with other states.

XVIII. Health Care Oversight for Older Youth Currently Served in Foster Care and Transitioning Out of Foster Care

The Department of Human Resources recognizes the need to provide specific support for older youth currently in foster care and/or who will be aging out of the child welfare system. Therefore the Office of Permanency through the Independent Living and Foster Care program will provide increased focus and support to caseworkers in addressing health care planning for this population.

Education through training and other forums will be provided to build capacity of staff and providers serving older youth in addressing and planning for the youth's oversight of health care needs.

The expectation is that prior to emancipation from foster care youth are to have a personalized transition plan that would include addressing oversight of their health care needs. Through the Individualized Service Planning process staff will develop a specific plan with the youth which addresses the following:

- A transition plan developed no later than 90 days prior to the date on which the child is expected to age out of the system.
- Providing education and information regarding designating another individual, i.e. a health care proxy, to make health care treatment decisions on the youth's behalf should the youth be unable to participate in such decisions and does not have or want a relative otherwise authorized under State Law to make such decisions.
- Providing education and information as to the option to execute a health care power of attorney, health care proxy, or similar document recognized under State law.
- Providing medical information and documents to the youth which are available to the agency.

The Department has a responsibility to educate and prepare youth to have the capacity of overseeing their individual health care needs. This can only be accomplished through ongoing efforts to engage youth around a transition plan that is timely and specific.

XIX. Department's Evaluation of Health Services

The Office of Quality Assurance conducts periodic case reviews in all 67 counties throughout the state. As part of the review process, Health/Physical Well-Being and Emotional Well-Being of children are assessed. These county teams often include physical and mental health professionals serving as reviewers or as part of the reviews.

When assessing Health/Physical Well Being, the review process considers the following items: 1.) Is the child in good health? 2.) Are the child's basic physical needs being met? and 3.) Does the child receive health care services as needed? Children should achieve and maintain good health status, consistent with their general physical condition. Healthy development of children requires that basic physical needs for proper nutrition, clothing, shelter, hygiene, and medical/dental care are met on a daily basis. Preventive health care should include immunizations, dental hygiene, and screening for possible physical or developmental problems. The central concern here is that the child's physical needs are met and that special care requirements are provided as necessary to achieve optimal health status. This also includes follow up with appropriate sub-specialists, other health care providers and therapists. Adult caregivers and professional interveners in the child/youth's life bear responsibility for ensuring that basic physical needs are being met and that health risks, chronic health conditions, and acute illnesses are adequately addressed in a timely manner.

A child receives an optimal rating for Health/Physical Well-Being when: all of the child's physical needs for food, shelter, and clothing are reliably met on a daily basis; routine preventive medical (e.g., immunizations, check-ups, and developmental screening) and dental care are provided on a timely basis; any acute or chronic health care needs are met on a timely and an adequate basis, including follow-ups and required treatments; and, any prescribed medications are being provided and taken according to exact instructions and with excellent medication management.

When assessing Emotional Well-Being, the review process considers the following items: 1.) Is the child symptom free of anxiety, mood, thought, or behavioral disorders that interfere with his/her capacity to participate in daily living activities and benefit from his/her education? 2.) If such symptoms are present, is the child making substantial progress toward normal functioning in school and at home while making use of supports and therapeutic services, as necessary? Emotional well-being is essential for adequate functioning in a child's daily life settings, including school and home. To do

well in school and in life, a child should: present a major emotional pattern appropriate to time, place, person, and situation; have a sense of belonging and affiliation with others rather than being isolated or alternated; socialize with others in various group situations as appropriate to age and ability; be capable of participating in major life activities and decisions that affect him/her, including educational activities; and, be free of or experiencing reduced major clinical symptoms of emotional/behavioral/thought disorders that interfere with daily activities.

For a child with mental health needs who requires special care, treatment, supervision, or support in order to make progress toward stable and adequate functioning at school and home, the child should be receiving necessary services and demonstrating progress toward adequate functioning in normal settings. Some children may require assistance or services to improve communication, social, and problem-solving skills to be successful. Other children may require special behavioral interventions, medications, and/or wraparound supports (such as behavior aides, access to a therapist when needs arise, etc.). Timely and adequate provisions of supports and services should enable the child to benefit from his/her education and enjoy the routine activities of childhood. The level, mix, and fit of services (referenced in the rating definitions) refer to the importance of children being provided with services in the right amount, with the needed frequency, by persons with the necessary skills, etc. A child receives an optimal rating for emotional well-being when: the child shows optimal well-being in daily settings and enjoys positive and effective enduring support and interventions from teachers, counselors, key adult supporters, and friends; OR, the child has become emotionally and behaviorally stable and functioning well and symptoms are largely relieved or seldom occur; OR, excellent progress is being made toward adequate functioning in normal daily settings and activities of childhood in the near term; OR, the presence of emotional and behavioral problems is being addressed with the optimal level, mix and fit of assistance, support, supervision and/or treatment leading to a level of stabilization appropriate for the child and his/her condition.

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

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

ACT

- **Comprehensive Family Assessment**
A guide for gathering/analyzing information related to four areas of family life (parent functioning, child functioning, family functioning, and the family's community), in order to create a basis for informed decision-making, identifying the nature/extent of underlying conditions, and developing a strengths/needs based individualized service plan. At a minimum, the information gathered for each family member should include the following: developmental, behavioral, emotional, educational, medical/physical and family history.
- **Cycle of Need**
A framework which helps promote an examination of underlying needs and how behaviors serve as the means of expressing those needs. This perspective is designed to help one consider interventions that are designed to control/manage behavior, versus those that are designed to respond to the needs of another in a more effective, respectful way to truly help the family member get their needs met.
- **People Mover**
The "People Mover" is a guided imagery referred to as the "Imaginary Journey" examines the importance of attachment to the child's maturation and the development of a relationship between children and parents. It focuses on the ways loss affects children and families in care and strategies for maintaining the relationship between the birth family and the child in care.
- **Module 3, Resource Guide**
Chapter -7-Assessing consequences of prior life experiences on children who have been abused or neglected; page 179 (third paragraph). Also in same chapter, pages 185 to 189 discusses early warning signs of indicators that demonstrate medical, developmental, and psychological needs for infants to school ages children. The Appendix for this chapter on pages 203-212 is a child development tools that lists observable milestones for children birth to 5 years of age. It explains that if child is not meeting said milestones that further evaluation may be needed.

Underlying Conditions - an ACT II Curriculum

Comprehensive Family Assessment (see description under ACT I)

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

Substance Abuse – an ACT II Curriculum

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

Concurrent Permanency Planning – an ACT II Curriculum

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

FULL DISCLOSURE

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

- Small group activity using the Roosevelt story
Roosevelt is a 14 year old who has been in fc since age 4. The activity is processed by discussing the length of time he has been in care, and assessing his developmental needs that have and have not been met from age 4 until now (age 14). These are the handouts used in this activity:
- Handout 1.7 - Factors Related to Out-of-home Care
 1. Extended stays in out-of-home care can have negative and lasting effects on child development
 2. Negative impact increases with multiple placements and relationship disruptions
 3. Children placed close to family and community are more likely to have parental visitation and to return home
 4. Parents who visit regularly are more likely to be reunited with their children
 5. Children who remain in care longer than 12-18 months are less likely to return home (indicating that attention needs to be focused on their need to be allowed to move on to a permanent family)

- HANDOUT 1.8 - Children's Developmental Needs
 1. SECURITY AND PROTECTION FROM HARM
 2. FOOD, CLOTHING, SHELTER, HEALTH CARE
 3. TO BE NURTURED, LOVED, ACCEPTED
 4. SPIRITUAL AND MORAL FRAMEWORK IN WHICH TO LEARN RIGHT FROM WRONG
 5. OPPORTUNITIES TO GROW INTELLECTUALLY, EMOTIONALLY, SOCIALLY, PHYSICALLY AND SPIRITUALLY - AND IDEALLY , TO REACH MAXIMUM POTENTIAL
 6. STABILITY, CONSISTENCY, CONTINUITY AND PREDICTABILITY IN FAMILY RELATIONSHIPS – SECURE ATTACHMENT WITH AT LEAST ONE SIGNIFICANT ADULT
 7. LIFETIME FAMILY CONNECTIONS WITH THE INTENT OF LIFETIME COMMITMENT WHICH GIVES A SENSE OF BELONGING
 8. CONNECTIONS TO THE PAST
 9. HOPE FOR THE FUTURE...

