

**Alabama Child and Family Services Review, Round 3  
Program Improvement Plan**

**Part One: Goals, Strategies/Interventions, and Key Activities**

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## Alabama CFSR Program Improvement Plan (PIP)

### **Introduction**

The following Program Improvement Plan (PIP) will describe the efforts Alabama is undertaking to improve child welfare in the state, and in particular the outcomes of safety, permanency, and well-being. The PIP has been organized into five overarching goals that are designed to improve: \*

- Child Safety
- Child Permanency
- Child Well-being
- Statewide Information System
- Case Review System
- Quality Assurance
- Staff & Provider Training
- Service Array & Resource Development
- Agency Responsiveness to the Community
- Foster & Adoptive Parent Licensing, Recruitment, and Retention

Through this PIP, Alabama will explain how each strategy and its underlying activities will contribute to improved CFSR outcomes over the next two years. The included narrative will describe the design of the activities, in terms of the “relatedness” and expected impact on the identified goals and strategies, as well as how Alabama plans to measure and sustain practice changes. Each PIP goal and strategy addresses one or more of the **Child and Family Services Review (CFSR)** findings and are designed to address a root cause or contributing factor of individual outcome areas measured by the CFSR. A comprehensive analysis of both quantitative and qualitative CFSR data was conducted by **the Alabama Department of Human Resources (DHR)** staff, in conjunction with county DHR staff and state and local partners, to gain an in-depth understanding of Alabama’s review findings. Through this process, several practice themes were identified, including:

- a lack of concerted efforts to locate and engage parents, with a focus on fathers (and their families);
- inadequate (initial and ongoing) comprehensive assessments;
- a need to improve the timely achievement of permanency;
- a lack of individualized services that are accessible to children and families;
- a need to improve access to individualized services/supports for children and families;
- a need to strengthen the recruitment/retention of foster/adoptive parents; and,
- a need to improve the consistency and attention to workforce development

\* Alabama realizes that through negotiation with the CB, decisions will be made as to what is included in the PIP, and what will be addressed in the CFSP. Also, there may be some items that “begin” in the PIP, but are completed in the CFSP.

### **Please see the following attachments for additional information:**

Attachment 1: PIP Workgroup Membership

Attachment 2: Definitions

Attachment 3: Alabama’s Approved Measurement Plan

### **Historical Context**

Alabama (DHR) is a state administered child welfare system that was created in 1935 to administer to the assistance programs that were part of the Social Security Act. These programs were developed to help an American public that was suffering through the financial hardships of the Great Depression. The agency's original name was the Department of Public Welfare. In 1955, it was renamed the Department of Pensions and Security. The current name was adopted in 1986. Some programs have changed over the years to meet the changing needs of Alabama. However, the agency's primary goal has always been and always will be to help people in need. Alabama 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 of Quality Assurance**, the **Quality Assurance Division (QAD)** has a lead role in promoting and ensuring **Continuous Quality Improvement (CQI)** in DHR's child welfare programs. Reporting to the **Deputy Commissioner for Administrative Services**, the **Resource Management Division (RMD)** is responsible for regulatory and residential licensure functions, procuring/contracting services for the child welfare continuum, utilization review, and family preservation/support services. The population served by DHR includes dependent children, youth, and their families, as well as in-home children, youth and their families receiving prevention and intervention services to ensure safety, permanency and well-being. The Department accomplishes this work with approximately 4,000 State Merit System employees, most of whom work in the agency's 67 county departments. Although the agency employs a wide variety of professionals, social workers represent the largest category of DHR employees.

### **Background to Alabama's Round 3 CFSR**

As the Round Three CFSRs began and especially as they moved through year one, Alabama spent much time talking with other states and having internal discussions regarding the desired method of conducting the CFSR in Alabama. As a result of the numerous discussions, phone calls, and meetings, the decision was made (in early CY 2017) to have a traditional, federally-led review.

In mid-September, 2017, the three state-recommended county sites of Jefferson (Birmingham), the largest metro area, Lee (Auburn-Opelika), a mid-size county, and Covington (Andalusia), a small county, were approved by the **Children's Bureau (CB)**. Subsequent to approval, CFSR "kick-off" meetings were conducted in the three county sites during November-December, 2017, and following those events, many individual and joint calls and meetings with the three counties commenced and continued up to the CFSR review week of July 23-27, 2018.

The **Statewide Assessment** was submitted to the CB on May 14, 2018, that had been developed through internal examination of qualitative and quantitative data, stakeholder input, internal discussions and the examination of comments/results of four different surveys (caregivers, court staff, older youth, and DHR staff/other external stakeholders).

As stated above, the CFSR occurred the week of July 23-27, 2018. The review activities consisted of reviewing 65 cases (40 foster care and 25 in-home services) across the three county sites, with two teams working in the largest metropolitan site of Birmingham (Jefferson County). Stakeholder interviews (by phone) occurred the week of July 9-13, 2018, followed by the remaining stakeholders being interviewed during the actual review week. During that week the federal/state team operated from the State DHR Office in Montgomery, Alabama, and stakeholders were interviewed in-person, by telephone, and through video conferencing, utilizing both the Montgomery and Jefferson County sites.

### **2018 CFSR Results**

Alabama developed a PIP to identify and implement strategies for areas of program improvement identified in the 2018 CFSR. Based on the 2018 CFSR outcomes, DHR achieved substantial conformity in Safety Outcome 1. It did not meet substantial conformity standards in any other outcome area, or any of the systemic factors. See data/information under each of the Goal statements.

### **DHR Organization and Responsibilities for PIP Planning**

The State Department of Human Resources (SDHR) consists of a number of divisions that all operate under several Deputy Commissioners, and in turn, the overall leadership of the DHR Commissioner. Although aspects of the PIP will relate to, or impact, many of the SDHR offices, three divisions, under the direction of three Deputy Commissioners, are most directly involved in PIP development and implementation, as follows: Quality Assurance Division, Family Services Division, and Resource Management Division. Leadership and staff from these three divisions, along with county DHR staff, and state/local partner agencies/stakeholders comprise the PIP workgroups that were formed.

### **CFSR PIP Development**

Through conversations with CB staff, internal discussions of CFSR tentative results and an examination of CFSR case review findings, the Department convened a PIP Kick-off event on October 23, 2018. Over 40 DHR staff and stakeholders, representing partner agencies/individuals such as caregivers, the courts, birth family, older youth, the Tribe, Early Intervention, Child Abuse/Neglect Prevention, Children's Justice, and **Alabama's Administrative Office of Courts (AOC)**, came together with county/state DHR staff for the meeting. For the Kick-off meeting, and in subsequent meetings, calls, and webinars, four workgroups were initially in operation, that represented four observable PIP themes, as follows: Engagement and Assessment; Case Review and Permanency; Service Array and Resource Development; and, Workforce Development. Later in the PIP work, and with concurrence from the Children's Bureau, the PIP theme of Service Array was removed, since attention to this would be targeted under another goal.

Alabama partnered with the CB to share the results of the 2018 CFSR with internal and external stakeholders at a **CFSR Final Results Meeting on December 5<sup>th</sup> and 6<sup>th</sup>, 2018**. More than 25 stakeholders participated face to face in the meeting, including many who also attended the PIP Kick-Off meeting. External stakeholders included Guardians ad Litem, AOC staff, contract providers, Foster Parents, former foster care youth, and county/state DHR staff. Staff from the **Capacity Building Center for States (CBC-S)** and the **Capacity Building Center for Courts (CBC-C)** also participated in the small group work sessions that took place both days. Staff from the CBC-S and CBC-C have continued to provide onsite (and off-site) technical assistance and support in the development of the PIP. One means of support was an onsite, two-day session led by CBC-C staff on March 11-12, 2019, that included DHR state office staff, CB staff, AOC representation, and a juvenile court judge. The session provided opportunity for some "root cause work" to take place. Both of the Capacity Building Centers continued to provide technical assistance and guidance up through final work on PIP development.

### **Alabama PIP Measurement Plan**

Since Alabama chose the traditional CFSR, a baseline other than the CFSR case review ratings, had to be established. Alabama submitted the first draft of the PIP measurement plan on October 15, 2018, which included the statewide case review plan for baseline and improvement measures. Subsequent to the submission of the first draft, conference calls, written feedback, internal discussions, and follow-up drafts of the plan took place/were submitted, leading to CB approval of the Measurement Plan in January 2019. **NOTE: See also Attachment 3, Alabama's Approved Measurement Plan.**

- Establishing the PIP baseline through case reviews across the state, began in February 2019 and concluded in July 2019. The federal Onsite Review Instrument (OSRI) is the instrument that was used, and will also be used to establish whether the PIP improvement goals have been met (using the same statewide approach as was used in establishing the baseline).
- Alabama was informed on August 9, 2019, that the CB's, Measurement and Sampling Committee (MASC), had completed calculation of the state's PIP Measurement Goals, which included baselines, goals, and minimum number of applicable cases per each item being measured.

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### **PIP Overview**

The CFSR identified many positive trends and practices including initiatives that, with continued implementation, are anticipated to help strengthen the Alabama child welfare system. While experiencing struggles in some areas of safety practice, Alabama's case review findings indicate strong performance in initiating investigations of child maltreatment reports on a timely basis with the state exceeding the response time for the majority of cases reviewed. The state's recent revision of the initial training curriculum for child welfare caseworkers was noted by both internal and external stakeholders to have had a positive effect on practice.

In addition, Alabama's commitment to developing a case review process is evident by the number of cases that are reviewed yearly and DHR use of the state QA Committee, as well as county QA committees, to engage external stakeholders in that process. The Children's Bureau encouraged Alabama to continue to strengthen its case review process and to build a functional CQI system that enhances the feedback loop to ensure a concise flow of communication among state office leadership, frontline staff, external stakeholders, and the children and families Alabama serves. DHR recognizes the need to focus attention on the larger systemic issues associated with CQI and DHR has included the initial steps to building a larger CQI system in each of the strategies included in the PIP. Also, Goal 5 specifically targets desired improvements in Alabama's CQI system.

Alabama DHR struggled in safety practices including initial and ongoing safety assessments, the provision of safety-related services, and the development and monitoring of appropriate safety plans to address identified safety concerns in both foster care and in-home service cases. In 2017, DHR began Safety Assessment/Safety Plan Training for individual counties. The Children's Bureau recommended that DHR evaluate its implementation of this training statewide to ensure that safety practices are being strengthened to better support the safety, permanency, and well-being of the children and families served.

Engaging and working with parents and caregivers is critical to maintaining safety, achieving permanency, helping the child maintain connections and promoting child and family well-being. Review results found challenges for the agency in making concerted efforts to support positive relationships between the child in foster care and his or her parents; assessing the needs of parents and providing appropriate services; and ensuring that the frequency and quality of visits between caseworkers and parents are sufficient to meet family needs. A lack of concerted efforts to locate parents, to work with parents who are incarcerated, or are resistant to being involved in case planning contributed to areas needing improvement, as did a lack of agency assistance to parents in accessing services.

Also, in line with strengthening engagement and assessment of families are activities designed to improve the specific identification of safety threats, as well as, the caregiver's supportive and diminished protective capacities, within the child's environment. While this emphasis on assessment is designed to improve DHR's initial encounters with a child/family, there is also a concentration in the PIP on in-depth safety, caregiver protective capacity, and needs assessment throughout the life of a case (for in-home and foster care cases). Another theme that is addressed in Alabama's PIP, that is consistent with improving assessments, is that of giving clear attention to the role of fathers in a child's life. Through focusing on identification of/engagement with fathers from both the agency and court perspective, it is believed that the important father-child connection will be better supported, and the array of family (paternal) resources will be expanded for possible child placement. Additionally, focusing on the father-child connection, will promote DHR's responsibility to foster supportive relationships between the child and the (paternal) extended family.

Through problem exploration, Alabama identified another area needing improvement which included delays in case transfers from the investigation stage to ongoing services. This transfer delay results in delays in services provided to families and children. In some cases where substance misuse and domestic violence is identified, a lack of assessment and provision of safety services affected safety outcomes. The foster care cases reviewed confirmed information in the statewide assessment indicating significant challenges in achieving timely permanency and well-being outcomes. The case review found cross-cutting issues that affect timely permanency, particularly challenges in engaging parents in assessment and case planning, caseworker visits with parents that were not of sufficient frequency or quality, and inadequate service provision to children and families. In foster care cases, improvement is needed to ensure that siblings are placed together when appropriate; that sibling visitation occurs; that children's connections are preserved; that relatives are assessed for

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placement; and that relationships between parents and children and between siblings are nurtured and supported. Siblings were placed together in fewer than half of the applicable cases, with the reason for separation being a lack of foster homes available to accommodate sibling groups.

Given the delays in attaining permanency goals, the timely achievement of permanency remains a priority for Alabama, particularly for those children who have been in-care for 12+ months. In reviewing the CFSR Data Profile, it was noted that the biggest data gap between national performance and that of Alabama, was for those children who had been in care 12-23 months (a difference of 5.6%), followed by those in care 24+ months (3.5%). In addressing this need an important aspect of the PIP will be to galvanize and further mobilize the already existing strong relationship between DHR and AOC. Children ages 4-10 stay in care longer than children ages 0-3. Children ages 0-3 with a plan of Adoption by Current Foster Parent have an average length of time in care of 23.5 months over the past 7 years, compared to 36.5 months for children ages 4-10. Children ages 0-3 with a plan of Adoption with No Identified Resource have an average length of time in care of 30.17 months, compared to 45.5 months for children ages 4-10 with the same plan. This data supports that, as children age, their length of time in care increases.

Alabama recognizes that all children could benefit from focused attention, as every age range of children exceeds the desired average length of stay in care. However, the older the child gets, the longer they tend to stay in care. Alabama chose to focus on children ages 4-10 because they represent a significant portion of children in care, and the opportunity to effect change in this group is greater than in groups of children over 10. Alabama plans to use what is learned in this permanency effort and apply the successful techniques to other age ranges over time.