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

Handouts include:

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

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

Handout 1.12 – Attachments: Secure Attachments

- Emerge from continuity and stability overtime
- Involve predictability in relationships and caretaking
- Are a critical task of early childhood development

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

Insecure Attachments

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

Child Protective Services – an ACT II Curriculum

- Display OVERHEAD: Pyramid
Begin by displaying the top part of the pyramid, then work down to the foundation. To accomplish the mission of achieving safety and permanency we need effective services and supports. To have effective services and supports, we need an effective ISP. To have an effective ISP, we need an understanding of the facts (disposition -- was the child maltreated or is the child threatened with maltreatment) and the underlying issues related to the maltreatment. To understand the facts and underlying issues, we need to gather accurate facts and interpret them correctly. It is that foundation this training is focused on.
- Preschool Children – Risk Factors
 1. Curious, exploratory behavior
 2. Physically busy and active
 3. Normal cognitive development may be misinterpreted by caretakers (egocentric thought, illogical/magical thinking, limited sequencing ability)
- Explain that each has a significant impact on the child's psychological development.
In fact, unless the child is killed or permanently physically damaged by abuse or neglect, it is really the physiological psychological impact that will last the longest and can intrude into the child's life as an adult, as a parent, and in the workplace -- interfering with their ability to function.
- Display OVERHEAD: Developmental Assessment
Assessing a child's developmental level is more of an art than a science. Your understanding of the child's developmental level broadens throughout the interview, but the assessment formats outlined here provide a framework of general developmental issues affecting the interview process. The techniques are designed around three general age categories, although chronological age does not always dictate what works best with a given child. For example, children with disabilities may need to be assessed using techniques normally reserved for younger children. Before discussing children's developmental limitations in the context of interviewing, an important issue must be raised. In this session, we will describe examples in which children's developmental limitations may make it difficult for them to provide the specific information that the interviewer is seeking. This does not suggest that children are incapable of providing specific and accurate information. It does suggest that adults questioning children need to be aware of children's cognitive level in order to ask questions which the child understands. Using clear language and simple questions matched to the child's developmental level will optimize children's completeness and accuracy. Interviewers find themselves faced with children of all developmental stages, from as young as 2 up to age 17. Naturally, different developmental assessment techniques apply to these age groups. Therefore, three sections on developmental assessment are included in this session (pre-school, elementary age and adolescents).

Group Preparation and Selection – Curriculum for Prospective Resource Parents

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

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

XXI. Psychotropic Medications: Update

Alabama Department of Human Resources, Family Service division works with Dr. Brent Wilson (Child Welfare Collaborative Initiative*) through a contract with Casey Family Programs to assist with a state psychotropic medication plan that includes creating policy and monitoring of medications for youth in foster care as well as assessing trauma. State QA added to our debriefing guide services to children under 5 and monitoring of psychotropic meds for applicable children in foster care. That would prompt discussion during debriefing as well as inclusion in the write-up when those things needed to be addressed.

Major accomplishments under the 2012-2013 technical assistance agreement through Casey Family Programs included:

- Creating a data sharing process with Alabama Medicaid to obtain, both retroactively and on an ongoing basis, pharmacy claims records for all children in foster care
- Analyzing Medicaid pharmacy claims records and producing summary information in clear, accessible language for state officials
- Presents training workshops and providing training materials for the DHR Directors and social workers.
- Creating a survey for case managers to collect information on how frequently they address mental health care issues with their caseload, their comfort in doing so, and received feedback to assist the division with policy development and assess future training opportunities.
- Summarizes data claims and any other pertinent information regarding the usage of psychotropic medication by our foster care youth so it's available for public distribution and presenting those results to state officials.
- Drafting a policy document to help Alabama comply with federal government mandates regarding monitoring of psychotropic medications for children in foster care
- Participated in the Because Minds Matter: Collaborating to Strengthen Management of Psychotropic Medications for Children in Foster Care (sponsored by the United States Administration for Children and Families, the Center for Medicare and Medicaid Services, and the Substance Abuse and Mental Health Services Administration) as part of the Alabama delegation
- Providing limited medical consultation to county-level staff regarding specific cases
- Partnership has been developed with Alabama's Medicaid Agency and the Department of Human Resources to collect and analyze pharmacy claims data for children in foster care. (See Disclosure Agreement below.)
- Patterns of utilization that the state may be interested in studying further have been identified and transmitted to DHR (children on multiple classes of medications, children on more than one medication from the same class, etc).

CWCI (Child Welfare Collaborative Initiative) and DHR have begun developing a pilot project to monitor psychotropic medication utilization in four counties. These four counties were selected based, in part, on having higher medication utilization than other counties in the state. The division is currently trying to address provider engagement and implementing a training component before piloting a consent form that will allow social workers to be informed about all psychotropic medications prescribed and signed by a consenting physician.

Progress:

- Family Services Division under contract with Casey Programs and Dr. Brent Wilson has been able to review a foster care youth's psychotropic medication usage on a monthly basis through a partnership with Alabama Medicaid.
- Social Workers and County Directors have received training in several venues to make them aware of drug classes and dosage levels as well as ways to advocate for foster care youth when there is concern about psychotropic medication usage.
- DHR county staff has received individual consultations on psychotropic medication usage from Dr. Brent Wilson when requested.

Barriers:

- Creating a psychotropic medication policy that will fit the needs of all foster care youth and selecting an appropriate trauma assessment tool.
 - Finding innovative ways to engage providers and obtain medical consent as psychotropic medication policy is being developed.
- * NOTE: This is the name of Dr. Brent Wilson’s agency/business in Georgia, and is separate from the **Alabama Child Welfare Collaborative Initiative** (ACWCI) referenced elsewhere in this report.

CONFIDENTIALITY and DATA USE AGREEMENT

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

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

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

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

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

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

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

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

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

XXII. Initial Contributors to the Health Care Services Plan

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President- S.H.
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APPENDIX 5

National Resource Center Technical Assistance Synopsis

State of Alabama - Training and Technical Assistance Summary

TA from SDHR Staff to County DHR Staff - 2014 Update:

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

TA from NRC Staff to Alabama - 2013 Update:

As of 05/21/14, the Alabama TA Grid is shown below (any Alabama updates are noted – also see Appendix 11, PIP Steps “Carried Over” to the CFSP/APSR). If TTACC and/or the Children’s Bureau has different information, Alabama will revise the information accordingly.



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

Alabama Training and Technical Assistance Status Summary

TA132 CAP Project Integration

Status: Closed

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

measured for the Program Improvement Plan, guidance will be sought as to other means by which success can be measured.			
<p>Progress notes/next steps: 08/10/2011 - TTACC facilitated a call to review open TA and determine the State's readiness to proceed with technical assistance efforts. The State has renegotiated their Program Improvement Plan and will focus on the Supervision Strategic Plan and accompanying technical assistance.</p> <p>05/03/2011 - The T/TA coordination call scheduled for this date was cancelled due to a devastating tornado in the State.</p> <p>02/08/2011 - The most recent on-site TA of January 25, 2011, rendered a draft workplan for analysis of feasibility of the statewide CAP implementation. The workplan, using implementation science, details tasks from February to August that will help the State determine what will be required to move the CAP program forward statewide. Alabama is starting to create more expertise among State purveyors. The project is moving beyond pilot sites to analysis of statewide implementation. The Ruth Young Center will conduct a fidelity review in May. There is also the possibility of exploring peer-to-peer consultation, bringing people in to meet with Alabama regarding CAP.</p> <p>01/01/2011 - NRCCPS continues to provide T/TA in Alabama to explore how the successes of the comprehensive assessment process (CAP) project can be integrated in the State's SACWIS system, policy, training, and statewide practice implementation. Currently, Alabama and ACTION consultants are working with the Ruth Young Center to address implementation challenges and develop a modified evaluation plan.</p>			

TA907 Improving Safety Intervention

Status: Complete

Goals/Objectives/ TA Request and Date	Target Population and T/TA Approach	Providers/ Coordinators and Contact Names	Work Plan/Target Dates Final Outcomes/Date
<p>Date Requested: 12/14/12</p> <p>CB Goal: Safety</p> <p>Request/Objective: Improve safety intervention</p> <p>How goal/objective will be measured: Safety outcome measures will improve.</p>	<p>Direct Recipients of T/TA: State DHR staff</p> <p>T/TA Approach: Off-site, On-site TA</p>	<p>State T/TA : Sue Ash, Manager</p> <p>T/TA Network: NRCCPS</p> <p>Private/Not for Profit:</p> <p>Regional Office: Donna Dummett</p> <p>T/TA Coordinator: Deb Martinez</p>	
<p>Progress notes/next steps: 01/18/2013 - On January 18, 2013, the Regional Office authorized assessment. TTACC facilitated a call in which the State expressed they would like assistance with:(1)facilitating a statewide safety decision-making steering committee whose mission is to review current State policy for intake and child abuse and child neglect investigations; examine current practice throughout the State as compared to identified policy issues; and develop new policy and practice standards that provide detailed structure and</p>			

instruction for field staff and supervisors; (2) strategic planning and adherence to implementation science stages and drivers; (3) developing a train the trainers package; (4) competency building with regional purveyors; (5) designing an approach/method for regional presentations to staff and supervisors; and (6) developing a quality control feedback loop. TTACC will facilitate status update calls at 4-6 week intervals to learn about assessment progress and workplan development.

12/14/2012 - On December 14, 2012, the Department of Human Resources requested technical assistance in their continued efforts to improve safety intervention.

TA985 Coaching Component of Leadership Academy for Supervisors (LAS)

Status: Complete

Goals/Objectives/ TA Request and Date	Target Population and T/TA Approach	Providers/ Coordinators and Contact Names	Work Plan/Target Dates Final Outcomes/Date
<p>Date Requested: 2/28/13</p> <p>CB Goal: Safety, Permanency, and Well-Being</p> <p>Request/Objective: Implement transfer of learning connected to LAS</p> <p>How goal/objective will be measured: Improved outcomes</p>	<p>Direct Recipients of T/TA: DHR child welfare supervisors, managers, and administration</p> <p>T/TA Approach: Off-site, On-site TA</p>	<p>State T/TA : Larry Dean</p> <p>T/TA Network: NRCOI, NCWII</p> <p>Private/Not for Profit:</p> <p>Regional Office: Donna Dummett</p> <p>T/TA Coordinator: Deb Martinez</p>	

Progress notes/next steps:

03/17/14 – NRCOI consultants confirmed with AL that this TA is complete and can be closed. The original scope of work , a Cohort of supervisors and managers from Blount and Cullman Counties, successfully completed the LAS/LASLN with two of the supervisors participating in a coaching process intended to deepen the understanding of the LAS materials and the Personal Learning Plans through enhancing the individual Change Initiative process. At this time Alabama has decided that due to other priorities at this time they are not going to initiate a second Cohort of the LAS.

03/01/2013 - State DHR requested technical assistance in coaching to promote participants' transfer of learning connected to pilot implementation of the Leadership Academy for Supervisors (LAS) in two counties. The State wants to expand and roll out to other counties in the State. TTACC facilitated a call that resulted in Regional Office authorization for assessment on March 1, 2013. TTACC will facilitate status update calls following planned modules.

Supervisors as Safety Experts

Status: Complete

Goals/Objectives/ TA Request and Date	Target Population and T/TA Approach	Providers/ Coordinators and Contact Names	Work Plan/Target Dates Final Outcomes/Date
<p>Date Requested:</p> <p>CB Goal: Safety</p> <p>Request/Objective: Supervisors as safety</p>	<p>Direct Recipients of T/TA: Line (child welfare) supervisors</p> <p>T/TA Approach: Train-</p>	<p>State T/TA : Sue Ash</p> <p>T/TA Network: NRCCPS, Wayne Holder</p>	FY2010

<p>experts</p> <p>How goal/objective will be measured: Though safety of the child and family preservation are two of the items being measured for the Program Improvement Plan, guidance will be sought as to other means by which success can be measured</p>	<p>the-trainer</p>	<p>Private/Not for Profit:</p> <p>Regional Office: Donna Dummett; Delores Varner</p> <p>T/TA Coordinator:</p>	
<p>Progress notes/next steps: 03/03/2010 - NRCCPS continues work with Alabama to develop child welfare supervisors as safety experts. This work has involved four States pooling their resources to develop a rigorous, individually driven learning experience. This experience includes approximately 165 hours of programmed exercises, seminars, etc. Current efforts center around implementation and the possibility of transferring the program online. NRCCPS has contracted with a software company and will begin adaptation and revision in the weeks ahead.</p>			

TA23 Diligent Recruitment

Status: Complete

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

<p>based on market research conducted on existing good families (definition to be developed)</p> <p>How goal/objective will be measured: Measurement of Program Improvement Plan related activities will be done through the Evidence of Completion that has been established for each of the Program Improvement Plan activities, and ultimately through progress on achieving data improvement goals that are still to be negotiated with the Children's Bureau</p>			
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Progress notes/next steps:
02/08/2011 - February 8, 2011 update: the NRC work focused on the use of market segmentation to develop targeted messages and to infuse that information into local recruitment and retention plans. Ms. Rogers has continued this work by meeting with counties individually to develop recruitment and retention plans. All counties were asked to use the Adoption Month toolkit as one resource in developing plans. Jefferson, Bessemer, and Tuscaloosa county plans are complete, and she anticipates completion of five additional counties in March. All county plans will be completed in March and rolled into a State recruitment and retention plan. Upon completion, the State will consider a monitoring process for implementation of local recruitment efforts Ms. Rogers' one-on-one work with the counties has been fruitful and has resulted in individualized county plans. This technical assistance is complete and ready for closure.

06/06/2010 - NRCRRFAP and Alabama have developed targeted recruitment strategies for foster and adoptive (resource) families based on market segmentation research. The recruitment plan is a flexible document and will accommodate additions. The child specific recruitment initiative has expanded. The State has piloted strategies in selected counties to further refine the recruitment plan, and the NRC is prepared to continue assistance as the plan is rolled out in phases statewide.

TA325 Strengthening Child Welfare Supervision

Status: Complete 11/19/2012

Goals/Objectives/ TA Request and Date	Target Population and T/TA Approach	Providers/ Coordinators and Contact Names	Work Plan/Target Dates Final Outcomes/Date
<p>Date Requested:</p> <p>CB Goal: Systemic Reform</p> <p>Request/Objective: Based on the second CFSR Statewide</p>	<p>Direct Recipients of T/TA: CW Supervisors</p> <p>T/TA Approach: A series of on-site meetings with supervisors combined</p>	<p>State T/TA : Larry Dean</p> <p>T/TA Network: NRCOI, Steve Preister; NRC-CWDT, Joe Murray</p>	<p>Strategic Plan will be completed in 3-5 months; this is a four-step process: (1) train State leadership in the redesign process; (2) determine leadership's vision of child welfare</p>

<p>Assessment and On-site Review, the State knows it must improve its child welfare supervision; State is requesting T/TA from NRCOI and the NRC-CWDT; the first step will be a training with senior staff in the Children's Services Division on the child welfare supervisors</p> <p>How goal/objective will be measured: Measurement of Program Improvement Plan related activities will be done through the Evidence of Completion that has been established for each of the Program Improvement Plan activities and ultimately through progress on achieving data improvement goals that are still to be negotiated with the Children's Bureau</p>	<p>with some conference calls; introductions, status reports, and follow-up with leadership</p>	<p>Private/Not for Profit:</p> <p>Regional Office: Donna Dummett, RO</p> <p>T/TA Coordinator: Deb Martinez, TTACC Coordination Specialist</p>	<p>supervision; (3) provide T/TA to the workgroup to create a strategic plan; (4) implement the strategic plan</p>
<p>Progress notes/next steps:</p> <p>09/06/2011 - September 6, 2011 update: TTACC facilitated a call with NRCOI, key State participants, and the Regional Office. NRCOI will work with Alabama to assess and draft a workplan based on their current status following the tornado and taking into consideration current budget challenges. The State and NRCOI will reconvene the workgroup via Webinar to complete a new assessment and workplan for moving forward with the Supervision Strategic Plan. Additionally, NRCOI will be in touch with NRC-CWDT in anticipation of the continued need for their technical assistance.</p> <p>08/10/2011 - August 10, 2011 update: TTACC facilitated a call to review open TA and determine the State's readiness to proceed with technical assistance efforts. The State has renegotiated their Program Improvement Plan and will focus on the Supervision Strategic Plan and accompanying technical assistance.</p> <p>05/03/2011 - May 3, 2011 update: The T/TA coordination call scheduled for this date was cancelled due to a devastating tornado in the State.</p> <p>02/08/2011 - February 8, 2011 update: NRCOI and NRC-CWDT continue work with the State. Management is reviewing the identified and prioritized strategies with the expectation that three or four of them will be implemented as part of the Child Welfare Supervision Strategic Plan.</p>			

TA223 Parent Leadership Training

Status: Complete 5/14/2012

Goals/Objectives/ TA Request and Date	Target Population and T/TA Approach	Providers/ Coordinators and Contact Names	Work Plan/Target Dates Final Outcomes/Date
<p>Date Requested: 9/30/10</p> <p>CB Goal: Prevention</p> <p>Request/Objective: Provide Parent Leadership Training, develop statewide parent leadership team</p> <p>How goal/objective will be measured: Increased parent leadership across multiple statewide agencies</p>	<p>Direct Recipients of T/TA: Community Based Child Abuse and Prevention (CBCAP)-funded grantees, parents, State agencies, community and faith-based organizations, early children comprehensive systems (ECCS) team members</p> <p>T/TA Approach: Teleconference and on-site T/TA</p>	<p>State T/TA :</p> <p>T/TA Network: FRIENDS NRC</p> <p>Private/Not for Profit:</p> <p>Regional Office: Donna Dummett, Delores Varner</p> <p>T/TA Coordinator: Deb Martinez, TTACC Coordination Specialist</p>	<p>9/30/10- TA approved and ongoing plan for leadership training developed; 1/25/11- Parent Leadership Training provided; 4/11- Tentative Statewide Parent Leadership Team training planned</p>

Progress notes/next steps:

Legacy notes:

On 9/30/10, the Alabama CBCAP State Lead Agency requested Parent Leadership training. All CBCAP State leads are required to integrate parent leadership training into the planning, implementing, and evaluating of their programs. The Lead Agency is also developing a statewide parent leadership team. This team will continue to provide training across the State and will be trained in the Parent Leadership Ambassador training of trainers model in April 2011. The goal of this effort is to create local parent leadership groups in the State to continue building capacity. On 11/5/10, the FRIENDS NRC, Circle of Parents, and the ECCS TA provider collaborated with the CBCAP State Lead Agency to work with the Alabama Parent Leadership Team on recruiting and engaging key stakeholders for parent leadership training. On 1/25/11, The FRIENDS NRC, in collaboration with the Circle of Parents, provided parent leadership training to 62 participants in two venues in Alabama. There will be additional training for the Statewide parent leadership team in April 2011. February 8, 2011, update: NRC FRIENDS was on site January 25, 2011. NRC FRIENDS, in collaboration with the Circle of Parents, provided parent leadership training in two venues in Alabama. The next training in April 2011 may also serve as a training for trainers with the hope that a parent council may evolve. May 3, 2011, update: The T/TA coordination call scheduled for this date was cancelled due to a devastating tornado in the State. September 6, 2011, update: on April 19, 2011, The NRC FRIENDS partner organization, Circle of Parents, provided a Webinar on parent leadership to the CBCAP State Lead agency network of family resource centers.