In regard to practice improvements, a goal is to enhance an already strong partnership between AOC and DHR to achieve safety, permanency and well-being for Alabama's children and families. However, the strength of local partnership between agency and court varies county to county. We pursue our goal through facilitating judicial and child welfare collaboration and the nimble use of data to drive solid practice and foster shared outcomes. The work includes a joint review of local county child welfare and judicial data, an examination of data trends and thoughtful dialogue about strategic solutions. Through a series of statewide and regional summits, on-site technical assistance and consultation to county judicial / child welfare teams, we implement these solutions in our relentless pursuit of ensuring Alabama's children and families are safe and strong.

A partnership that needs to be strengthened, is that between state DHR and the local DHR offices. In order to do so, the Department plans to use the strength of the DHR/AOC collaboration to advance partnership with, and permanency planning of, the local DHR offices, with a focus on children ages 4-10. Alongside this initiative will be recruitment activities for foster/adoptive families for this age group.

Alabama's lowest performing outcome was families' enhanced capacity to provide for their children's needs. Case reviews again noted concerns about the quality of initial and ongoing needs assessments for both children and parents, and especially about assessment and service provision to parents. The statewide assessment also indicated that improvement was needed to individualize services to meet the unique needs of families and children. Case reviews showed that substance abuse was the reason for the agency's involvement in a large percentage of cases in the review sample. Additionally, insufficient mental health services for children in care and transportation access were issues that affected the state's performance in effectively assessing and addressing the service needs of children and families.

Alabama is keenly aware of gaps in the service array, with a focus on individualized and consistently accessible services across the mental health spectrum, as well as substance abuse assessment/treatment and readily available transportation options. The Children's Bureau encouraged the state to further analyze the lack of a sufficient service array and its effect on the state's performance in outcomes for family and child well-being. One significant gap that has widened through the years has been attention to resource development staff at both the state and county levels. Alabama has chosen to focus on the state and county resource development role and an improved service array in the PIP, with an emphasis on the PIP implementation sites, while at the same time recognizing that the greater challenge of improving the statewide service array can be better served by shifting planning to the CFSP.



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Alabama's statewide Information system was rated out of conformity, primarily related to timeliness and accuracy of data. Data and information in the statewide assessment indicated that Alabama has a written policy for the timeliness of data entry of the status, demographics, location, placement and permanency goals for children in foster care into the state's Family, Adult, and Child Tracking System (FACTS). However, there is not a statewide practice for verifying the accuracy of the data and Alabama was unable to provide data or information that supports the accuracy of information in FACTS. DHR recognizes the need to focus attention on the larger systemic issues associated with the statewide information system and DHR has included the initial steps to improving timeliness and accuracy of data entry in each of the strategies included in the PIP through enhanced supervisory oversight and case review.

Alabama continues to seek improvement around the utilization of data to understand and inform practice. The data, both quantitative and qualitative, has been readily available across the years. And, while data review and subsequent decision-making occurred, along with some emphasis on using data as a management tool, systematically using data to delve into, understand, and address root causes of practice issues has not been routine practice. It should be noted that a Data Management Tool has been in use for approximately two years, and is prompting activity at the county and state levels to scrutinize and address trends of concern (replicating positive trends may be the next frontier in this regard). The development and function of the Data Management Tool is included in Goal 5. Therefore, in developing our PIP, and through consultation with the CB, the CBC-S, and the CBC-C, Alabama used root cause analysis to better comprehend the contributing factors to the issues observed, and concerns noted, in the CFSR. In turn, a common element incorporated into the development of PIP goals, strategies, and activities is the utilization of data. Through being data-informed, Alabama anticipates that the changes resulting from PIP implementation will be sound and lasting.

Although Alabama was found not in substantial conformity with most outcomes, case reviews identified good practice related to supervisory oversight in some areas. When supervisory oversight was evident in cases, quality worker visits with children occurred; comprehensive initial and ongoing safety and needs assessments were completed; foster parents ensured that sibling visitation occurred; connections were preserved in many cases; and most of the children had stable placements during the period under review. In contrast, when supervisory oversight was not evident, or when multiple caseworkers were assigned to a case, safety practices for children and families were negatively affected, family engagement was inconsistent, and service provision was delayed. Alabama has implemented the Comprehensive Child and Family Assessment (CFA), as well as a new individual service plan process (or, ISP - Alabama's case planning process) and a new initial caseworker training curriculum. DHR has also fostered collaborative partnerships with both internal and external stakeholders. The Children's Bureau encouraged Alabama to explore ways in which these foundational practice components and partnerships can be used to improve the safety, permanency and well-being outcomes of children and families. Given these themes, a clear focus of the PIP is that of strengthening the child welfare workforce, with a focus on supervision. Thus the PIP is designed to improve the foundation of practice through a focus on developing supervisory capacities related to case consultation and coaching. This work will have a "top-down" approach through engaging county DHR directors and supervisors prior to work being done with line staff.

Information in the statewide assessment and collected during interviews with stakeholders showed that Alabama does not have a QA system that is functioning effectively statewide. The state is currently using two review tools as part of its CQI process. Alabama uses the Quality Services Review (QSR) instrument to assess whether best practice standards are met and uses state and local QA Committees to evaluate and provide feedback to DHR on the performance on the overall system of care. However, feedback loops with the local level and expectations for what local levels do with case review results have not been fully developed. The office of Quality Assurance is also using the OSRI to conduct what is known as District CFSR case reviews. Alabama has 9 districts, which encompasses 66 of Alabama 67 counties. For purposes of PIP measurement, Alabama's largest metro county (Jefferson) is considered to be a district of its own. The Office QA reviews all 9 districts and Jefferson twice per year and as with the QSR process the review findings and outcomes are added to the State's CQI process. Aspects of the CQI process are implemented statewide. Counties submit a self-assessment and county improvement plans are required. However, stakeholders said that the CQI component does not consistently include caseworkers and, in some circumstances, supervisors in meaningful ways. DHR is addressing this in the PIP through systemic improvements (see Goal 5).

**Goal 1: Improve Initial and Ongoing Safety Assessments and Ensure Safety Services Adequately Manage Child Safety Throughout the Life of A Child Welfare Case.**

**Outcomes:** Safety 2; Well-being 1; Well-being 2; Well-being 3.  
**Systemic Factors:** Staff and Provider Training; Service Array & Resource Development.

**CFSR / Alabama PIP Baseline Results:**

- |   |                                      |
|---|--------------------------------------|
| • Item 2: Children are safely maintained in their homes                   | 70.59% / 39.13%                      |
| • Item 3: Risk/Safety Assessment and Management                           | 60.00% / 45.59%                      |
| • Item 12: Needs and Services of Child, Birth Parents, and Foster Parents | 23.08% / 16.18%                      |
| • Item 13: Child and Family Involvement in Case Planning                  | 32.79% / 19.70%                      |
| • Item 14: Caseworker Visits with Child                                   | 75.38% / 60.29%                      |
| • Item 15: Caseworker Visits with Parents                                 | 22.81% / 15.00%                      |
| • Item 16: Educational Needs of the Child                                 | 77.14% / 57.45%                      |
| • Item 17: Physical Health of the Child                                   | 59.52% / 46.55%                      |
| • Item 18: Mental/Behavioral Health of the Child                          | 53.49% / 40.00%                      |
| <br>  |                                      |
| • Systemic Factor – Staff & Provider Training:                            | <b>Not in Substantial Conformity</b> |
| • Systemic Factor – Service Array & Resource Development:                 | <b>Not in Substantial Conformity</b> |

**Analysis of Data and Justification of the Goal**

In reviewing results of the CFSR, as well as those of Alabama’s CQI System, it is clear that the lack of a thorough, comprehensive safety assessment is a concerning theme when viewing practice needs. In the Round Three CFSR, Alabama received an overall rating of Area Needing Improvement (ANI) for Item 2 because 71% of the 17 applicable cases were rated as a Strength. Item 2 was rated as a Strength in 73% of the 11 applicable foster care cases and 67% of the 6 applicable in-home services cases. CFSR assessment-related Item 3 indicates that only 60% of 65 cases were rated as a strength. Item 3 was rated as a Strength in 63% of the 40 Foster care cases and 56% of the 25 In-Home service cases. In the case findings, CFSR reviewers noted needs such as the following: an inability to identify or determine the current level of substance abuse; the lack of a thorough substance-abuse assessment, resulting in an inability to determine substance abuse effects on parenting/protective capacities; lack of assessment of the home environment related to safety; lack of recognition and assessment of the impact on a child of caregivers’ drug use; lack of safety plan monitoring, and a lack of ongoing safety assessment, in general.

In the QSRs completed in Alabama’s CQI onsite reviews, a lack of initial and ongoing assessment of the underlying needs of children and their families, was also identified. Additionally, Qualitative Service Reviews (QSRs) identified a lack of initial and ongoing assessment of parental protective capacities. The lack of assessment resulted in the lack of appropriate service being provided to the family.

Onsite review findings by the state QA team included the following issues: assessments made during the Child Abuse / Neglect (CAN). Assessment often were too focused on specific allegation and not on exploring out-of-control safety threats and diminished caregiver protective capacities. As stated above, the lack of conducting a thorough assessment also resulted in a gap in assessing parental protective capacities, which is critical to determining the management of threats to child safety, both in terms of a child continuing in, or returning to, their home. It was also observed that often there was a failure to document all interactions with the family in case narrative or the formal CFA. This led to new workers not having the complete picture of the family when the case was reassigned. The experience level of worker and supervisor had an impact and some supervisors were too focused on meeting the policy requirements of a CAN, but not the thoroughness of the assessment. Thus the focus on meeting policy requirements to the exclusion of conducting a



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thorough assessment of family functioning, in principle, could result in significant gaps of understanding (and acting on) impending danger safety threats which are not immediately apparent but are determined from a thorough assessment of the family.

Alabama's assessment tools include the Child Abuse and Neglect (CAN) safety and risk assessment, the Comprehensive Family Assessment (CFA) and the Individualized Service Plan (ISP). The CAN is designed to assess and identify child safety threats, caregiver protective capacities, and guide the documentation of the information collection that informs the identification of threats and protective capacities and the safety determination. The CAN is the initial assessment completed on every case and should be used to continually inform the CFA and ISP.

In the case findings, CFSR reviewers noted needs such as the following: lack of assessment of the home environment related to safety; lack of recognition and assessment of the impact on a child of caregivers' drug use; lack of safety plan monitoring, an inability to identify or determine the current level of substance abuse; the lack of a thorough substance-abuse assessment, resulting in an inability to determine substance abuse effects on parenting/protective capacities; and a lack of ongoing safety assessment in general.

Alabama DHR struggled in safety practices including initial and ongoing safety assessments, the provision of safety-related services, and the development and monitoring of appropriate safety plans, to address identified safety concerns in both foster care and in-home service cases. Continued assessment of safety after the initial investigation is complete has been an issue for child welfare staff. In Alabama, all reports of abuse and neglect come to the county where the alleged victim resides. When a report is made to a county and the report is determined to warrant investigation, the report is moved to the Child Abuse and Neglect (CA/N) worker. This worker takes the information received and makes first victim contact based on the timeframe determined at Intake.

Once the CA/N worker is given the case, they are charged with assessing safety of the child/children and determining if the allegations are Indicated and abuse/neglect did, in fact occur. The CA/N worker has 60 days to complete their investigation and make a decision regarding next steps, i.e. close referral, child needs to be moved, child stays in the home with services or child comes into foster care. These decisions are based on a Safety Assessment that must be completed by the worker and approved by the supervisor before the report can be closed on FACTS. The Safety Assessment includes identification of safety threats and risk, as well as, identified protective and diminished parental capacities. If the investigation determines services are needed, a "Case" will be opened and transferred to either an In-Home or Foster Care worker. There is no formal Safety Assessment done on the family in our FACTS system once the investigation is closed. It should be noted that child welfare staff are taught and educated on identifying ongoing safety threats and diminished protective capacities and to document that in the family assessment, however, there is no formal safety assessment in FACTS once a case is opened and the CFA does not link to the CAN nor tie to the identified safety threats or assessment of caregiver protective capacities.

On December 27<sup>th</sup> and 28<sup>th</sup>, 2018, phone interviews were conducted with both frontline workers and supervisors in three counties regarding the practice issue of completing thorough assessments. Counties were randomly selected to include various sizes and locations across the state. Several common themes were noted throughout the interviews. The number one topic that came up was insufficient training, followed closely by inadequate staffing, the time constraints, lack of services, and culture. Below are some of the comments that were received.

1. Lack of experience of workers, such that workers are not sure what an assessment is.
2. New workers don't know what questions to ask to get good assessment information, e.g. workers may know a parent is using drugs, but not necessarily understand how to assess and determine its impact on parenting.
3. Workers don't know how to talk to people, especially angry people – initial workers at times will take on a "Law Enforcement mentality" and trying to investigate allegations and make quick assessment on safety and are failing to take the time necessary to authentically engage parents and caregivers to accurately understand the circumstances, child and adult functioning, assess the caregivers' positive and

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diminished protective capacities, and complete a thorough comprehensive assessment on the family and determine what supports could be put in place to keep family together.

In reviewing the collected information, it appears workers are at times uncertain as to what constitutes a safety assessment, because they are not sure of what questions to ask, or what to do with the information in their possession; this contributes to poor assessments being completed. The lack of engagement, especially when confronted with challenging behaviors or emotional states, promotes “rushed” assessments that deal only with presenting issues, not underlying ones. This in turn, contributed to children being removed prematurely and/or being removed without a clear link to safety or dangerous caregiver behavior and conversely to leaving children in the home when there was a clear unmanaged, out of control safety threat and diminished caregiver protective capacities.