TA414 Foster Parent Mentoring

Status: Complete 04/30/2011

Goals/Objectives/ TA Request and Date	Target Population and T/TA Approach	Providers/ Coordinators and Contact Names	Work Plan/Target Dates Final Outcomes/Date
<p>Date Requested: 3/7/11</p>	<p>Direct Recipients of T/TA: Agency staff,</p>	<p>State T/TA :</p>	<p>3/7/11- TA approved</p>

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

APPENDIX 6

AFCARS Improvement Plan

AFCARS Improvement Plan

2014 Update: The Department has not yet received a response (from the Children’s Bureau) to the July, 2012 submission of the State’s AFCARS Program Improvement Plan Update (AIPU). Once a response is received an update can later be provided. The Children’s Bureau completed an onsite Adoption and Foster Care Analysis and Reporting System Assessment Review (AAR) the week of April 11 - 15, 2011. The AFCARS Assessment Review Findings report was received by the State on December 28, 2011. The Children’s Bureau’s findings are in the tables below.

NOTE: The rating definitions are as follows:

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

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

General Requirements (22)

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

Data Elements (103)

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

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

FACTS System Enhancements:

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

Elem #	Description	Module	Estimated Completion Dates
AD 35, GEN 11	Medicaid for adopted children	Finance	8/7/2013 – State’s Interface component Implemented. Completion of task pending Medicaid’s Interface component.
FC 10, 11,12,13,14,15 AD 9, 10,11,12,13,14,15	AFCARS-Client-add start & end date for diagnosis on appointment screen	Client	7/11/2013 - Implemented
AD 7,25, 27, FC 8,52,54	AFCARS-Changes to Primary and secondary race	Client	11/20/2013 - Implemented

FC 56, 58 Related to FC 5	AFCARS - Add AFCARS symbol to Court Hearing Date field	Case	2/21/2014 – Revised Estimated Completion Date
FC 56	AFCARS - end date on the home removal screen; do not allow case to be split if home removal screen has not been end dated	Case	11/20/2013 - Implemented
Report	AFCARS001 MS report	MS Reports	6/23/2014 - Revised Estimated Completion Date
AD 19,20	Force user to change court status when TPR is documented	Case	7/10/2013 - Implemented
AD 18	Mother married at time of birth	Case	10/9/13 - Implemented
FC 44	AFCARS - enable "Unable to Determine" value on Caretaker Family Structure field	Case	10/9/2013 - Implemented
FC 45, 46	Add edits to 1st & 2nd Primary Caretaker's Birth Date	Client	4/9/2014 - Implemented
FC 44, 45, 46	Additional picklist values for Safe Haven	Case	10/9/2013 - Implemented
Report	Modify ADPT090B	MS Reports	7/9/2014 - Revised Estimated Completion Date
Report	Modify ADPT090A	MS Reports	7/9/2014 - Revised Estimated Completion Date
FC 10	Move question about diagnosed with disability to the Appointments screen Details	Case	7/10/2013 - Implemented
FC 5	Add a field titled "Administrative Review - Child in Foster Care" to Meeting Schedule Screen	Case	6/19/2013 - Implemented

2014 Final Report Summary: Ten enhancements have been implemented into FACTS and one partially implemented. Full implementation of Adoption Element 35 and General Requirements 11 is pending Medicaid Agency's update of the bi-directional interface between FACTS and Medicaid. There are four FACTS enhancements remaining to be implemented for the AIP. The State's estimated completion date to have all remaining enhancements implemented is June 2014. Please see above chart for dates of enhancement implementations.

AFCARS Extraction Program:

Approximately 33 code changes to the AFCARS Extraction Program, beginning April 30, 2012 through April 30, 2014, have occurred or are scheduled to occur. Final Report Summary: There are eight code changes to the AFCARS Extraction Program remaining to be implemented. The State's estimated completion date to have all remaining code changes implemented is July 2014.

Child Welfare Staff Training and Monitoring:

The AFCARS Assessment Review Findings report highlighted 20 data quality issues that must be addressed in the State's AIP through staff training and supervisory monitoring of data. AFCARS training for all child welfare supervisors,

line workers and county directors was conducted through a two part Power Point presentation. The titles of these presentations are Part I - Adoption and Foster Care Analysis and Reporting System (AFCARS) Overview, and Part II - AFCARS Improvement Plan (AIP) which were released through the State's DHR Learning, Education and Training System (LETS) as mandatory training (on May 23, 2012). All new hire child welfare staff is required to complete this LETS training. Also, additional supervisory data monitoring training provided during the Annual Child Welfare Supervisors Conferences scheduled for July 22 – 23 and August 6 – 7, 2013 in Birmingham, AL.

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 Intranet 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 monthly with AFCARS data, is used to identify data elements of concern and to work with county staff to address these concerns.

III. AFCARS 101 Report:

Business Objects Enterprise (BOE) is utilized by FACTS as the State's tool to provide statistical reports to users. While all Foster Care and Adoption BOE reports contain AFCARS data, currently there is no AFCARS specific report available for county supervisors to monitor at the local level. BOE AFCARS 101 Report is in development and is scheduled to be release as a county level monitoring report June 2014.

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Continuous Announcement

SENIOR SOCIAL WORK SUPERVISOR - 50224

Salary: \$41,258.40 - \$62,529.60

Announcement Date: May 19, 2004

Revised Date: September 1, 2008

JOB INFORMATION

The Senior Social Work Supervisor is a permanent full-time position with the Department of Human Resources. Positions are located throughout the state. This is advanced supervisory service social work. Employees in this class plan, organize, and supervise difficult child protective services, adult protective services, Medicaid waiver, child and adult foster care, and/or adoption operations within a county Human Resources office.

MINIMUM REQUIREMENTS

- Master's degree in Social Work from a social work program accredited by the Council on Social Work Education
- For the promotional register, current permanent status with the Department of Human Resources as a Social Service Caseworker, Social Worker, Senior Social Worker, Service Supervisor, or Human Resources Program Specialist
- Two years of professional social work experience in child welfare and/or adult services in a public welfare agency

ADDITIONAL REQUIREMENTS

- Applicants must possess licensure as issued by the Alabama Board of Social Work Examiners at or above the LGSW level in order to be considered for this position. **Please include this information on the application.**
- Per Alabama Act Number 2000-775, beginning November 1, 2000, persons who apply for child welfare jobs will be subjected to a criminal background investigation prior to employment with the Department of Human Resources.
- Applicants must have available, suitable transportation for use on the job.

BENEFITS

- Low-Cost Health/Dental Insurance (Single Coverage) • Optional Family Coverage (Health/Dental)
- Accrue Thirteen Annual Leave Days per Year • Accrue Thirteen Sick Days per Year
- Thirteen Paid Holidays per Year • Retirement Plan
- Flexible Employee Benefit Plans • Optional Deferred Compensation Plans

EXAMINATION

- **Open-Competitive** to all applicants and **Promotional** to current state employees
- An **Evaluation of Training and Experience** will comprise 95% of the applicant's final score for the promotional register, with the remaining 5% being based on the average of the applicant's service ratings for the last three years. Scores from the **Evaluation of Training and Experience** will comprise 100% of the final score for the open-competitive register.

HOW TO APPLY

- Complete an Application for Examination Form available at www.personnel.alabama.gov, the above address, or any Alabama Career Center Office.
- Apply by mail or by fax. *Applications will be accepted until further notice.*

Individuals currently on the register MUST reapply to remain eligible for employment.

Veteran's credits are NOT allowed on promotional examinations.

THE STATE OF ALABAMA IS AN EQUAL OPPORTUNITY EMPLOYER

Please refer to the back of this announcement for complete information on State Personnel's policy for accepting post-secondary and advanced degrees.

Except for pretest information provided by State Personnel to all applicants, you should not directly or indirectly obtain information about examinations. If you do, the State Personnel Director may do several things. One, you may not be given an examination. Two, you may be disqualified after an examination. Three, your name may be removed from a register. Or four, your name may not be certified from the register. (Rules of the State Personnel Board, Chapter 670-x-9). According to the Code of Alabama, 36-26-47, a willful violation of exam security is a misdemeanor. Any person who is convicted of this type of misdemeanor will not get a state job. If they are officers or employees of the state, they will be required to forfeit their office or position for five years.

If you know of anyone who has violated this policy, you should contact the Examination Manager at the State Personnel Department.

State of Alabama Personnel Department Policy on Accepting College Coursework, Post-Secondary and Advanced Degrees

1. Specific college coursework required for a job, as well as Bachelor's, graduate, post graduate, and doctoral degrees will be accepted from the schools accredited by any of the six regional accreditation associations in the United States. These associations are listed below.

- Southern Association of Colleges and Schools (SACS)
- Middle States Association of Colleges and Schools (MSA)
- Northwest Commission on Colleges and Universities (NWCCU)
- North Central Association of Colleges and Schools – The Higher Learning Commission (NCA-HLC)
- New England Association of Schools and Colleges – Commission on Institutions of Higher Education (NEASCCIHE)
- Western Association of Schools and Colleges – Accrediting Commission for Senior Colleges and Universities (WASC-ACSCU)

2. Coursework or degrees from schools that have not been accredited by a regional accreditation association will be accepted if a regionally accredited school considers the coursework or degree to be an acceptable prerequisite for admission to an advanced degree program. For example, if a regionally accredited school accepts an applicant's bachelor's degree for admittance into a graduate degree program, State Personnel will accept the degree. In the case of required college coursework (but no degree requirement), State Personnel will accept the college coursework if a regionally accredited school accepts the coursework towards a post-secondary degree (e.g., a bachelor's degree). ***This must be documented by a letter of acceptance from the regionally accredited school.*** State Personnel will review such requests on a case-by-case basis.

Note: This policy is subject to change. Certain state agencies may have additional requirements

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Continuous Announcement

SERVICE SUPERVISOR - 50223

Salary: \$35,589.60 - \$53,995.20

Announcement Date: March 3, 2010

JOB INFORMATION

The Service Supervisor is a permanent full-time position with the Department of Human Resources. Positions are located throughout the state. This is supervisory service social work. Employees in this class plan, organize, and supervise child protective services, adult protective services, Medicaid waiver, child and adult foster care, and/or adoption operations within a county Human Resources office.

MINIMUM REQUIREMENTS

- For the promotional register, current permanent status as a Social Worker or Social Service Caseworker with the Department of Human Resources
- Bachelor's degree from an accredited* four year college or university in any major **AND** three (3) years of professional social work experience in child protective services, adult protective services, child/adult foster care, and/or adoption operations

OR

- Bachelor's degree from an accredited* four year college or university **AND** 30 semester or 45 quarter hours in social or behavioral science courses **AND** two (2) years of professional social work experience in child protective services, adult protective services, child/adult foster care, and/or adoption operations. **Please submit a transcript or list of all social or behavioral science courses completed.**

NOTE

- A Masters Degree in Social Work from a social work program accredited* by the Council on Social Work Education will substitute for one year of the required professional experience in child protective services, adult protective services, child/adult foster care,

and/or adoption operations.

ADDITIONAL REQUIREMENTS

- **Per Alabama Act Number 2000-775, beginning November 1, 2000, persons who apply for child welfare jobs will be subjected to a criminal background investigation prior to employment with the Department of Human Resources.**
- Applicants must have available, suitable transportation for use on the job

BENEFITS

- Low-Cost Health/Dental Insurance (Single Coverage) • Optional Family Coverage (Health/Dental)
- Accrue Thirteen Annual Leave Days per Year • Accrue Thirteen Sick Days per Year
- Thirteen Paid Holidays per Year • Retirement Plan
- Flexible Employee Benefit Plans • Optional Deferred Compensation Plans

EXAMINATION

- **Open-Competitive** to all applicants and **Promotional** to current state employees with the Department of Human Resources in the job classes listed above
- An **Evaluation of Training and Experience** as shown on the application will comprise 90% of the applicant's final score for the promotional register, with the remaining 10% being based on the average of the applicant's service ratings for the last three years. Scores from the **Evaluation of Training and Experience** will comprise 100% of the final score for the opencompetitive register.

HOW TO APPLY

- Complete an Application for Examination Form available at www.personnel.alabama.gov, the above address, or any Alabama Career Center Office.
 - Apply by mail or by fax. *Applications will be accepted until further notice.*
- Individuals currently on the register MUST reapply to remain eligible for employment.**
Veteran's credits are NOT allowed on promotional examinations.

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- Western Association of Schools and Colleges – Accrediting Commission for Senior Colleges and Universities (WASC-ACSCU)

2. Coursework or degrees from schools that have not been accredited by a regional accreditation association will be accepted if a regionally accredited school considers the coursework or degree to be an acceptable prerequisite for admission to an advanced degree program. For example, if a regionally accredited school accepts an applicant's bachelor's degree for admittance into a graduate degree program, State Personnel will accept the degree. In the case of required college coursework (but no degree requirement), State Personnel will accept the college coursework if a regionally accredited school accepts the coursework towards a post-secondary degree (e.g., a bachelor's degree). ***This must be documented by a letter of acceptance from the regionally accredited school.*** State Personnel will review such

requests on a case-by-case basis.

Note: This policy is subject to change. Certain state agencies may have additional requirements.

State of Alabama Personnel Department
64 North Union Street
P. O. Box 304100
Montgomery, AL 36130-4100
Phone: (334) 242-3389
Fax: (334) 242-1110
www.personnel.alabama.gov
Continuous Announcement

SOCIAL WORKER - 50248

Salary: \$31,488.00 - \$48,924.00 **Announcement Date:** February 16, 2000 **Revised Date:** December 12, 2012

JOB INFORMATION

The Social Worker is a permanent full-time position with the Department of Human Resources. Positions are located throughout the state. Employees in this class perform entry level to advanced level service social work by developing a social service plan for a select caseload in child protective services, adult protective services, day care, child and adult foster care, and/or adoptions.

MINIMUM REQUIREMENTS

- Bachelor's degree in Social Work from a social work program accredited by the Council on Social Work Education.
- Eligibility for Licensure as issued by the Alabama Board of Social Work Examiners

ADDITIONAL REQUIREMENTS

- Licensure must be obtained within the probationary period in order to obtain permanent employment.
- Applicants must complete and submit with their applications the willingness questionnaire on the reverse side of this announcement.
Applications without the willingness questionnaire will not be accepted.
- Applicants must have available, suitable transportation for use on the job.
- Per Alabama Act Number 2000-775, beginning November 1, 2000, persons who apply for child welfare jobs will be subjected to a criminal background investigation prior to employment with the Department of Human Resources.

NOTES

- Applicants may apply for this position during their last semester of college; however, applicants will be required to submit documentation verifying completion of the Bachelor's degree to the hiring agency prior to beginning work.

BENEFITS

- Low-Cost Health/Dental Insurance (Single Coverage) • Optional Family Coverage (Health/Dental)
- Accrue Thirteen Annual Leave Days per Year • Accrue Thirteen Sick Days per Year • Thirteen Paid Holidays per Year
- Retirement Plan • Flexible Employee Benefit Plans • Optional Deferred Compensation Plans

EXAMINATION

- **Open-Competitive** to all applicants
- Evaluation of **Training and Experience** as shown on application

HOW TO APPLY

- Complete an Application for Examination Form available at www.personnel.alabama.gov, the above address, or any Alabama Career Center Office.
- Apply by mail or by fax. *Applications will be accepted until further notice.*

THE STATE OF ALABAMA IS AN EQUAL OPPORTUNITY EMPLOYER

Please refer to the State Personnel Department web site or call us at (334) 242-3389 for complete information on our policy for accepting post-secondary and advance degrees..

Applicants hired by the State of Alabama on or after January 1, 2012 will be subject to the E-Verify process pursuant to Act No. 2011-535.