The belief, as reported in the aforementioned focus groups, is that a lack of supervisor supports such as not being available for coaching, mentoring, and staffing cases regularly, particularly when making critical decisions, appears to impact safety decision making. There is also a belief and concern that supervisors need more skilled capacity themselves around assessment of underlying needs in order to better direct and guide workers in the assessment process. It will be essential to enhance the capacity of the supervisors to attain the goal of improving the CAN, CFA and ISP process. Both the lack of supervisor support and monthly case consultations and improved supervisor skill in guiding the workforce will be addressed through Goal 4. Caseworkers must gather comprehensive and accurate safety-related information to assess safety threats and the underlying family conditions that impact child safety. Line child welfare supervisors and caseworkers will improve their knowledge and skills in identifying correct safety threats and implementing sufficient safety plans in both in-home and out of home cases with ongoing coaching and consultation with developed county safety practice consultants. Monthly reviews by QA/child safety consultants of cases will occur and the root-cause analysis will be shared with leadership during ongoing debrief calls facilitated by state and county DHR.

Through the years, a proactive emphasis on the value of the Resource Development staff position (at both the county and state DHR level) has been greatly diminished. The service array was a clearly known area for improvement as first highlighted in the Statewide Assessment, and later in stakeholder interviews and case reviews that were conducted for the CFSR (see CFSR - case review results for Item 12, which are cited above). Through surveys completed for the Statewide Assessment and CFSR stakeholder interviews, service array gaps were especially noted for substance abuse assessment/treatment, an array of mental health services, and transportation. Alabama believes that by focusing on enhancing the resource development staff position in the PIP, along with addressing service array challenges in the CFSP, improvements will be made to the improved availability, awareness, and use of individualized services for children and families. A statewide Resource Development annual meeting was held with all county directors and resource development staff to further identify gaps and barriers to inform the development and enhancement of individual county’s ability to strategically recruit providers to address the areas of need through the use of flex funding, grants and Medicaid.

**Strategy 1: Improve child safety throughout the life of the case by conducting frequent and accurate safety assessments and safety monitoring activities.**

Key Activities	Responsible Party	Projected Completion Date:
<p>1. Convene an Assessment Workgroup consisting of PIP implementation site county directors, supervisors, and field staff, as well as state DHR staff to review the current Safety and Risk Assessment and determine how it can be better utilized during the CAN investigation and incorporated as part of CFA and ISP processes.</p> <ul style="list-style-type: none"> <li>a. Implement a comprehensive safety and risk assessment process performed in all case types monthly and at critical case junctures.</li> <li>b. Immediate safety assessment and safety plan required for all case types per agency policy to address the immediate safety threats.</li> <li>c. Subsequent comprehensive safety and risk assessment required for all case types open 30+ days, TBD by Assessment Workgroup</li> <li>d. Critical junctures for subsequent safety and risk assessments include: TBD by Assessment Workgroup.</li> </ul>	<p>PIP County DHR Directors, Supervisors, Front Line Staff State DHR Assessment Workgroup</p>	<p>Q1</p>
<p>2. Assessment Workgroup will develop PIP implementation county practice guidelines, training, tools, protocols, field guides, job aids, desk references and/or manuals to support implementation of the Safety and Risk Assessment at CAN, CFA, ISP and critical juncture intervals. Training would include, at a minimum:</p> <ul style="list-style-type: none"> <li>a. practice areas such as identifying safety threats initially and as part of an ongoing safety assessment process.</li> <li>b. assessing and documenting diminished caregiver protective capacities and parent needs through the CAN and as part of the ongoing CFA and ISP process.</li> <li>c. assessing and documenting children’s needs including education, physical health, dental health and mental/behavioral health.</li> <li>d. incorporating Safety and Risk Assessment threats and caregiver protective capacities in CFA and ISP process.</li> </ul>	<p>PIP County DHR Directors, Supervisors, Front Line Staff State DHR State and County Training</p>	<p>Q2</p>
<p>3. Develop safety practice champions within the PIP implementation sites who will share their knowledge and outcomes, in conjunction with the practice specialists, around the CAN, CFA and ISP safety and risk assessment process in peer to peer learning opportunities. Information to be shared includes: application of constructs, fidelity definitions and how to supervise and coach staff on the application of definitions, assessment needs, information collection, documentation requirements and timeframes.</p>	<p>PIP County DHR Directors, Supervisors, Front Line Staff State DHR/OQCWP State and County Training</p>	<p>Q3</p>

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Key Activities	Responsible Party	Projected Completion Date:
<p>4. Provide training to line and supervisory staff in the PIP implementation sites on the improved Safety and Risk Assessment process.</p> <ul style="list-style-type: none"> <li>a. Trained Program Specialists will deliver training in the sites selected for initial implementation for case managers and supervisors on the CAN, CFA and ISP safety and risk assessment process.</li> <li>b. Areas addressed in the training will include the assessment of safety threats, caregiver protective capacities (CPC) initial and ongoing assessment, assessment of family functioning, services and CFA and ISP progress assessments through improved CPCs and controlled or ameliorated safety threats, children’s needs including education, physical/dental health and mental/behavioral health, parents’ needs, foster parent/caregiver needs, and underlying needs, documentation requirements and timeframes.</li> <li>c. Supervisors will receive training to effectively determine whether quality of face to face contact is taking place, and ongoing safety is being monitored.</li> </ul>	State and County Training	Q3
<p>5. Develop measures of fidelity, accuracy, and timeliness associated with practice, supervision and documentation.</p>	Assessment Workgroup	Q3
<p>6. Supervisors are an integral part of ensuring child safety outcomes are met. In order to effectively determine whether case workers are making quality face to face contacts and monitoring ongoing child safety, they will be expected to use the established <u>Record Review Tool</u> that will serve as a guide for case managers and supervisors when reviewing the CAN, CFA and ISP to ensure all needed information to accurately and completely inform the CAN, CFA and ISP assessments is captured and documented to include ongoing safety threats/safety assessments, protective/diminished capacities, assessment of family functioning, safety management and other services.</p>	PIP County DHR Directors, Supervisors, and Front Line Staff  State DHR  Office of Quality Child Welfare Practice (OQCWP)	Q2/ongoing
<p>7. Provide ongoing coaching and TA support to the PIP Implementation counties for the Safety and Risk Assessment process and tools and the <u>Record Review Tool</u>.</p>	PIP County DHR Directors, Supervisors, and Front Line Staff  County and State Safety Practice Experts/Consultants  State DHR / OQCWP	Begin Q4

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Key Activities	Responsible Party	Projected Completion Date:
8. Conduct monthly peer case reviews with the supervisors in the PIP Implementation sites on a sampling of cases and provide targeted feedback to develop internal capacity on the CAN, CFA and ISP safety assessment process.	PIP County DHR Directors, Supervisors, and Front Line Staff  County and State Safety Practice Experts/Consultants  State DHR / OQCWP	Begin Q4
9. Implement, monitor, evaluate the process (and any documents used) for fidelity and effectiveness and revise as needed based on regularly scheduled case reviews and through OSRI reviews; supervisor review and monitoring of safety plans, adjusted as changes in the case occur.	PIP County DHR Directors, Supervisors, and Front Line Staff; County and State Safety Practice Experts/Consultants  State DHR; OQCWP	Q5
10. State and counties will collaborate to develop a phased-in statewide implementation plan for the Safety and Risk Assessment process and the <u>Record Review Tool</u> and Review Process to non-PIP counties with measures to incorporate ongoing assessment, evaluation, adjustments and sustainability using data to inform phased-in implementation plan.	PIP County DHR Directors  Identified Phase 2 Implementation counties  State DHR / OQCWP	Q6
11. Begin roll out of the phased-in statewide implementation plan for the Safety and Risk Assessment process/documents.	PIP County DHR Directors  Identified Phase 2 Implementation counties  State DHR / OQCWP	Q6

**Strategy 2: Assess Available Safety Management and Crisis Intervention Resources to Maintain Children Safely in their Home and/or Prevent Re-entry Into Care.**

Key Activities	Responsible Party	Projected Completion Date:
1. DHR will use the information gathered from the 2018 County Specific Resource Development survey to determine services needed to strengthen families, so that children can be maintained safely in their homes.	PIP County DHR Directors County Resource Staff – Office of Quality Child Welfare Specialist State DHR./ OQCWP	Q1
2. Based on the survey results and the CFSR, DHR will target PIP Implementation counties to develop Resource Development plans to improve capacity for services needed in their respective areas. (Examples of types of resources that will be addressed include: immediate in-home services to families to prevent or resolve crises, substance abuse assessment and treatment, transportation services, etc.)	PIP County DHR Directors County Resource Staff State DHR / OQCWP	Q2
3. Convene a statewide Resource Development annual meeting with all county directors and resource development staff to further identify gaps and barriers to inform the development and enhancement of individual county’s ability to strategically recruit providers to address the areas of need through the use of flex funding, Medicaid, grants, etc.	PIP County DHR Directors County Resource Staff State DHR / OQCWP	Q1/Annual
4. Recognizing that shared resources increase access to services, state DHR will provide ongoing coaching and TA support to the PIP Implementation sites and facilitate ongoing work in each district to continue the efforts beyond the statewide meeting. A deliverable will include resource mapping training and utilization tracking for each county.	State / County DHR Staff	Q3
5. Conduct quarterly district cross-PIP Implementation site meetings that will allow for peer-to-peer sharing and provide targeted feedback to develop internal capacity to identify gaps and barriers to inform the development and enhancement of individual county’s ability to strategically recruit providers to address the areas of need. County resources will be shared with all participants.	State / County DHR Staff	Begin Q4
6. Implement, monitor, evaluate the process (and any documents used) for effectiveness and revise as needed	State / County DHR Staff	Q5/ongoing



**Goal 2: Improve Family Engagement and Comprehensive Assessments In Order to Improve Child Safety, ensure Appropriate Services and Achieve Timely Permanence for Children.**

**Outcomes:** Safety 2; Permanency 1; Permanency 2; Well-being 1; Well-being 2; Well-being 3.

**Systemic Factors:** Staff and Provider Training; Service Array & Resource Development.

**CFSR / Alabama PIP Baseline Results:**

• Item 2:	Children are safely maintained in their homes	70.59% / 39.13%
• Item 3:	Risk/Safety Assessment and Management	60.00% / 45.59%
• Item 4:	Stability of Foster Care Placement	60.00% / 76.74%
• Item 5:	Permanency Goal for Child	50.00% / 32.56%
• Item 6:	Achieving Reunification, Guardian., Adoption, OPPLA/APPLA *	40.00% / 34.88%
• Item 7:	Placement with Siblings	65.00% / 75.86%
• Item 8:	Visiting with Parents and Siblings in Foster Care	50.00% / 25.00%
• Item 9:	Preserving Connections	52.50% / 39.53%
• Item 10:	Relative Placement	54.29% / 60.00%
• Item 11:	Relationship of Child in Care with Parents	39.29% / 13.16%
• Item 12:	Needs and Services of Child, Birth Parents, and Foster Parents	23.08% / 16.18%
• Item 13:	Child and Family Involvement in Case Planning	32.79% / 19.70%
• Item 14:	Caseworker Visits with Child	75.38% / 60.29%
• Item 15:	Caseworker Visits with Parents	22.81% / 15.00%
• Item 16:	Educational Needs of the Child	77.14% / 57.45%
• Item 17:	Physical Health of the Child	59.52% / 46.55%
• Item 18:	Mental/Behavioral Health of the Child	53.49% / 40.00%
• Systemic Factor – Staff & Provider Training:		Not in Substantial Conformity
• Systemic Factor – Service Array & Resource Development:		Not in Substantial Conformity

**Analysis of Data and Justification of the Goal**

In reviewing results of the CFSR, as well as those of Alabama's CQI System, it is clear that the lack of engagement and thorough, comprehensive needs assessment is a prevailing theme when viewing practice needs.

In reviewing the CFSR case reviews, the lack of engagement and assessment was a predominant theme. Most often fathers were not assessed, followed by mothers, foster parents, and grandparents. There were also gaps in assessment around identifying underlying issues as well as the effectiveness and desired intensity of services. Data reviewed reflected that various other practice issues were not addressed or included in the assessments, including social development of the child, parent communication with a child, and mental health and substance abuse issues.

Alabama's assessment tools include the Child Abuse and Neglect (CAN) safety and risk assessment, the Comprehensive Family Assessment (CFA) and the Individualized Service Plan (ISP). As noted in Goal 1, the CAN is designed to assess and identify child safety threats, caregiver protective capacities, and guide the documentation of the information collection that informs the identification of threats and protective capacities and the safety determination.

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The CAN is the initial assessment completed on every case and should be used to inform the CFA and ISP. The CFA is designed to capture thorough assessment information across the various life domains throughout the life of the case and is intended to build from the CAN. It is used, along with the Individualized Service Plan (ISP), Alabama's case plan, to guide Department staff in the work done with children and families and the assessment of progress as well as to inform reunifications and case closure decisions. It should be noted that it is the ISP that workers take with them on home visits, not the CFA. They use the ISP to discuss and inform the level of progress being made on treatment and behavioral change. However, the CAN as the safety and risk assessment and the initial assessment of caregiver protective capacities and the CFA, as the "functional assessment" are both integrally linked to the ISP, as they are designed to provide the ISP team (which includes the age-appropriate child and family) with a common big picture view and shared understanding of the child and family's situation. Maintaining a useful big picture understanding of the child/family is to be a dynamic, ongoing process, by which the ISP is informed. The threats and protective capacities identified in the CAN should provide the basis for establishing the behaviorally based conditions for return and case closure.

CFSR assessment-related Item 12 indicates that only 23% of cases were rated as a strength. In the case review findings, CFSR reviewers noted a consistent theme related to comprehensive assessment gaps that included not assessing the needs of children, fathers (most repeated theme), mothers, foster parents, and grandparents. Also, there were gaps noted in not assessing underlying issues, as well as the failure to monitor the effectiveness of services being delivered (which is akin to assessment).