WILLINGNESS QUESTIONNAIRE FOR SOCIAL WORKER (50248)

Are you willing and able to:

1. Work in situations where children or adults are deprived of basic living needs (ie food, shelter, education, medical services, clothing etc.)? Yes No
2. Remove children from current living situations for placement in foster care against the wishes of the parents or legal guardians? Yes No
3. View graphic physical abuse of children or adults? Yes No
4. Work in high crime areas, sometimes alone? Yes No
5. Use your personal vehicle to transport clients, children, supplies, or conduct visits? Yes No
6. Work with persons who are substance abusers? (alcohol and drugs) Yes No
7. Work in low income housing projects sometimes alone? Yes No
8. Occasionally work nights and weekends? Yes No
9. Take verbal abuse without retaliating physically or verbally? Yes No
10. Visually observe children, clients, or adults for physical signs of deprivation (ie clothing, hygiene, extreme weight loss, etc)?
Yes No
11. Handle large case loads? Yes No
12. Maintain strict confidentiality of all information to which you have access? Yes No
13. Serve as a witness in court proceedings? Yes No
14. Maintain very detailed case notes? Yes No
15. Work in highly emotional situations and maintain composure? Yes No
16. Handle a large volume of paperwork? Yes No
17. Handle the pressure of meeting deadlines? Yes No

Signature: _____ **Social Security Number:**

State of Alabama Personnel Department
64 North Union Street
P. O. Box 304100
Montgomery, AL 36130-4100
Phone: (334) 242-3389
Fax: (334) 242-1110
www.personnel.alabama.gov
Continuous Announcement

SOCIAL SERVICE CASEWORKER – 50246

Salary: \$29,954.40 – \$47,757.60

Announcement Date: April 15, 2009

Revised Date: December 12, 2012

JOB INFORMATION

The Social Service Caseworker is a permanent full-time position used by various agencies throughout the state. This is service social work developing social service plans for select caseloads; investigating abuse and neglect cases; providing crisis intervention; assessing need and delivery of services; arranging for clinical services and/or planning for nursing home care; determining financial eligibility of day care and homemaker schedules; recruiting applicants for foster care and residential day care providers; speaking to the general public and groups; and preparing court reports and testifying in court.

MINIMUM REQUIREMENTS

- Bachelor's degree from an accredited* college or university in a social science. **OR**
- Bachelor's degree from an accredited* college or university with a degree in any major **and** at least 30 semester or 45 quarter hours in social or behavioral science courses. **Please submit a college transcript or a list of social or behavioral science courses and hours completed with application.**

ADDITIONAL REQUIREMENTS

- On the reverse side of this announcement is a willingness questionnaire. These questions are tasks in which a Social Service Caseworker may be asked to perform. Carefully read each question, then check yes or no as to your willingness to perform the task. If you answer no to any questions, you may wish to reconsider applying for Social Service Caseworker. Attach the completed questionnaire to your application and return it to the State Personnel Department. **Applications without the willingness questionnaire attached will not be accepted.**
- **Applicants must have available, suitable transportation for use on the job.**
- **Per Alabama Act Number 2000-775, beginning November 1, 2000, persons who apply for child welfare jobs will be subjected to a criminal background investigation prior to employment with the Department of Human Resources.**

NOTES

- Applicants may apply for this position during their last semester of college; however, applicants will be required to submit documentation verifying completion of the Bachelor's degree to the hiring agency prior to beginning work.

BENEFITS

- Low-Cost Health/Dental Insurance (Single Coverage) • Optional Family Coverage (Health/Dental)
- Accrue Thirteen Annual Leave Days per Year • Accrue Thirteen Sick Days per Year • Thirteen Paid Holidays per Year
- Retirement Plan • Flexible Employee Benefit Plans • Optional Deferred Compensation Plans

EXAMINATION

- **Open-Competitive** to all applicants
- Evaluation of **Training and Experience** as shown on your application

HOW TO APPLY

- Complete an Application for Examination Form available at www.personnel.alabama.gov, the above address, or any Alabama Career Center Office.
- Apply by mail or by fax. *Applications will be accepted until further notice.*

THE STATE OF ALABAMA IS AN EQUAL OPPORTUNITY EMPLOYER

*Please refer to the State Personnel Department web site or call us at (334) 242-3389 for complete information on our policy for accepting post-secondary and advance degrees.

Applicants hired by the State of Alabama on or after January 1, 2012 will be subject to the E-Verify process pursuant to Act No. 2011-535.

WILLINGNESS QUESTIONNAIRE FOR SOCIAL SERVICE CASEWORKER (50246)

Are you willing and able to:

1. Work in situations where children or adults are deprived of basic living needs (i.e., food, shelter, education, medical services, clothing etc.)? Yes No
2. Remove children from current living situations for placement in foster care against the wishes of the parents or legal guardians? Yes No
3. View graphic physical abuse of children or adults? Yes No
4. Work in high crime areas, sometimes alone? Yes No
5. Use your personal vehicle to transport clients, children, supplies, or conduct visits? Yes No
6. Work with persons who are substance abusers? (alcohol and drugs) Yes No
7. Work in low income housing projects sometimes alone? Yes No
8. Occasionally work nights and weekends? Yes No
9. Take verbal abuse without retaliating physically or verbally? Yes No
10. Visually observe children, clients, or adults for physical signs of deprivation (ie clothing, hygiene, extreme weight loss, etc)?
Yes No
11. Handle large case loads? Yes No
12. Maintain strict confidentiality of all information to which you have access? Yes No
13. Serve as a witness in court proceedings? Yes No
14. Maintain very detailed case notes? Yes No
15. Work in highly emotional situations and maintain composure? Yes No
16. Handle a large volume of paperwork? Yes No
17. Handle the pressure of meeting deadlines? Yes No

Signature: _____ **Social Security Number:**

State of Alabama Personnel Department
64 North Union Street
P. O. Box 304100
Montgomery, AL 36130-4100
Phone: (334) 242-3389
Fax: (334) 242-1110
www.personnel.alabama.gov
Continuous Announcement

SENIOR SOCIAL WORKER - 50221

Salary: \$35,589.60 – \$53,995.20
Revised Date: December 12, 2012

JOB INFORMATION

The Senior Social Worker is a permanent full-time position used by various agencies throughout the state. This is advanced professional service social work. Employees in this class develop a social service plan for a difficult and complex select caseload in child protective services, adult protective services, child and adult foster care and/or adoptions; investigate complex abuse and neglect cases; provide immediate crisis intervention; assess need and delivery of services; arrange for clinical services; and/or plan for nursing home care.

MINIMUM REQUIREMENTS

- Master's degree in Social Work from a social work program accredited by the Council on Social Work Education.
- Eligibility for Licensure as issued by the Alabama Board of Social Work Examiners

ADDITIONAL REQUIREMENTS

- Licensure must be obtained within the probationary period in order to obtain permanent employment.
- Applicants must complete and submit with their applications the willingness questionnaire on the reverse side of this announcement. **Applications without the willingness questionnaire will not be accepted.**
- Applicants must have available, suitable transportation.
- Per Alabama Act Number 2000-775, beginning November 1, 2000, persons who apply for child welfare jobs will be subjected to a criminal background investigation prior to employment with the Department of Human Resources.

NOTE

- Applicants may apply for this position during their last semester of college; however, applicants will be required to submit documentation verifying completion of the Master's degree to the hiring agency prior to beginning work.

BENEFITS

- Low-Cost Health/Dental Insurance (Single Coverage) • Optional Family Coverage (Health/Dental)
- Accrue Thirteen Annual Leave Days per Year • Accrue Thirteen Sick Days per Year • Thirteen Paid Holidays per Year
- Retirement Plan • Flexible Employee Benefit Plans • Optional Deferred Compensation Plans

EXAMINATION

- **Open-Competitive** to all applicants
- Evaluation of **Training and Experience** as shown on application

HOW TO APPLY

- Complete an Application for Examination Form available at www.personnel.alabama.gov, the above address, or any Alabama Career Center Office.
- Apply by mail or by fax. *Applications will be accepted until further notice.*

THE STATE OF ALABAMA IS AN EQUAL OPPORTUNITY EMPLOYER

Please refer to the State Personnel Department web site or call us at (334) 242-3389 for complete information on our policy for accepting post-secondary and advance degrees.

Applicants hired by the State of Alabama on or after January 1, 2012 will be subject to the E-Verify process pursuant to Act No. 2011-535.

WILLINGNESS QUESTIONNAIRE FOR SENIOR SOCIAL WORKER (50221)

Are you willing and able to:

1. Work in situations where children or adults are deprived of basic living needs (ie food, shelter, education, medical services, clothing etc.)? Yes No
2. Remove children from current living situations for placement in foster care against the wishes of the parents or legal guardians? Yes No
3. View graphic physical abuse of children or adults? Yes No
4. Work in high crime areas, sometimes alone? Yes No
5. Use your personal vehicle to transport clients, children, supplies, or conduct visits? Yes No
6. Work with persons who are substance abusers? (alcohol and drugs) Yes No
7. Work in low income housing projects sometimes alone? Yes No
8. Occasionally work nights and weekends? Yes No
9. Take verbal abuse without retaliating physically or verbally? Yes No
10. Visually observe children, clients, or adults for physical signs of deprivation (ie clothing, hygiene, extreme weight loss, etc)?
Yes No
11. Handle large case loads? Yes No
12. Maintain strict confidentiality of all information to which you have access? Yes No
13. Serve as a witness in court proceedings? Yes No
14. Maintain very detailed case notes? Yes No
15. Work in highly emotional situations and maintain composure? Yes No
16. Handle a large volume of paperwork? Yes No
17. Handle the pressure of meeting deadlines? Yes No

Signature: _____ **Social Security Number:**

CFS-101, Part I: Annual Budget Request for Title IV-B, Subpart 1 & 2 Funds, CAPTA, CFCIP, and ETV

Fiscal Year 2015, October 1, 2014 through September 30, 2015

1. State or Indian Tribal Organization (ITO): ALABAMA		2. EIN: 63-60000619-A
3. Address: Department of Human Resources, 50 North Ripley Street, Montgomery, AL 36130-4000		4. Submission: [X] New [] Revision
5. Total estimated title IV-B Subpart 1, Child Welfare Services (CWS) Funds		\$ 4,659,297.00
a) Total administration (not to exceed 10% of title IV-B Subpart 1 estimated allotment)		\$ 45,000.00
6. Total estimated title IV-B Subpart 2, Provides Safe and Stable Families (PSSF) Funds. This amount should equal the sum of lines a - f.		\$ 5,793,524.00
a) Total Family Preservation Services		\$ 1,680,122.00
b) Total Family Support Services		\$ 1,448,381.00
c) Total Time-Limited Family Reunification Services		\$ 1,448,381.00
d) Total Adoption Promotion and Support Services		\$ 1,158,705.00
e) Total for Other Service Related Activities (e.g. planning)		\$
f) Total administration (FOR STATES ONLY: not to exceed 10% of title IV-Bsubpart 2 estimated allotment)		\$ 57,935.00
7. Total estimated Monthly Caseworker Visit (MCV) Funds (FOR STATES ONLY)		\$ 364,659.00
a) Total administration (FOR STATES ONLY: not to exceed 10% of estimated MCV allotment)		\$
8. Re-allotment of title IV-B subparts 1 & 2 funds for States and Indian Tribal Organizations:		
a) Indicate the amount of the State's/Tribe's allotment that will not be required to carry out the following programs: CWS \$ _____ 0 _____, PSSF \$ _____ 0 _____, and/or MCV(States only)\$ _____ 0 _____.		
b) If additional funds become available to States and ITOs, specify the amount of additional funds the States or Tribes request: CWS \$ _____ 400,000 _____, PSSF \$ _____ 600,000 _____, and/or MCV(States only)\$ _____ 0 _____.		
9. Child Abuse Prevention and Treatment Act (CAPTA) State Grant (no State match required): Estimated Amount plus additional allocation, as available. (FOR STATES ONLY)		\$ 389,796.00
10. Estimated Chafee Foster Care Independence Program (CFCIP) funds		\$ 1,520,830.00
a) Indicate the amount of State's or Tribe's allotment to be spent on room and board for eligible youth (not to exceed 30% of CFCIP allotment)		\$ 400,000.00
11. Estimated Education and Training Voucher (ETV) funds		\$ 489,398.00
12. Re-allotment of CFCIP and ETV Program Funds:		
a) Indicate the amount of the State's or Tribe's allotment that will not be required to carry out CFCIP Program		

b) Indicate the amount of the State's or Tribe's allotment that will not be required to carry out ETV Program	
c) If additional funds become available to States or Tribes, specify the amount of additional funds the State or Tribe is requesting for CFCIP Program	\$ 300,000.00
d) If additional funds become available to States or Tribes, specify the amount of additional funds the State or Tribe is requesting for ETV Program	\$ 90,000.00
13. Certification by State Agency and/or Indian Tribal Organization.	
The State agency or Indian Tribe submits the above estimates and request for funds under title IV-B, subpart 1 and/or 2, of the Social Security CAPTA State Grant, CFCIP and ETV programs, and agrees that expenditures will be made in accordance with the Child and Family Services I which has been jointly developed with, and approved by, the Children's Bureau.	
Signature and Title of State/Tribal Agency Official Nancy T. Buckner, Commissioner	Signature and Title of Central Office Official

CFS-101 Part II: Annual Estimated Expenditure Summary of Child and Family Services

State or Indian Tribal Organization (ITO) ALABAMA

For FFY OCTOBER 1 ,2014 TO SEPTEMBER 30

SERVICES/ACTIVITIES	TITLE IV-B			(d) CAPT A*	(e) CFCIP	(f) ETV	(g) TITLE IV-E**	(h) STATE, LOCAL, & DONATED FUNDS	NU B
	(a) Subpart I-CWS	(b) Subpart II-PSSF	(c) Subpart II- MCV *						
1.) PREVENTION & SUPPORT SERVICES (FAMILY SUPPORT)	0	1,448		0			0	7,599	n/a
2.) PROTECTIVE SERVICES	600			390			0	21,770	28
3.) CRISIS INTERVENTION (FAMILY PRESERVATION)	0	1,680		0			0	5,321	n/a
4.) TIME-LIMITED FAMILY REUNIFICATION SERVICES	0	1,449		0			0	5,483	n/a
5.) ADOPTION PROMOTION AND SUPPORT SERVICES	0	1,159					0	540	n/a
6.) FOR OTHER SERVICE RELATED ACTIVITIES (e.g. planning)	1,300	0					0	4,623	n/a
7.) FOSTER CARE MAINTENANCE:									
(a) FOSTER FAMILY & RELATIVE FOSTER CARE	1,173						6,600	10,981	467 mor
(b) GROUP/INST CARE	-						675	8,513	530 mor

8.) ADOPTION SUBSIDY PMTS.	1,541						9,009	12,810	363 mor
9.) GUARDIANSHIP ASSIST. PMTS.	0						340	159	100 mor
10.) INDEPENDENT LIVING SERVICES	0	0		1,521			-	575	1
11.) EDUCATION AND TRAINING VOUCHERS	0			0	489		-	122	
12.) ADMINISTRATIVE COSTS	45	58	0				17,805	317,481	
13.) STAFF & EXTERNAL PARTNERS TRAINING	0	0		0	0	0	725	242	
14.) FOSTER PARENT RECRUITMENT & TRAINING	0	0		0			38	1,416	
15.) ADOPTIVE PARENT RECRUITMENT & TRAINING	0	0		0			671	248	
16.) CHILD CARE RELATED TO EMPLOYMENT/TRAINING	0						-	7,788	6
17.) CASEWORKER RETENTION, RECRUITMENT & TRAINING	0	0	365				-	157	
18.) TOTAL	4,659	5,794	365	390	1,521	489	35,863	405,827	37

* These columns are for States only; Indian Tribes are not required to include information on these programs.

** Only states or tribes operating an approved title IV-E waiver demonstration may enter information for rows 1-6 in column (g), indicating planned use of title IV-E funds for these purposes.

CFS-101, PART III: Annual Expenditures for Title IV-B, Subparts 1 and 2, Chafee Foster Care Independent Voucher (ETV) : Fiscal Year 2012: October 1, 2011 through September 30, 2012

1. State or Indian Tribal Organization (ITO): ALABAMA		2. EIN: 1-63600619-A6	3. Address: Alabama Department of Human Services AL 36130-4000	
4. Submission: <input checked="" type="checkbox"/> New <input type="checkbox"/> Revision				
Description of Funds	Estimated Expenditures	Actual Expenditures	Number served	
			Individuals	Families
5. Total title IV-B, subpart 1 funds	\$ 4,905,196	\$ 4,905,196	25406	
a) Total Administrative Costs (not to exceed 10% of title IV-B, subpart 1 total allotment)	\$ 490,519	\$ 34,053		

6. Total title IV-B, subpart 2 funds (This amount should equal the sum of lines a - f.)	\$ 7,143,068	\$ 6,555,017	-	23173
a) Family Preservation Services	\$ 1,785,767	\$ 1,582,663		
b) Family Support Services	\$ 2,142,920	\$ 1,864,401		
c) Time-Limited Family Reunification Services	\$ 1,785,767	\$ 1,587,665		
d) Adoption Promotion and Support Services	\$ 1,428,614	\$ 1,520,288		
e) Other Service Related Activities (e.g. planning)	\$ -	\$ -		
f) Administrative Costs (FOR STATES: not to exceed 10% of total title IV-B, subpart 2 allotment after October 1, 2007)	\$ -	\$ -		
7. Total Monthly Caseworker Visit Funds (STATE ONLY)	\$ 424,165	\$ 293,615		
a) Administrative Costs (not to exceed 10% of MCV allotment)	\$ 42,416	\$ -		
8. Total Chafee Foster Care Independence Program (CFCIP) funds	\$ 2,174,877	\$ 1,749,078		
a) Indicate the amount of allotment spent on room and board for eligible youth (not to exceed 30% of CFCIP allotment)	\$ 100,000	\$ -	0	
9. Total Education and Training Voucher (ETV) funds	\$ 725,247	\$ 583,215	186	
10. Certification by State Agency or Indian Tribal Organization (ITO). The State agency or ITO agrees that expenditures Child and Family Services Plan, which has been jointly developed with, and approved by, the Children's Bureau.				
<i>Signature and Title of State/Tribal Agency Official</i> Nancy T. Buckner, Commissioner		<i>Date</i> 6/23/14		<i>Signature and Title of Central Official</i>



ROBERT BENTLEY
Governor

State of Alabama
Department of Human Resources

S. Gordon Persons Building
50 Ripley Street
P.O. Box 304000
Montgomery, Alabama 36130-4000
(334) 242-1310
www.dhr.alabama.gov



Nancy T. Buckner
Commissioner

June 20, 2014

Mrs. Carlis V. Williams, Southeast Regional Director
Administration for Children and Families
ATTN: Jill Carbonaro
Atlanta Federal Center
61 Forsyth Street, S.W. , Suite 4M60
Atlanta, GA 30303-8909

Dear Sir/Madam:

Enclosed please find the original submission of Alabama's fiscal year 2015 Annual Budget Request Form CFS-101, Part 1, 2 and 3 for Title IV-B, Subparts 1 & 2 funds, CAPTA, Chafee Foster Care Independence (CFCIP) and Education and Training Voucher (ETV) funds.