In the QSRs completed in Alabama's CQI onsite reviews, a lack of initial and ongoing comprehensive assessment of the underlying needs of children and their families, was also identified. Additionally, Qualitative Service Reviews (QSRs) identified a lack of initial and ongoing comprehensive assessment of parental protective capacities. The lack of assessment resulted in the lack of appropriate service being provided to the family.

In looking deeper, Alabama CQI reviews in the past have cited varying issues as being contributing factors to the lack of conducting thorough, comprehensive assessments.

- A lack of engagement and assessment of needs, along with a lack of monitoring and measuring for effective outcomes were also cited by state Quality Assurance (QA) staff as contributing factors when the mental/behavioral health of children was determined to be an area needing improvement. The Alabama QSR Indicator for Functional Assessment has essentially been on a downward trend since FY 2012, with one upward move in FY 2016, that has again fallen over the last two fiscal years (FY 2012 – 2018: 25%, 22%, 22%, 13%, 22%, 15%, 12%).
- Across that same time frame, the Alabama QSR Indicator of Child & Family Engagement, though operating at a higher level of needing improvement (than Functional Assessment), has experienced some similar downward trends (61%, 67%, 64%, 57%, 54%, 47%, 59%).
- What is interesting about the engagement measurements, is the close alignment of the trends noted when compared to the QSR Indicator of Family Involvement in the ISP, as follows (62%, 67%, 52%, 54%, 56%, 46%, 60%).

As noted in Goal 1, on December 27<sup>th</sup> and 28<sup>th</sup>, 2018, phone interviews were conducted with both frontline workers and supervisors in three counties regarding the practice issue of completing thorough assessments. Counties were randomly selected to include various sizes and locations across the state. Below are some of the relevant comments that were received related to assessments and engagement:

1. Lack of experience of workers, such that workers are not sure what an assessment is.
2. New workers don't know what questions to ask to get good assessment information, e.g. workers may know a parent is using drugs, but not necessarily understand how to assess and determine its impact on parenting.

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- Workers don't know how to talk to people, especially angry people – initial workers at times will take on a “Law Enforcement mentality” and trying to investigate allegations and make quick assessment on safety and are failing to take the time necessary to authentically engage parents and caregivers to accurately understand the circumstances, child and adult functioning, assess the caregivers’ positive and diminished protective capacities, and complete a thorough comprehensive assessment on the family and determine what supports could be put in place to keep family together.

Implementing a comprehensive needs assessment process in all cases to accurately provide a holistic understanding of the safety threats, caregiver protective capacities, needs of parents/caregivers and children and provide appropriate services to meet those identified needs is the foundation for Goal 2 strategies and activities

Goal 2, Strategy: 1 The qualitative data and trends discussed above support the need for consistently demonstrating improved ongoing and comprehensive assessment skills, in the context of actively engaging children and families in the case planning (ISP) process. Likewise, the results from both the federal CFSR and Alabama CQI reviews support a needed emphasis on engaging children and families, and the foundational impact that will have on truly involving children and families as partners in case planning. There is currently no uniform case transfer policy throughout the state. The Department fears that information is being lost from the investigation worker to the ongoing/foster care worker resulting in a lack of continuous assessment. To that end, new initiatives related to the ISP, as well as the CFA, have been undertaken that are anticipated will help strengthen the work the Department does with children, families, and stakeholders. The development and implementation of PIP strategies will be designed to build upon the early embracing of the CAN into the CFA and ISP initiatives by caseworkers and supervisors through the process of comprehensive assessments, safety, permanency and well-being needs, including educational, physical/dental health and mental/behavioral health, if applicable, shall be assessed and addressed.

Goal 2, Strategy 2: A protocol for the seamless transfer of cases is designed to promote thorough assessments and prohibit key information from being removed from the comprehensive family assessment. A tiered approach with directors, supervisors, and workers all engaged in ensuring that the assessment process is occurring as it should, is needed; this approach will provide a bridge between managers/supervisors and help change the culture from one that is reactive to one that is proactive and planful.

**Strategy 1: Strengthen the Comprehensive Assessment Process for In-Home and Foster Care Cases.**

Key Activities	Responsible Party	Projected Completion Date:
1. Convene the Assessment Workgroup, consisting of PIP implementation sites’ directors, supervisors and field staff, as well as state DHR staff, to determine strategies to overcome barriers staff have with completing a thorough comprehensive family assessment, conducting monthly quality caseworker visits with parents, and including parents in ISP development (e.g. documentation of parental protective capacities, diminished protective capacities, safety threats, identification of non-custodial parents, barriers to services, underlying needs, identifying and locating fathers, incarcerated parents, identification of maternal and paternal informal supports, etc.)	PIP County DHR Directors, Supervisors, Front Line Staff  State DHR  Assessment Workgroup	Q1

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Key Activities	Responsible Party	Projected Completion Date:
<p>2. The Assessment Workgroup will develop PIP implementation county practice guidelines, training, tools, protocols, field guides, job aids, desk references and/or manuals to support integration of the Safety and Risk Assessment at the CFA and ISP intervals. Training would include, at a minimum:</p> <ul style="list-style-type: none"> <li>a. practice areas such as ongoing identification of safety threats, managed and unmanaged</li> <li>b. ongoing assessment and documentation of diminished and enhanced caregiver protective capacities and parent needs.</li> <li>c. ongoing assessment of children’s needs including education, physical health, dental health and mental/behavioral health</li> <li>d. incorporating Safety and Risk Assessment threats and caregiver protective capacities in CFA and ISP process</li> <li>e. ongoing identification and location of fathers, incarcerated parents, and extended maternal and paternal relatives</li> <li>f. concerted efforts to include parents in the ISP development and ongoing process</li> <li>g. including the use of any documents that are developed/ revised as a part of the process (e.g. what do with the document once completed, scanning into the FACTS file cabinet, documenting in FACTS case note, interdependency in CFA and ISP, etc.)</li> </ul>	<p>PIP County DHR Directors, Supervisors, Front Line Staff State DHR State and County Training</p>	<p>Q2</p>
<p>3. Develop practice champions in the sites selected for initial PIP implementation who will share their knowledge and outcomes, in conjunction with the practice specialists, around the CFA and ISP comprehensive assessment process, which includes the CAN threats and caregiver protective capacities assessment, application of constructs, fidelity definitions and how to supervise and coach staff on the application of definitions, assessment needs, and information collection, and documentation requirements and timeframes.</p>	<p>OQCWP</p>	<p>Q3</p>
<p>4. Provide training to identified PIP counties on the enhanced safety-infused CFA and ISP processes.</p> <p>Trained practice experts/consultants will deliver training in the 2 districts selected for initial implementation for case managers and supervisors on the above comprehensive assessment process.</p> <p>Areas addressed in the training will include the assessment of safety threats, protective capacities, assessment of family functioning, services/effectiveness of services, progress assessments and updates, children’s needs including education, physical/dental health and mental/behavioral health, parents’ needs, foster parent/caregiver needs, and underlying needs, ongoing identification, location and engagement of fathers, incarcerated parents, and extended maternal and paternal informal supports; caseworker visitation expectations and requirements with parents, documentation requirements and timeframes.</p>	<p>State and County Training</p>	<p>Q3</p>
<p>5. Develop measures of fidelity, accuracy, and timeliness associated with practice, supervision and documentation.</p>	<p>Assessment Workgroup</p>	<p>Q3</p>

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Key Activities	Responsible Party	Projected Completion Date:
6. Supervisor utilization of the established Supervisory Tool and Review Protocol that will serve as a guide for case managers and supervisors when reviewing the CAN, CFA and ISP to ensure all needed information to accurately and completely inform the CAN, CFA and ISP assessments is captured and documented to include ongoing safety threats/safety assessments, assessment of sufficient/diminished caregiver protective capacities, assessment of family functioning, services, children's needs including education, physical/dental health and mental/behavioral health, parents' needs, foster parent/caregiver needs, and underlying needs and behaviorally based ISP progress and updates, concerted ongoing efforts to identify, locate, and engage fathers, incarcerated parents, and extended maternal and paternal informal supports as well as complete quality monthly caseworker visits with parents.	PIP County DHR Directors, Supervisors, and Front Line Staff;  State DHR/OQCWP	Q2/ongoing
7. Provide ongoing coaching and TA support to the PIP Implementation sites for the safety-infused CFA and ISP processes and tools and the Supervisory Tool and Review Protocol.	OQCWP	Begin Q4
8. Conduct monthly peer case reviews with the supervisors in the PIP Implementation counties on a sampling of cases and provide targeted feedback to develop internal capacity on the CAN-infused CFA and ISP comprehensive assessment process (which will include parent engagement as evidenced by increased identification, location and engagement of fathers and associated concerted efforts, increased frequency and quality of caseworker visits with parents, and increased parent engagement in ISP and progress updates).	PIP County DHR Directors, Supervisors, and Front Line Staff;  State DHR/OQCWP	Begin Q4
9. Implement, monitor, evaluate the process (and any documents used) for fidelity and effectiveness and revise as needed based on regularly scheduled case reviews and through OSRI reviews; supervisor review and monitoring of safety plans (adjusted as changes in the case occur), as well as the CAN-infused CFA and ISP, ongoing concerted efforts to identify, locate and engage fathers, incarcerated parents, and extended maternal and paternal informal supports; increased frequency and quality of caseworker visits with parents, and increased parent engagement in ISP and progress updates)	PIP County DHR Directors  State DHR/OQCWP	Q5
10. State and counties will collaborate to develop a plan for phased implementation of the safety-infused CFA and ISP Assessment processes statewide with measures to incorporate ongoing assessment, evaluation, adjustments and sustainability using data to inform phased-in implementation plan.	PIP County DHR Directors, State DHR/OQCWP	Q6
11. Begin statewide <u>phased-in</u> roll out of the CAN-infused CFA and ISP Assessment process/documents.	PIP County DHR Directors, State DHR/OQCWP	Q6

**Strategy 2: Strengthen the Case Transfer Process for In-Home and Foster Care Cases**

Key Activities	Responsible Party	Projected Completion Date:
<p>1. Convene the Assessment workgroup, consisting of PIP implementation counties’ directors, supervisors and field staff, as well as state DHR staff, to create a seamless transfer protocol, to include transfer consultations and transfer packets.</p> <p>This transfer protocol must be initiated in PIP implementation sites and will direct the initial investigative worker to gather and document pertinent comprehensive assessment information and provide it to the receiving worker.</p>	<p>County Staff</p> <p>Oversight by SDHR OQCWP Specialist and QA Specialist</p>	<p>Q3</p>
<p>2. Based on the results of Activity 1, the PIP implementation sites will develop an individualized standard case <u>transfer consultation</u> which would include a <u>transfer packet</u> where the sending worker and receiving worker and supervisors will meet and discuss the current safety threats, assessment of caregiver protective capacities, safety plan, child and family strengths and needs.</p> <p>a. The CFA document will be initiated by the sending worker and updated by the receiving worker.</p> <p>b. The receiving unit will have a no-reject immediate acceptance policy of all transfer cases to limit disruption of appropriate agency managed services.</p>	<p>County Staff</p> <p>Oversight by SDHR OQCWP Specialist</p>	<p>Q4</p>
<p>3. Upon receipt, the receiving supervisor will review the-entire case record to include CAN, Safety Plan, updated CFA to determine what other areas need to be explored and provide general feedback to case manager.</p> <p>a. PIP Implementation sites’ Ongoing/Foster Care supervisors will utilize a supervisory conference tool that includes a review of current safety threats, protective capacities, initial conditions for return, and current conditions for return and adjust as necessary, case plan progress, and behavioral indicators of progress, permanency goals and barriers to reunification, efforts to eradicate barriers, permanency timelines and actions needed, which should also be reflected in the formal assessment for the family.</p> <p>b. Monthly PIP Implementation county supervisor review and consultation will be monitored via the case review/feedback process provided by Office of Quality Child Welfare Practice (OQCWP) staff.</p>	<p>County Staff</p> <p>Oversight by SDHR OQCWP Specialist and QA Specialist</p>	<p>Q4</p>
<p>4. Provide ongoing coaching and TA support to the PIP Implementation counties for the Case Transfer Process and Supervisory Tool and Review Protocol.</p>	<p>County Staff</p> <p>Oversight by SDHR OQCWP Specialist and QA Specialist</p>	<p>Q4/ongoing</p>



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Key Activities	Responsible Party	Projected Completion Date:
5. Within PIP implementation sites: In supervisory management team meetings share feedback and lessons learned, strategies, successes, and concerns to develop internal capacity on the Case Transfer Process and Supervisor Review and Consultation Process.  Across PIP implementation sites: Conduct quarterly peer to peer networking during district director meetings to share feedback and lessons learned, strategies, successes, and concerns with relevant stakeholders who can use the information to improve local processes.	County Staff	Q4
6. Implement, monitor, evaluate the process (and any documents used) for fidelity and effectiveness and revise as needed based on regularly scheduled case reviews, peer sharing, supervisor review and case consultation process.	State / County DHR Staff	Q5
7. State and counties will collaborate to develop a plan for phased implementation of the Case Transfer process and Supervisor Review and Consultation processes statewide with measures to incorporate ongoing assessment, evaluation, adjustments and sustainability using data to inform phased-in implementation plan.	County District Directors and SDHR staff	Q6
8. Begin statewide <u>phased-in</u> roll out of the Case Transfer process and Supervisor Review and Consultation Process	SDHR Staff	Q6

**Goal 3: Achieve timely permanency for children in care.**

**Outcomes:** Permanency 1; Permanency 2.  
**Systemic Factors:** Case Review System; Foster & Adoptive Parent Licensing, Recruitment and Retention.