If you should have any questions, please contact Mrs. Conitha King, Director, Finance Division, at (334) 242-9426.

Sincerely,


Nancy T. Buckner
Commissioner

NTB:bsd

Enclosures

An Affirmative Action /Equal Opportunity Employer

**CHAFEE FOSTER CARE INDEPENDENCE PROGRAM APPLICATION
FY 2015**

REPORT DATE: June 25, 2014

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

GRANT PERIOD: October 1, 2014 through September 30, 2015

FUNDING AMOUNT: Federal Funds Requested Per Year \$ 1,520,830
State Match \$ 380,208

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

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

FY 2015 CFCIP FUNDS REQUESTED

Federal Funds Requested	\$1,520,830
State Match Amount	\$ 380,208

Sources	Business Donations:	Cash and Items
	Private Donations:	Cash and Items
	Volunteer Time	

Amount of Federal Funds to be used for Room and Board - \$400,000

States must also complete line 10 of the CFS-101 that they submit with their Annual Progress and Services Report by June 30, 2014.

I certify that I am authorized to submit the CFCIP application for FY 2015 funds in the State of Alabama.

Application submitted by:

Nancy T. Buckner
Name

Commissioner, Alabama State Department of Human Resources
Title

Nancy T. Buckner
Signature

6/20/2014
Date

Approval Date: _____

Signature of ACF Regional Administrator

**EDUCATION TRAINING VOUCHER APPLICATION
FY 2015**

REPORT DATE: June 25, 2014

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

GRANT PERIOD: October 1, 2014 through September 30, 2015

FUNDING AMOUNT: Federal Funds Requested Per Year \$ 489,398
State Match \$ 122,350

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

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

Alabama Department of Human Resources

FY 2012 Payment Limitation Information, Title IV-B, Subpart 1

Request for Financial information comparing the total amount the State expended of Title IV-B, Subpart 1 funds for foster care maintenance payments, adoption assistance and child day care related to employment or training for employment in FY 2012 against Federal allotments made under title IV-B in 2005 (see ACYF-CB-PI-03-07).

Alabama Federal allotment for IV-B payments per 2005 are:	<u>\$1,172,618</u>
---	--------------------

Alabama expended Title IV-B, subpart 1 funds for:

110003	2227	TOTAL FOR ACTIVITY 2227 ACFC	/0258	\$ 5,962,303.97
110003	2227	TOTAL FOR ACTIVITY 2227 ACFC	/0258	\$ 94,060.72
Total Foster Care Maintenance payments paid in FY2012				<u>\$ 6,056,364.69</u>

110003	2233	90 DHR FAMILY & CHILDREN SERVICES		\$ 7,258,019.64
110003	2233	90 DHR FAMILY & CHILDREN SERVICES		\$ 605,133.90
Total Adoption assistance subsidy paid in FY2012				<u>\$ 7,863,153.54</u>

Total Foster Care and Adoption Assistance paid for FY 2012	\$ 13,919,518.23
--	-------------------------

Alabama Federal allotment for IV-B, subpart 1, payments in FY 2012	\$1,172,618
State funds used to match Federal allotment for payments in FY 2012	\$456,018

(72% funding-reduced from 75% for Caseworker visit penalty)

BASE YEAR DATA

Total payments made for assistance in FY 2005	<u>\$ 13,170,324.59</u>
Alabama Federal allotment for IV-B, subpart 1, payments in FY 2005	\$1,172,618
State funds used to match Federal allotment for payments in FY 2005	\$390,873

1/22/2014

STATE OF ALABAMA
DEPARTMENT OF HUMAN RESOURCES
FAMILY OPTIONS/PRESERVATION
EXPENDITURES THROUGH Q.E.12/31/13

Base amount required for MOE
= \$1,016,682

FY 2014
RPTG.CAT.: 0029, 0988
indirect code: 1365
final pool: 8251

OBJECT CODE:	DESCRIPTION	QTR ENDED 12/31/13	QTR ENDED 03/31/14	QTR ENDED 06/30/14	QTR ENDED 09/30/14	FY 2014 TOTAL
0100	SALARIES-REG	\$125,235.15				\$125,235.15
0200	FRINGE BENEFITS	\$56,530.09				\$56,530.09
0300	TRAVEL-IN-STATE	\$7,642.47				\$7,642.47
0400	TRAVEL-OUTSTATE					\$0.00
0500	REPAIRS & MAINTENANCE					\$0.00
0600	RENTALS & LEASES					\$0.00
0700	COMMUNICATION LINES					\$0.00
0800	PROF.SERVICE:					\$0.00
0900	SUPPLIES & OPER EXP					\$0.00
1100	GRANTS & BENEFITS	\$550,947.60				\$550,947.60
1400	FURNITURE/EQUIPMENT					\$0.00
1402	COMPUTER EQUIPMENT					\$0.00
	TOTAL DIRECT COST	\$740,355.31	\$0.00	\$0.00	\$0.00	\$740,355.31
0000	INDIRECT COSTS	\$74,990.48				\$74,990.48
	QUARTERLY TOTAL	\$815,345.79	\$0.00	\$0.00	\$0.00	\$815,345.79

LOC CODE	insurance for quarter = # OF merit EMPLOYEES IN THESE COUNTIES:	FTE	SALARY COSTS PER COUNTY	
48	MARSHALL	0.0	\$0.00	
49	MOBILE	0.0	\$0.00	
51	MONTGOMERY	6.0	\$70,321.25	
63	TUSCALOOSA	4.0	\$54,913.90	
	(PER PAYROLL REPORT)	10	\$125,235.15	Q.E.12/31/13
	Conversion & Compliance	0.0	\$0.00	
	FINANCE DIV ADJUST.	0.0	\$0.00	
			\$125,235.15	

fte is calculated by taking insurance paid in each county and dividing it by \$775.00 which is monthly ins rate for 3 months
(insurance rate went to \$717 effective 10/6/06)
(insurance rate went to \$775 effective 10/1/07)
(insurance rate went to \$805 effective 10/1/09)
(insurance rate went to \$9180@yr which = \$325+11mo@\$805 effective 10/1/11)
(insurance rate went to \$765 effective 10/1/12)
insurance rate went to \$825 effective 10/1/13

FY 2012 grant spending	\$6,555,017	\$8,740,023	=total costs		
components of grant:	Preservation	Support	Reunification	Adoption	total
percent planned	25%	30%	25%	20%	
	\$2,185,006	\$2,622,007	\$2,185,006	\$1,748,005	\$8,740,023
q.e.12/31/11	\$3,056	\$0	\$4	\$10,974	\$14,033.61
q.e.3/31/12	\$569,732	\$758,533	\$1,391	\$463,274	\$1,792,930.40
qe 6/30/12	\$925,904	\$691,051	\$710,180	\$527,144	\$2,854,279.26
qe 9/30/12	\$449,044	(\$150,336)	\$551,916	\$626,189	\$1,476,812.72
qe 12/31/12	\$162,482	\$689,058	\$699,995	\$399,470	\$1,951,005.85
qe 3/31/2013		\$497,561	\$153,400		\$650,961.30
qe 6/30/2013					\$0
total	\$2,110,218	\$2,485,868	\$2,116,886	\$2,027,051	\$8,740,023
Federal share	\$1,582,663	\$1,864,401	\$1,587,665	\$1,520,288	\$6,555,017
adjust to FY2013 funds				0%	\$0
new balance	\$2,110,218	\$2,485,868	\$2,116,886	\$2,027,051	\$8,740,023
actual percentage	24.1%	28.4%	24.2%	23.2%	



ROBERT BENTLEY
Governor

State of Alabama
Department of Human Resources

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Nancy T. Buckner
Commissioner

July 9, 2014

Mr. Paul Kirsitz, Acting Region IV Program Manager
Administration for Children and Families
Department of Health and Human Services
Portals Building
8th Floor, Suite 8110 West
1250 Maryland Avenue
Washington, DC 20224

Dear Mr. Kirsitz:

Attached please find Alabama's 2014 Final Report, per the 2010-2014 Child and Family Services Report (CFSP).

If there are any questions and/or if further information/clarification is needed, please contact Paul Butler, Director, Family Services Division, and/or Larry Dean, in Family Services. They can both be reached at (334) 242-9500.

We appreciate the assistance and support that you and your staff have again provided this year in the compiling of this report.

Respectfully Yours,


Nancy T. Buckner
Commissioner

NTB:fb

Cc: Donna Dummett
Carolyn B. Lapsley
Paul J. Butler
Freida S. Baker
John James
Larry W. Dean

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