**CFSR / Alabama PIP Baseline Results:**

- **Item 4: Stability of Foster Care Placement** 60.00% / 76.74%
- **Item 5: Permanency Goal for Child** 50.00% / 32.56%
- **Item 6: Achieving Reunification, Guardian., Adoption, OPPLA/APPLA \*** 40.00% / 34.88%
- **Item 7: Placement with Siblings** 65.00% / 75.86%
- **Item 8: Visiting with Parents and Siblings in Foster Care** 50.00% / 25.00%
- **Item 9: Preserving Connections** 52.50% / 39.53%
- **Item 10: Relative Placement** 54.29% / 60.00%
- **Item 11: Relationship of Child in Care with Parents** 39.29% / 13.16%
  
- **Systemic Factor – Case Review System:** Not in Substantial Conformity
- **Systemic Factor – Foster & Adoptive Parent Licensing, Recruitment, and Retention:** Not in Substantial Conformity

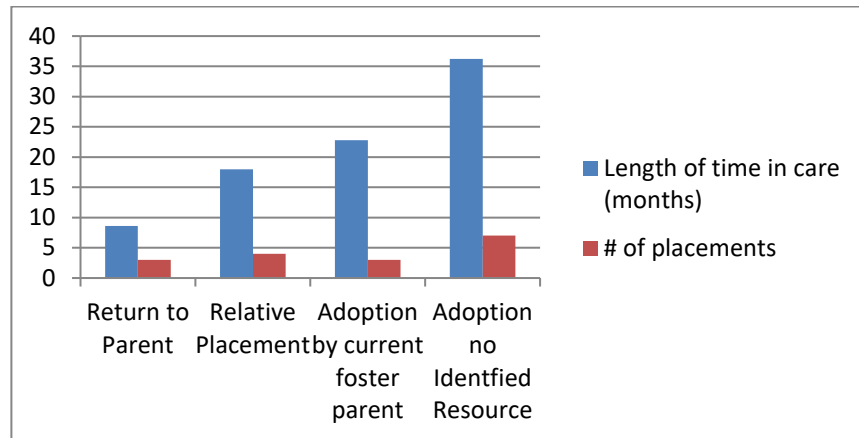
\* OPPLA = Other Planned Permanent Living Arrangement (federal); APPLA = Another Planned Permanent Living Arrangement (state)

**Data Profile Results – Source: CFSR, Round 3, Data Profile for Alabama, January 2019**

- 1) AL statistically performed better than the national performance for those children who had been in care 12 months, using the 14B15A data period (49% vs 42.7%).
- 2) AL statistically performed worse than the national performance for those children in care 12-23 months, using the 16B17A data period (40.3% vs 45.9% - a difference of 5.6%).
- 3) AL statistically performed worse than the national performance for those children in care 24+ months, using the 16B17A data period (28.3% vs 31.8% - a difference of 3.5%).

**Analysis of Data and Justification of the Goal**

Alabama recognizes the importance of partnership between stakeholders to achieve safety and timely permanency for children in the custody of the department. This partnership is particularly important between DHR and the court system. Alabama’s data shows that of the children in care, those who spend the least amount of time in care and have the least placement moves generally return to a parent followed by those placed with a relative (see next page).



For this reason alone, identifying fathers and paternal relatives early on is an important aspect to moving a child through the system in under a year. Alabama DHR workers have been trained to request information about absent fathers and to have families complete a relative resource form for several years; however, families often refuse to give accurate information about fathers and paternal relatives. Having a commitment from the court to partner in gaining this information will increase the number of children who are reunified with their parent or placed with a relative in under a year.

Alabama DHR has identified two primary barriers to achieving timely permanency for children ages 4-10 who have been in care for at least 12 months:

- \*the lack of initial and continued diligent searches by the agency for fathers and paternal relatives
- \*insufficient accountability by our court partners to inquire about the identification of paternal relatives.

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As a result of these two barriers, there is a failure to adjudicate fathers early in the case process which creates significant delays in assessing the suitability of the fathers, as well as delays in the TPR process. To effectuate change will require a joint effort between Alabama DHR and the court system in order to gain maximum information from sometimes unwilling parties. The collaboration between DHR and the court was a successfully completed theme of Alabama's Round 2 PIP and building on this success, along with the strength of a relationship since the completion of the R2PIP provides the rationale for using this strategy once again. Given this information, DHR is collaborating with the Administrative Office of Courts (AOC) to call upon the judicial partners to emphasize the importance of their willingness to inquire about identification and engagement of fathers and paternal relatives throughout the court process and to strongly encourage the parents/caregivers to identify relatives at the onset and regularly throughout the life of the case at court hearings. This includes follow-up from the previous hearings to monitor progress and diligent searches by DHR and must begin at the 72 hour hearing. By emphasizing the court's enhanced role in engagement of parents, identification of fathers and paternal relatives, Alabama will improve placement stability and overcome barriers to achieving timely permanency (G3, S2). Similarly, DHR will emphasize and monitor the agency's initial and ongoing concerted efforts to identify, assess, and engage fathers and paternal relatives throughout the life of the case and to establish and promote positive relationships between children in foster care and paternal relatives.

According to Alabama data, children aged 4-10 who have been in care at least 12 months account for 29% of the total number of children in care and their average stay in foster care is 28 months which far exceeds the goal of 12 months or less. Research has shown and our data supports that determining paternity early on in the life of a child welfare case doubles the potential resources that a child has to be reunited with family and have their time in foster care shortened significantly. Further review of the data and demographics of the children currently in foster care revealed that as children age, their average length of time in care increases. In addition, there are increases in a number of other barriers to achieving timely permanency including: the child's right to consent to be adopted; use of Another Planned Permanent Living Arrangement, Court Approved as a permanency plan; and, trauma from previously disrupted placements. Alabama's goal is to achieve permanency for children prior to the 12 month mark; therefore, Alabama decided to further narrow our focus to children who have been in care longer than 12 months in an effort to decrease this number while ultimately increasing the number of children discharged from care prior to 12 months by using the lessons learned from our work with this initial population.

Another delay in the timely achievement of permanency in Alabama, particularly for those children who have already been in care for 12+ months (as noted in #2 above under Data Profile Results), is a disparity across jurisdictions as to the reasonable and active efforts that must be made by the department to rehabilitate families before approving a change of the permanency goal to adoption which would allow for the filing for termination of parents rights (TPR). This was voiced by both internal and external stakeholders during CFSR stakeholder interviews, stakeholder interviews by the QA team and during a meeting with state judiciary earlier this year facilitated by the Center for Courts to identify root causes; it is our belief that this leads to a hesitation by the department in some jurisdictions to change the permanency plan and file for TPR because there is an expectation that the court will not approve the permanency goal change or grant the TPR. This was so significant that the Court of Civil Appeals took note that local courts were requiring "herculean efforts" be made on behalf of the parents but ruled that level of effort is not required in order to grant TPR. Alabama DHR and AOC acknowledge a change in the belief system of some judicial partners as well as child welfare staff is needed. (G3, S1)

Once TPR has been achieved, children in foster care who have the permanency plan of Adoption by Current Foster parent have a significantly shorter length of time in care as compared to children whose permanency plan is Adoption by no identified resource. Over the past seven years, the average length of time in care for children ages 4-10 with plans of Adoption by Current Foster Parent has been 36.5 months and the average length of time in care for children ages 4-10 with plans of Adoption with No Identified Resource has been 45.5 months. As a result, we believe it is crucial to strategically target children ages 4-10 without consideration of their age when they entered foster care.

Alabama recognizes that there is a statewide need for more foster/adoptive homes who are willing and able meet the needs of the children placed in their home throughout the life of the case. As it stands today, children are often placed based on availability of space rather than a true matching of strengths of a family with needs of a child. If each county has more homes, specifically homes that are willing to become adoptive resources for our children, we believe this will result in more foster parent adoptions and thus will reduce the time in care for many children..

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Currently, when children enter care in Alabama, they are placed by their local county into a foster home that is approved and managed by their county. If they do not have a resource available in that county, they request to “borrow a home,” from a surrounding county. Children remain in local foster homes during the life of their case and if it is decided that termination of parental rights should be filed, the foster parents are given the opportunity to decide along with the ISP team if they are an appropriate permanent placement for the child. If the foster parents or the ISP team do not believe that is in the child’s best interests, children remain in the foster home pending the perfection of TPR at which time their placement responsibility shifts from the county office to the state office of adoption which opens up the resource availability statewide. Alabama policy allows for the state office of adoption to place children in “legal risk placements” after the ISP team has determined that Adoption by no Identified Resource is the permanency plan but prior to TPR. Alabama believes that prioritizing this practice will increase the number of homes available for placement and decrease the child’s time in care post TPR.

As a state administered system, Alabama recognizes that even while adhering to policy, each county is its own entity with strengths on which we must capitalize and needs that we must improve. As the central office, State DHR needs to collaborate, mentor and train county child welfare staff to overcome barriers in the achievement of timely permanency for children in their care. Alabama is achieving this by scheduling reviews that include county workers, county administration, county attorneys and state office practice specialists in each staged county to review the case of children aged 4-10 who have been in foster care more than 12 months. This will build capacity in each county management staff to continue to assess, identify and overcome barriers to the achievement of timely permanency within their counties and districts.

A presenting obstacle to the timely achievement of permanency is the stability of the foster care placement. In regard to all children in foster care, as of June 2019, 27% of all children in care had experienced four or more placements in the last twenty-four months, and 38% of children in care had experienced four or more placements while in foster care. Analysis of available data related to stability of the children in care and reasons for placement disruption has identified a need to better support foster parents during the early transition of a child into the foster home and at regularly planned touchpoints throughout the child’s placement in the foster home. DHR is exploring more training for county staff who currently works with foster parents to equip them to provide foster parents supports including a place to vent frustrations, inquire about resources, ask about supports, have questions answered and to have a more consistent statewide respite care program. Additionally, although foster parents are required to complete the state’s trauma informed training (TIPS), it is believed that struggling foster parents should also receive ongoing training that will increase the level of provider professional/partnership development. As this is a systemic outcome concern, this will be an action item that will be evaluated and tracked through the CFSP. Goal 2, Strategy 2 is intended to work on improved placement stability and given the improved engagement associated with locating and assessing fathers and paternal relatives, will demonstrate positive impacts on sibling placements, visits with children in foster care and their parents and siblings, preserve connections, relative placement impacts, relationship with parents.

Locating and recruiting resources who are willing and able to meet a child’s needs will be done through partnerships with Universities, Heart Gallery (a non-profit organization dedicated to finding forever families for children in Alabama’s foster care system by raising awareness/educating the public about the need), Alabama Pre/Post Adoption Connections (a collaborative effort between Children’s Aid Society and DHR that provides education/support to adoptive families) and contract services. This recruitment will include a focus on foster/adoptive families who are open for children ages 4-10 to include homes that are open to accepting placement of children not yet legally free for adoption, and in so doing, will increase the percentage as a whole.

Partnerships are currently in place with a number of universities, to include the University of Alabama, Auburn University, Alabama State University, Alabama A & M, and the University of Alabama Birmingham (UAB); this partnership includes the universities hosting foster parent recruitment booths, banners, and commercials that are visible at times to over 80,000 attendees. The university contract is one where we have taken inventory of which events were more successful and streamlined upcoming work to reflect more of that. For example, football events yielded more interest than did baseball. We are exploring resources at this time around bringing on board some external partners to further review our process around recruitment and retention and offer suggested improvements to the process. SDHR working with counties around development of stronger annual recruitment plans can be done at local or district meetings. (G3, S4).

**Strategy 1: Develop an infrastructure to enhance the relationship between the local DHR offices and their respective court systems so that judges and DHR directors can co-create local strategies that align with statewide identified needs.**

Key Activities	Responsible Party	Projected Completion Date:
<p>1. Convene workgroup for each PIP implementation site comprised of DHR, county, AOC staff, GAL, parent attorney, DHR attorney and local judiciary to assess PIP implementation sites to identify areas of need and areas of strength in the partnership between local county DHR offices and their respective court systems.. This is to better understand the baseline in the strength of the relationship between the local agency and the court.</p> <p>We will evaluate the following points: Quality of court reports, quality of petitions, staff preparation for hearings, positive survey results and stakeholder interviews, trust between the court with the department, court observations of diligent inquiry of parents and DHR on identifying and searching for fathers and paternal relatives, relative identification, parent and foster parent feelings of inclusion in decision making and problem solving; as well as the topics discussed during the judicial/agency roundtable</p>	DHR, AOC, County Directors	Q1
<p>2. State DHR will compile results of the Summit and current state needs assessment for the PIP implementation sites and provide this o the workgroups. Workgroups will develop strategies to address areas needing improvement and a schedule for regular workgroup meetings. State DHR and AOC support will continue as requested. At a minimum, State DHR and AOC will provide data reports in advance of scheduled meetings.</p>	SDHR Family Services and AOC	Q1
<p>3. The workgroups will implement and test their strategies and at regularly scheduled meetings, the workgroups will review the data, discuss progress and modify strategies and/or implementation as needed.</p>	SDHR Family Services and AOC	Q2

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Key Activities	Responsible Party	Projected Completion Date:
<p>4. Monitor the strength of the partnership between the local DHR offices and their respective court systems with the following methods:</p> <ul style="list-style-type: none"> <li>a. State DHR and AOC participation in each county workgroup.</li> <li>b. Annual stakeholder interviews with judges and staff.</li> <li>c. Quarterly meetings with <u>Alabama Foster and Adoptive Parent Association</u> (AFAPA).                             <ul style="list-style-type: none"> <li>- From a, b, and c above, assess improved collaboration between local DHR offices and their respective court systems and did it impact the below areas?                                     <ul style="list-style-type: none"> <li>➤ Identification of all relatives, maternal and paternal, by DHR and the Courts.</li> <li>➤ Engagement of all identified maternal and paternal relatives by DHR and the Courts.</li> <li>➤ Adjudication of fathers by DHR and the Courts.</li> <li>➤ Court process.</li> <li>➤ Feelings of inclusion in the process.</li> <li>➤ Placement.</li> <li>➤ Relative identification, locating, and assessment for placement and permanency.</li> <li>➤ Permanency.</li> </ul> </li> </ul> </li> </ul>	<p>QA/CQI AOC Case Review Team Training Unit</p>	<p>Start Q2 and Ongoing</p>
<p>5. State DHR, AOC and select local judges will convene quarterly to assess and track progress of this strategy. Use lessons learned and data from PIP implementation sites to develop phased statewide implementation plan to enhance the relationship between local DHR offices and their respective court systems.</p>	<p>SDHR &amp; AOC</p>	<p>Q4/ongoing</p>



**Strategy 2: Host a statewide Judicial Summit where every DHR Director and judge will be invited to learn about statewide needs and goals, review local data and commit to co-creating a data informed improvement plan.**

Key Activities	Responsible Party	Projected Completion Date:
<ol style="list-style-type: none"> <li>1. Partner with AOC to coordinate, host, and facilitate a Judicial/Child Welfare Summit for all Juvenile Judges and County DHR Directors to review permanency data, educate around PIP findings, permanency goals, timely permanency, parental engagement and relative identification, and placement stability and identify areas of need and areas of strength between local DHR offices and their respective court systems.</li> <li>2. Throughout the Summit, we will group counties based a variety of factors (i.e. experience, size, population, etc.) so that they have opportunities to reflect upon and share information with each other. During this time, they will:               <ol style="list-style-type: none"> <li>a. Engage in guided discussion for strategies related to: sibling placements, visits with parents and siblings in foster care, preserving connections with birth families, relative placement, relationship of the child in foster care with the parent(s).</li> <li>b. Share data with county directors and judges to establish new targets to address timely achievement of permanency.</li> <li>c. Build consensus around when it is appropriate to pursue TPR.</li> <li>d. Emphasize the court’s role beginning with the 72-hour hearing and continuing at subsequent hearings in the identification and engagement of fathers and maternal and paternal relatives.</li> <li>e. Emphasize the court’s role in acknowledging and engaging foster parents during court hearings to improve placement stability and overcome barriers.</li> </ol> </li> <li>3. Identify how the court can support the local DHR offices in addressing one or more of the following, based on local data: PIP findings, permanency goals, timely permanency, parental engagement and relative identification, and placement stability.</li> <li>4. Each county will be charged with developing and implementing a plan to improve upon one or more of area(s) identified in Activity 3.</li> </ol>	SDHR and AOC	Q1

**Strategy 3: Develop a statewide Permanency Needs Review Process to build supervisor capacity to identify and overcome barriers to permanency for children in foster care 12+ months, aged 4-10 years.**

Key Activities	Responsible Party	Projected Completion Date:
<p>1. Each PIP Implementation site will convene a team comprised of state and county staff to create a Permanency Needs Review which will identify the barriers to permanency for children in foster care 12+ months, aged 4-10 years to:</p> <p>a. Evaluate and determine the current state of the case through a case specific, internal needs assessment to understand the gaps and permanency needs which will inform and identify the specific actions that will be taken by the worker to promote permanency.</p> <p>b. Define the local process for the Permanency Needs Review, which at a minimum shall include:</p> <p>Initial Permanency Need reviews to begin with children in foster care 12+ months, aged 4-10 years should include resource development staff, local QA staff, practice specialist, foster care specialist, case worker, supervisor, county director, and local DHR attorney.</p> <p>The following areas will be covered in each review:</p> <ul style="list-style-type: none"> <li>➤ placement stability/supports to foster parents.</li> <li>➤ status of maternal and paternal relative forms.</li> <li>➤ status of identifying, locating, and assessing informal supports.</li> <li>➤ status of paternity establishment.</li> <li>➤ maintenance of current addresses/timely notification to parents.</li> <li>➤ visitation with parents/family.</li> <li>➤ visitation with siblings in foster care, if not placed together.</li> <li>➤ barriers to sibling placement.</li> <li>➤ efforts to place siblings together.</li> <li>➤ permanency goals.</li> <li>➤ barriers to achieving the permanency goal or TPR (frequency and quality of visitation, delays on how quickly attorneys file petitions, issues from the bench on timely setting of hearings, etc.).</li> <li>➤ permanency strategies developed in collaboration with the staffing team and the child’s ISP team.</li> </ul>	SDHR / County Directors	Q2
<p>2. State office staff will facilitate the initial permanency needs review in each PIP implementation site to train child welfare staff on the expectations of the Permanency Needs review process. The expectation is that this will build capacity among supervisors to be using this process in their routine assessment of cases, as strengthening supervisory oversight is an identified need of the state. State Office staff will participate until the supervisor demonstrates mastery.</p>	SDHR / County Directors	Q3/ongoing

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Key Activities	Responsible Party	Projected Completion Date:
3. State QA Practice Specialists will track monthly Permanency Need Reviews in PIP Implementation sites to monitor and resolve individual case issues to build supervisory capacity. This will also identify, greater systemic issues to inform future county trainings and CQI efforts.	SDHR / County Directors	Q4/ongoing
4. PIP implementation site supervisory staff will follow up on the progress and completion of action items identified during the reviews, and progress will also be discussed and monitored during supervisory/caseworker monthly case consultations using the supervisory record review tool and process.	SDHR / County Directors	Q4/ongoing
5. Monitor and evaluate the achievement of timely permanency for children in care 12+ months, ages 4-10 years using the County Self-Assessment and oversight by State Quality Assurance Division.	SDHR / County Directors	Q4/ongoing
6. Based on strategies found to be successful, develop a plan for statewide <u>phased</u> implementation, that upon Leadership approval, would be initiated during the CFSP.	SDHR / County Directors	Q8

**Strategy 4: Establish targeted recruitment of foster parents willing to become permanent families for children 4-10 years of age.**

Key Activities	Responsible Party	Projected Completion Date:
1. The county improvement plan will include an assessment of the foster provider needs within the district and each county, as well as the assessment of needs of children in care, who are 4-10 years of age. The recruitment process will be individualized.	SDHR / County Directors	Beginning in Q2
2. Each PIP Implementation site will convene a team comprised of state and county staff to evaluate and determine the current state of available homes who are open for children ages 4-10, specifically those not yet legally free for adoption.	SDHR / County Directors	Q2
3. Develop informational training on Recruitment Needs and how to formulate a plan in the PIP Implementation sites.	SDHR / County Directors	Q3
4. Train PIP Implementation site Resource Supervisors and Directors on the Recruitment Needs and Plan.	SDHR	Q3
5. Each county in the PIP Implementation site will Implement their Recruitment Plan.	County Directors	Q4/ongoing
6. Recruit, train and approve foster/adoptive families for children ages 4-10 to include homes that are willing to accept placement of children not yet legally free for adoption using established recruitment methods and resources using the established County Recruitment Plan.	SDHR	Q5/ongoing

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Key Activities	Responsible Party	Projected Completion Date:
7. Monitor and evaluate using the County Self Assessments conducted twice a year.	SDHR	Q5/ongoing
8. Based on strategies found to be successful, develop a plan for statewide <u>phased</u> implementation, that upon Leadership approval, would be initiated during the CFSP.	SDHR	Q8

**Goal 4: Improve the capacity of supervisors to support the values, principles, and standards of quality practice so that children and families achieve improved safety, permanency and well-being outcomes.**

**Outcomes:** Safety 2; Permanency 1; Permanency 2; Well-Being 1; Well-Being 2; Well-Being 3.

**Systemic Factors:** Staff & Provider Training; Statewide Information System.

**CFSR / Alabama PIP Baseline Results:**

• Item 2: Children are safely maintained in their homes	70.59% / 39.13%
• Item 3: Risk/Safety Assessment and Management	60.00% / 45.59%
• Item 4: Stability of Foster Care Placement	60.00% / 76.74%
• Item 5: Permanency Goal for Child	50.00% / 32.56%
• Item 6: Achieving Reunification, Guardian., Adoption, OPPLA/APPLA	40.00% / 34.88%
• Item 7: Placement with Siblings	65.00% / 75.86%
• Item 8: Visiting with Parents and Siblings in Foster Care	50.00% / 25.00%
• Item 9: Preserving Connections	52.50% / 39.53%
• Item 10: Relative Placement	54.29% / 60.00%
• Item 11: Relationship of Child in Care with Parents	39.29% / 13.16%
• Item 12: Needs and Services of Child, Birth Parents, and Foster Parents	23.08% / 16.18%
• Item 13: Child and Family Involvement in Case Planning	32.79% / 19.70%
• Item 14: Caseworker Visits with Child	75.38% / 60.29%
• Item 15: Caseworker Visits with Parents	22.81% / 15.00%
• Item 16: Educational Needs of the Child	77.14% / 57.45%
• Item 17: Physical Health of the Child	59.52% / 46.55%
• Item 18: Mental/Behavioral Health of the Child	53.49% / 40.00%
• Systemic Factor – Staff & Provider Training:	Not in Substantial Conformity
• Systemic Factor – Statewide Information System:	Not in Substantial Conformity
DHR QA (FY 18) C/F Engagement	59.00%
DHR QA (FY 18) Functional Assessment	12.00%
DHR QA (FY 18) Family Involvement in ISP	60.00%

**Analysis of Data and Justification of the Goal**

Supervisors play a key role in child welfare and are the key to implementing quality investigations, assessments and case management. Improving the quality of training and the knowledge, skills, and abilities of the child welfare supervisor workforce will impact and improve outcomes across safety, permanency, and well-being. Effective supervision enhances staff performance and can lead to improved retention and positive morale.

**CFSR Findings:**

Information in the statewide assessment and collected during interviews with stakeholders indicated that although the state has a training system in place that ensures that staff receive initial training, information regarding the timeliness of the initial staff training was that it was inconsistent. Stakeholders said new workers may attend initial training up to 3 months after their hire dates. Prior to receiving initial training, caseworkers may receive caseloads and participate in unstructured and inconsistently applied on-the-job training. The state does not currently have a mechanism for formal evaluation of the effectiveness of the initial training outside of surveys completed by the participants. Results of those surveys; however, indicated that staff felt the training prepared them to do their jobs. DHR recognizes the need to focus attention on the larger systemic issues associated with caseworkers being assigned primary responsibility for cases prior to completing the mandatory initial foundational trainings. DHR has instituted a new curriculum design, which replaced ACT I – Striving Toward Excellent Practice (STEP) for new workers which addresses CFSR findings regarding timeliness of completing initial staff training.

Following worker preservice training, supervisors have the primary responsibility for developing child welfare workers' core practice skills. Case reviews and focus groups revealed skill deficits in safety decision making, initial and ongoing assessment, engagement, case planning, and service provision. Discussions within focus groups, about the culture and practice of training and professional development reveal that many managers and supervisors see intensive training for supervisors as a luxury and believe what they need to be a good supervisor was picked up by being a good frontline case manager. Discussions also revealed a belief of current child welfare supervisors that local Quality Assurance and CQI activities are not in their scope of work, and that they do not have time for formal case consultation with their assigned staff.

Focus groups also demonstrated that managers and supervisors are not clearly communicating the outcomes and goals of child welfare services nor are they communicating the agency's mission, vision, and values to their child welfare workers. Supervisors are not clear about the expectations and standards of practice, and therefore cannot adequately give staff a clear understanding of what the supervisor and agency expect, and why. Additionally, among all staff, there appears to be a lack of understanding regarding the competencies that staff must possess to perform their duties or the use of any agreed upon standards of competencies as a basis for assessing their staff's knowledge and skills. Also, supervisors were not consistently completing case consultations, and were not measuring staff performance against agency and supervisory expectations and standards and providing feedback accordingly. Currently, supervisors are not given a framework for developing a skill in their workers (ex. receive information on how to perform a task; observe a model performance; practice the performance and receive developmental feedback).

The State currently offers two curricula to all new workers and supervisors, Striving Toward Excellent Practice (STEP) Foundations Training, Alabama's New Worker Training Component (which includes STEP Foundations, STEP Intake, STEP Investigation, STEP Case Management, and STEP Adoption) and Supervisory Management Training, Alabama's mandatory supervisor training for newly promoted supervisors.

After new workers receive the STEP Foundations training on the basic casework practice principles needed to perform effectively on the job, they have the opportunity to receive additional (classroom) training in topical areas to assist them in their continued professional growth and development. Following completion of STEP Foundations, newly hired staff are then enrolled in classroom-based training that pertains to their work assignments (intake, investigations, case management and/or adoption). While staff receive preservice online training, there currently is no formalized field applied knowledge component upon completion of STEP training.

The Supervisory Management Training was developed for the Alabama Department of Human Services to build upon the knowledge and skills that current supervisors throughout the agency have from their own experiences and allow them opportunities to critically reflect on the techniques and styles that they use, and how to better hone those skills for their unit. The training provides a wide array of subject matter helpful to new supervisors, and it is evaluated

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highly; unfortunately, given resource limitations, it takes approximately 5 months, on average, for new supervisor staff to receive the training. Like the new hire STEP training, there currently is no formalized field applied knowledge component upon completion of Supervisory Management Training. Currently the training does not offer any prerequisite components as STEP.

The state does not currently offer educational supervision training. Educational supervision training is concerned with teaching the case manager what he/she needs to know in order to do his/ her job and helping the case manager learn it. Specifically, supervisors have not received training on quality practice standards related to:

- making responses to all accepted child maltreatment reports received being initiated, and face-to-face contact with the child(ren) being made, within the time frames established by agency policies;
- making concerted efforts to provide services to the family to prevent children's entry into foster care or re-entry after a reunification;
- making concerted efforts to assess and address the safety concerns relating to the child(ren) in their own homes or while in foster care;
- assessing and determining whether the child in foster care is in a stable placement based on child and foster parent engagement and communication;
- determining whether appropriate permanency goals were established;
- determining whether concerted efforts were made, or are being made, to achieve reunification, guardianship, adoption, or other planned permanent living arrangement;
- determining whether the agency (1) made or is making concerted efforts to assess the needs of children, parents, and foster parents (both initially and on an ongoing basis) to identify the services necessary to achieve case goals and adequately address the issues relevant to the agency's involvement with the family and (2) provided the appropriate services; determining whether concerted efforts were made (or are being made) to involve parents and children (if developmentally appropriate) in the case planning process on an ongoing basis;
- determining if the frequency and quality of visits between caseworkers and the child(ren) in the case are sufficient to ensure the safety, permanency, and well-being of the child and promote achievement of case goals;
- determining whether the frequency and quality of visits between caseworkers and the mothers and fathers of the child(ren) are sufficient to ensure the safety, permanency, and well-being of the child(ren) and promoting the achievement of case goals.

Ideally, supervisors would receive training that supports their supervisory practice throughout the life of the case (intake, investigation (CAN), safety planning and safety management, comprehensive family assessment (CFA), individual service planning (ISP), service provision, monitoring family progress and case plan evaluation, and case closure).

Supervisors must demonstrate the ability to provide consultation around the CFSR principles framework (family-centered practice, community-based services, individualizing services to children and families, strengthening the capacity of parents to provide for their children's needs) for good practice. Supervisory case consultation includes supervisory activities that promote and develop the skills, responsibility, knowledge, attitudes, and adherence to ethical, legal, and regulatory standards in the practice of child welfare services. It involves face-to-face contact between a supervisor and his or her worker during which the worker informs the supervisor of the status of a specific case, the supervisor and worker discuss the case (particularly in relation to safety, safety threats, caregiver protective capacities, conditions for return, safety planning and management, information collection and gaps, assessments, case plan progress, behavioral change and enhanced protective capacities to manage any existing safety threats, permanency, placement stability, child/family/foster parent needs and services, barriers to reunification or goal achievement, and next steps) and the supervisor provides feedback and guidance in working the case and evaluates staff performance to identify training needs.



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Supervisors must have the knowledge, skills and tools to help child welfare workers master material from initial training; apply new skills and knowledge; and adapt what they learn to local needs and conditions. DHR plans to support organizational infrastructure improvements through case consultation and coaching, to facilitate the necessary first step in the transfer of learning process.

Foundationally, supervisors must have the ability to observe, assess, and coach the performance of staff to:

- Understand their 'global' job of first, do no harm. Do not unnecessarily add to child or family trauma by making poorly informed decisions.
- Preserve families first, and remove or displace only as a last resort when all efforts to manage safety in the home have been exhausted
- Recognize foster care as a support to families, not a substitute for parents. The need for strong relationships with birth parents and parental support continues when a child enters foster care. Even when parents are unable to keep their children safe at home, parents should be encouraged and supported to remain actively involved with their children in foster care in safe and healthy ways.
- Engage and interview children, parents, caregivers, and families.
- Utilize effective communication and listening techniques to gather factual information;
- Utilize knowledge, skills and experience during observations of individuals, behaviors and conditions to understand and recognize areas of concern and strengths in caregiver protective capacity;
- Complete required written documentation;
- Be non-judgmental, unbiased, open and accepting, and meet families where they are;
- Understand the role of the family's culture;
- Facilitate the creation of a child and family 'team';
- Include the child, immediate family, and extended family in the case-planning and decision-making process.
- Identify family functioning, strengths, needs, challenges, caregiver protective capacity, and family dynamics to determine safety threats and understand risk factors that may impact children's safety, permanency, and well-being.

Analysis of data on system processes shows that supervisors have the opportunity to consult with staff after Quality Assurance case reviews and during critical decision-making points of a case. In focus groups with staff and QA reviewers, AL DHR confirmed a missing feedback loop during the case review process, where reviewers can meet with investigators, child welfare workers and supervisors whose cases are being reviewed to debrief their findings and discuss practice issues. Additionally, Alabama does not have a formal process for post-review trending or case consultation between casework teams and supervisors that involves providing recommendations and planning for implementation, and supervisory follow-up. Inquiry in focus groups revealed the need to improve the level of coaching, support, and feedback that staff receive from their supervisors following QA reviews.

Goal 4 supports the implementation of strategies and key activities planned across practice improvements contemplated in Goals 1, 2 and 3. In Goals 1 and 2, supervisors will be supported to strengthen supervision practice through the establishment of case practice and supervision in investigations to ensure accurate safety assessment and appropriate safety management services are offered to families to prevent unnecessary removal of children; an integration of the safety assessment and CAN with the CFA and ISP assessments to inform case planning which should be built clearly from identified unmanaged safety threats due to diminished caregiver protective capacities to lead the family and agency to the necessary conditions for return and case closure.

In Goal 3, supervisors will be supported with information and training to improve practice to ensure timely TPR filings; improve practice to increase relative placements when removal is necessary to protect a child; improve placement stability; and support for practice activities that improve foster care placement decisions, child and family assessment, case planning, and matching service to needs and strengths.

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CFSR review data, qualitative data collected from staff, as well as information learned through case review, found that many cannot identify, recognize or have sufficient knowledge about substance abuse, parental unmanaged mental health, and domestic/interpersonal/partner violence or how to recognize the impacts of each of these social issues on child safety, parenting, caregiver protective capacities and familial supports. Without that critical skill, the accuracy of safety assessments, safety management is concerning. Knowledge and practice of the safety assessment, CAN, and CFA should be used to inform the ISP and conditions for return/case closure are not well understood or applied. Further, they reported being unprepared to manage time and tasks on the multiple cases assigned for management. Qualitative data (n = 46) was collected via supervisor surveys in March 2019 to inform the root cause analysis, goals, strategies, and activities. Overall the pervading theme was supervisors felt that when they initially promoted or hired into a supervisor role, that they were not adequately prepared for the job in several key areas: Personnel/Administrative, Supervisory duties and expectations, Best Practice, and Additional Training.

In the same survey, supervisors enrolled in Supervisory Management training (n=16), approximately 6% of attendees responded that since becoming a supervisor they had received the necessary training for their growth as a supervisor and approximately 75% of those supervisors responded that they were not prepared to begin their supervisory responsibilities of handling personnel matters. Lastly, roughly 50% of them indicated that they were not ready to begin their supervisory responsibilities of managing people, processes, and practice through the use of data.

In an effort to obtain the perspective of supervisors whose new workers had completed the new worker training, surveyed supervisors (n = 17) to gather information related to the supervisor's analysis of their worker's training experiences in completing Striving Toward Excellent Practice (STEP) Foundations

- Approximately 2/3 agreed that new workers had a good working knowledge of STEP Foundations training and how it prepared workers for effective practice.
- Approximately 2/3 agreed that they were able to prepare their worker for STEP Foundation and engaged in professional development planning upon their staff's return from STEP.
- Approximately 1/2 agreed that their worker experienced a smooth transition to carrying a caseload after STEP and was not behind on an already existing caseload.
- 100% agreed that it was important not to assign their workers many cases or tasks that would interfere with their learning environment in STEP.
- Over 1/2 (58.92%) believed that STEP had improved their worker's competence and confidence and will have a positive impact on their retention.

An April 2019 Survey completed by newly promoted supervisors who participated in a Supervisory Focus Group (n=13), reinforced the need for training supports and their usefulness. Two of the questions and their responses are captured below.

- What could have helped you be more prepared to begin your work as a supervisor?
  - To be trained by the outgoing supervisor
  - To have had a better understanding of expectations ahead of time especially moving from one county to the other.
  - Checklist of monthly tasks provided
- What kind of training support would have been useful to you?
  - More training on becoming/being a supervisor
  - Shadowing opportunities
  - Specific areas—adoption, foster care, ISP, ICPC, FACTS Refresher
  - Some counties have outsiders to training on specific subjects such as Substance Abuse, Mental Health, but could benefit from state training
  - Thorough assessments
  - Exposure to various areas
  - Forensic Interviewing

**Strategy 1: Promote timely on boarding for new child welfare workers.**

Key Activities	Responsible Party	Projected Completion Date:
1. Place new child welfare workers into prerequisite online STEP Foundations (stress management, psychotropic medication, domestic violence, etc.) as soon as they are hired via the Learning Management System (LETS) within 10 business days.	Office of Field Administration	Q1/Ongoing
2. Staff attend STEP Foundations Class room training within 60 days of being hired.	QAD and Office of Field Administration	Q1/Ongoing
3. Staff complete prerequisite online training specific to the area of work.	QAD and Office of Field Administration	Q1/Ongoing
4. Enroll staff in the next phase/module of training specific to their particular area of work (STEP Intake, STEP Investigation, STEP Case Management and STEP Adoption). All STEP training will be completed within 120 days.	QAD and Office of Field Administration	Q1/Ongoing

**Strategy 2: Develop and implement On-the-Job Training, Activities, and Supports for New Child Welfare Workers and Supervisors.**

Key Activities	Responsible Party	Projected Completion Date:
1. Convene a Workforce Development group to determine the resources, leadership support, and activities necessary to implement the OJT component of the STEP training program and the Supervisor Management Training.  Components include: STEP Foundations, STEP Intake, STEP Investigation, STEP Case Management, STEP Adoption, STEP FACTS, and Supervisory Management training.	County Staff Oversight by SDHR OQCWP Specialist and QA Specialist	Q3
2. Conduct an assessment to identify strengths and gaps in worker and supervisor skills and knowledge post-training for use in OJT curriculum development.	County Staff Oversight by SDHR OQCWP Specialist	Q3

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Key Activities	Responsible Party	Projected Completion Date:
3. Develop OJT curriculums and training plans to include methods for obtaining feedback and assessing comprehension, knowledge/skills acquisition, and application.	County Staff Oversight by SDHR OQCWP Specialist and QA Specialist	Q3
4. Implement new worker and supervisor OJT components in PIP implementation districts/counties.	County Staff Oversight by SDHR OQCWP Specialist and QA Specialist	Q4
5. Monitor, evaluate, and revise worker/supervisor components of foundational training program based on feedback/input received.	QA Division	Q4
6. Develop implementation plan for statewide rollout of training with measures to incorporate ongoing assessment, evaluation, adjustments, and sustainability.	QA Division	Q7
7. Begin statewide roll out of worker/supervisor OJT training program.	QA Division	Q8

**Strategy 3: Develop / Update and Implement A Supervisory Case Consultation Model. Along with Training and Supports. To Ensure Quality and Consistency of Case Consultation.**

Key Activities	Responsible Party	Projected Completion Date:
1. Convene a Supervisory Development Team to assess current practices, strengths and gaps of current county supervisor case consultation model.	County Staff Oversight by SDHR OQCWP Specialist and QA Specialist	Q3
2. Clearly define core components and activities for case consultation.	County Staff with Oversight by SDHR OQCWP Specialist	Q3

Alabama CFSR Program Improvement Plan (PIP)

Key Activities	Responsible Party	Projected Completion Date:
3. Develop definitions and measures for core components and activities for case consultation.	County Staff with Oversight by SDHR OQCWP Specialist and QA Specialist	Q3
4. Develop new, and revise current training, tools, protocols, practice guides, and/or manuals to support implementation of case consultation model with quality and consistency.	County Staff with Oversight by SDHR OQCWP Specialist and QA Specialist	Q4
5. Provide training for case consultation model to supervisors in PIP implementation districts/counties.	Quality Assurance	Q5
6. Implement case consultation model through an implementation team of selected county supervisors, program managers, and directors from the PIP implementation sites and State DHR.	Work Group- Oversight by SDHR OQCWP Specialist and QA Specialist	Q6
7. Monitor, evaluate, and adjust case consultation model through the implementation team from the PIP implementation sites and State DHR.	Work Group- Oversight by SDHR OQCWP Specialist and QA Specialist	Q6/Ongoing
8. Provide ongoing coaching/TA to develop and/or support supervisor's case consultation practices, and ensure fidelity to the model.	Quality Assurance	Q7
9. Develop plan for statewide rollout of case consultation with measures to incorporate ongoing assessment, evaluation, adjustments and sustainability.	Quality Assurance	Q7
10. Begin statewide roll out of case consultation model.	QA Division	Q8
11. Ongoing assessment / evaluation will occur via surveys and/or other methods, with adjustments being made as needed to promote sustainability.	QA Division	Q2/Ongoing

**Strategy 4: Adopt and Implement a Coaching Model for Child Welfare Supervisors**

Key Activities	Responsible Party	Projected Completion Date:
1. With technical assistance, review and select a coaching program for supervisors.	County Staff Oversight by SDHR OQCWP Specialist and QA Specialist	Q3
2. Adapt and develop a coaching model training curriculum and other coaching practice supports.	County Staff with Oversight by SDHR OQCWP Specialist	Q3
3. Develop a plan for achieving fidelity to the model and evaluating program effectiveness.	County Staff with Oversight by SDHR OQCWP Specialist and QA Specialist	Q3
4. Deliver coaching model training to Supervisors, Program Managers, Deputy Directors, and Directors serving the PIP implementation districts/counties.	County Staff with Oversight by SDHR OQCWP Specialist and QA Specialist	Q4
5. Monitor, evaluate, and adjust coaching model through an implementation team of selected County supervisors, Program Managers, Deputy Directors and Directors from the PIP implementation districts/counties and State DHR.	County Staff with Oversight by SDHR OQCWP Specialist and QA Specialist	Q4/Ongoing
6. Develop/Implement a plan for statewide rollout of the coaching model with measures to incorporate ongoing assessment, evaluation, adjustments and sustainability.	County Staff with Oversight by SDHR OQCWP Specialist and QA Specialist	Q6
7. Ongoing assessment / evaluation will occur via surveys and/or other methods, with adjustments being made as needed to promote sustainability.	County Staff with Oversight by SDHR OQCWP Specialist and QA Specialist	Q7

<b>Goal 5: Improve the Statewide Continuous Quality Improvement System</b>
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**Outcomes:** Safety 2; Permanency 1; Permanency 2; Well-being 1; Well-being 2; Well-being 3.  
**Systemic Factors:** Quality Assurance; Statewide Information System; Agency Responsiveness to the Community.

**CFSR / Alabama PIP Baseline Results:**

• Item 2: Children are safely maintained in their homes	70.59% / 39.13%
• Item 3: Risk/Safety Assessment and Management	60.00% / 45.59%
• Item 4: Stability of Foster Care Placement	60.00% / 76.74%
• Item 5: Permanency Goal for Child	50.00% / 32.56%
• Item 6: Achieving Reunification, Guardian., Adoption, OPPLA/APPLA	40.00% / 34.88%
• Item 7: Placement with Siblings	65.00% / 75.86%
• Item 8: Visiting with Parents and Siblings in Foster Care	50.00% / 25.00%
• Item 9: Preserving Connections	52.50% / 39.53%
• Item 10: Relative Placement	54.29% / 60.00%
• Item 11: Relationship of Child in Care with Parents	39.29% / 13.16%
• Item 12: Needs and Services of Child, Birth Parents, and Foster Parents	23.08% / 16.18%
• Item 13: Child and Family Involvement in Case Planning	32.79% / 19.70%
• Item 14: Caseworker Visits with Child	75.38% / 60.29%
• Item 15: Caseworker Visits with Parents	22.81% / 15.00%
• Item 16: Educational Needs of the Child	77.14% / 57.45%
• Item 17: Physical Health of the Child	59.52% / 46.55%
• Item 18: Mental/Behavioral Health of the Child	53.49% / 40.00%
• Systemic Factor – Quality Assurance System:	Not in Substantial Conformity
• Systemic Factor – Statewide Information System:	Not in Substantial Conformity
• Systemic Factor – Agency Responsiveness to the Community:	Not in Substantial Conformity

**Analysis of Data and Justification of the Goal**

Information in the statewide assessment and collected during interviews with stakeholders showed that Alabama does not have a QA system that is functioning effectively statewide. The state uses the Quality Services Review (QSR) instrument to assess whether best practice standards are met and uses state and local QA Committees to evaluate and provide feedback to DHR on the performance on the overall system of care. However, feedback loops with the local level and expectations for what local levels do with case review results have not been fully developed. Aspects of the CQI process are implemented statewide. Counties submit a self-assessment and county improvement plans are required. However, stakeholders said that the CQI component does not consistently include caseworkers and, in some circumstances, supervisors in meaningful ways. CFSR results also identified that the Statewide Information System and Agency Responsiveness to the Community, though exhibiting strengths, were not in substantial conformity.



**DESCRIPTION OF CURRENT / PLANNED ACTIVITIES FOR IMPROVEMENT**

- The Quality Assurance Division (QAD) will develop and enhance a robust Continuous Quality Improvement (CQI) system which focuses on the 36 Items of the CFSR. The process will include use of the OSRI focusing on safety, permanency, and well-being and stakeholder interviews to focus on systemic factors.
- The QAD will review (using the OSRI) 136 cases a year reviewing each of the 10 districts twice per year.
- The QAD will train county staff (primarily supervisors) to review casework and to provide feedback to frontline staff using the CFSR items and terminology.
- The QAD will assist counties in developing an internal CQI system which reviews cases at a county level and provides feedback and recommendations from local stakeholders who are members of the County QA committee.
- The QAD Staff will compile and disseminate system generated reports to ensure timely and accurate information is reported as required by state and federal mandates.
- The Department will improve engagement with community partners towards the goal of enhancing stakeholder input to the CFSP and APSR.

**Strategy 1: Define, train and support the role of supervisors in the CQI process.**

Key Activities	Responsible Party	Projected Completion Date:
<p>1. The state of Alabama’s Continuous Quality Improvement (CQI) process will be integrated throughout all portions of its Program Improvement Plan (PIP). The intent of the CQI process is to consistently review both qualitative and quantitative outcomes of ongoing interventions of the Department. These reviews will be conducted at the county, district, and state levels, and will involve all levels of the Department’s child welfare workforce. Once the outcomes have been reviewed, and needs have been identified, the most appropriate stakeholders to address the needs will work in partnership with local, district, and state staff to develop intervention plans to address the needs.</p> <ul style="list-style-type: none"> <li>• Local QA Committees will continue to review cases to provide feedback to the county office;</li> <li>• State DHR Office of QA staff will continue to review cases in the Districts using the OSRI and OMS and provide feedback to all-district leadership to include the District Administrative Specialist; and,</li> <li>• State DHR Office of QA staff will also continue to compile statewide data via the OMS database which will inform senior/executive DHR leadership on statewide outcomes. Senior leadership will then provide feedback to supplement interventions to the PIP and/or the CFSP.</li> <li>• The feedback loop for all three levels will be similar in that case review information, qualitative and quantitative data will all be used to assess the outcomes of areas of the CFSP. Once written. outcomes are returned to the local QA committee, and the County QA coordinator will provide the feedback loop to the State QA specialist, who will provide complete copies (along with a summarized version) to the SDHR QA committee.</li> <li>• Following the District level reviews, the State QA manager will provide outcome data for each district review to the State QA committee. The district leadership (County Directors) will ensure that all County Improvement Plans are also compiled and provided to the State QA committee.</li> <li>• Following all bi-annual statewide OSRI/OMS case reviews the State Office of Quality Assurance will provide a summary of qualitative and quantitative outcomes on child welfare practice to Senior DHR Leadership. As a result of Leadership’s review, a summary of any actions taken (planning, procedural, policies, communications with county/state staff, etc.) will be shared with the State QA Committee in a summarized format by the State QA Division Director.</li> </ul>	<p>County Staff Oversight by SDHR OQCWP Specialist and QA Specialist</p>	<p>Q3</p>

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Key Activities	Responsible Party	Projected Completion Date:
2. All of the aforementioned reviews and feedback loops will be monitored and reviewed by the Office of QA and it's staff. This will include the QA specialist, QA Supervisors, QA Managers, and QA Directors.	County Staff Oversight by SDHR OQCWP Specialist	Q3
3. Staff from State DHR's QA Division will continue to train local, district and state personnel on the use and interpretation of QSR, OSRI, all other information system databases used by the department. The Quality Assurance Division has worked with FACTS staff to develop a data management tool. This is available to county directors and state management staff to help them have an at-a-glance picture of how their county is performing for specific data measures. Data measures include, Timeliness of Initial Contact for Investigations, Timely Completion of CA/N Reports, % of CA/Ns pending over 60 days, Timeliness of ISP Completion, Casework Visits, Timely Documentation of Caseworker Visits, and Permanency Achievement Timeliness.	County Staff Oversight by SDHR OQCWP Specialist and QA Specialist	Q4
4. Following the District level reviews, the State QA manager will provide outcome data of each district review to the State QA committee. The state QA staff in collaboration with the district leadership (County Directors) will ensure that summaries of all County Stakeholder interviews are also compiled and provided to the State QA committee.	County Staff Oversight by SDHR OQCWP Specialist and QA Specialist	Q4
5. The roll-out of this enhanced feedback loop of all levels of Alabama's CQI process will begin October 22 <sup>nd</sup> during the QA Division's Annual Joint SQA and Local QA Committee meeting. A breakout session will be used to inform, train, and discuss "pros and cons" of best practices on ways to inform the CQI process.	State QA Staff	Q1

**Strategy 2: Improve State engagement and consultation with stakeholders.**

Key Activities	Responsible Party	Projected Completion Date:
1. Annually assess gaps in membership on the Child Welfare Collaborative Initiative (CWCI) Team and State QA Committee. Extend invitations to identified community partners to participate on the CWCI Team and/or State QA Committee.	State QA/ FSD	Q1/ Ongoing
2. Committee / team members (see #1) will be engaged quarterly to review and provide feedback to inform CFSP/ APSR from their respective disciplines at the state level.	State QA/ FSD	Q1/ Ongoing

**ATTACHMENT 1: PIP Workgroup Membership**

Corey Williams:	Deputy Director, Family Services Division (SDHR)	CO-LEADER
Misty Renfro:	Director, Pickens County DHR	CO-LEADER
Amanda Faulk:	Deputy Director, Family Services Division (SDHR)	CO-LEADER
Cary McMillan:	Director, Family Court Division, Alabama Administrative Office of Court	CO-LEADER
Donna Spear:	Program Supervisor, Office of Child Welfare Training, Quality Assurance Division (SDHR)	CO-LEADER
Kanoschu Campbell:	Program Manager, Office of ILP, Family Services Division (SDHR)	CO-LEADER
• Sallye Longshore:	Executive Director, Alabama Department of Child Abuse / Neglect Prevention and State QA Committee Member	
• Angie Burque:	Professor, Auburn University School, SW, and State QA Committee Member	
• Amanda Montgomery:	Family Services Director, Poarch Band of Creek Indians	
• Judy Miller:	Executive Secretary, Alabama Lieutenant Governor, Marshall County DHR, County QA Committee Member	
• Carla Emmons:	Director, Bibb County DHR	
• Stephanie McKnight:	Director, Dale County DHR	
• Mason Hobbie:	Program Manager, Office of Quality Assurance, Quality Assurance Division	
• Alison Bryars:	Director, Russell County DHR	
• Tyler Simmons:	Program Supervisor, Tuscaloosa County DHR	
• Rita Roberts:	Program Supervisor, Morgan County DHR	
• Hannah Williams:	Intake Worker, Lee County DHR	
• Janet Rawls:	Regional Director, United Methodist Children's Home	
• Erin Turner:	CPS Worker, Pike County DHR	
• Hallie Leavell;	Referee, Tuscaloosa County	
• Kimberly Ames:	Adoptive Parent, Chambers County	
• Colleen Blecher:	Foster Parent, Elmore County	
• Cathy Walker:	Program Supervisor, Office of Quality Child Welfare Practice, Quality Assurance Division (SDHR)	
• Jamia Wade:	Foster Youth	
• Judge Robert Minor:	St. Clair County	
• Juliana Taylor:	GAL, Montgomery County	
• Michelle Thompson:	Birth Parent	
• Anna Sparks:	GAL, Montgomery County	
• Donna Reardon:	FACTS Office (SDHR)	
• Judge Zack Collins:	Russell County	
• Judge Patrick Pinkston:	Elmore County	
• Johnna Breland:	Adoptive Parent, Chair State QA Committee	
• Mandi Hall:	Alabama Administrative Office of Court	

## Alabama CFSR Program Improvement Plan (PIP)

- Tanjanika Latham: Training Coordinator, Jefferson County DHR
- Heidi Grohman: Program Supervisor, Russell County DHR
- Allison Foster: Program Supervisor, Office of Adoption, Family Services Division (SDHR)
- Rhonda Brooks: Director, Randolph County DHR
- Toni Dollar: Program Specialist, Office of Quality Child Welfare Practice, Quality Assurance Division (SDHR)
- Joey Arnold: Caseworker, Lauderdale County DHR
- Patricia Faircloth: Director, Pike County DHR
- Amanda Wallace: Resource Development Staff, Coffee County DHR
- Robin King: Resource Development Staff, Jefferson County DHR
- Nora Williams: Program Specialist, Office of Child Protective Services, Family Services Division.
- Alice May: Program Manager, Office of Financial Resource Management, Family Services Division
- Betsy Prince: Director, Department of Rehabilitative Services - /Early Intervention)
- Linda Campbell: Boys & Girls Ranch (Retired DHR Employee)
- Lesa Syler: Director, Covington County DHR
- Noah Daugherty: Former Foster Youth
- Tarnesha Johnson: Supervisor, Lee County DHR
- Amy Tatum: Intensive In-Home Services Provider
- Martha Gookin: Poarch Band of Creek Indians
- Tamela Warren: Program Manager, Resource Management Division (SDHR)
- Jerry Groce: District Administrative Specialist (SDHR)
- Gail Watts: Children's Aid Society
- Alesia Allen: Alabama Department of Youth Services
- Karen Smith: Deputy Commissioner of Children and Families (SDHR)
- Gina Simpson: Deputy Commissioner of Quality Assurance (SDHR)
- Jan Casteel: Director, Family Services Division (SDHR)
- Eric Graves: Director, Quality Assurance Division (SDHR)
- Holly Christian: Program Manager, Office of Data Analysis (SDHR)
- Larry Dean: Program Manager, Office of Federal Coordination and Reporting (SDHR)

**Attachment 2: Definitions**

**Data Management Tool**

A statewide and county-by-county, color-coded, action prompting, dashboard that captures and displays the most recent (and archived) data on ten (10) critical practice elements. The Data Management Tool is distributed selected state office staff and all 67 County Directors. The ten data elements are as follows:

- Timely completion of CAN (Child Abuse/Neglect) Reports.
- CANs pending over 60 days.
- Pending suspended CANs
- Placement Stability (placement moves over last 24 months and within a foster care episode.
- Caseworker visits with child in foster care.
- Timely documentation of caseworkers visits.
- Caseworker visits with all children in protective service cases.
- Timely documentation of caseworker visits.

**Functional Assessment**

A functional assessment **is a process of gathering and analyzing information, drawing conclusions and making decisions in partnership with the family and stakeholders.** It is ongoing and performed/updated promptly when ISP goals are met, when additional information is learned, when emergent needs or problems arise, or when changes are necessary. The Department/ISP team, working together, should have a common big picture view that reflects a shared understanding of the child and family's situation. Maintaining a useful big picture understanding of the child/family is a dynamic, ongoing process, by which the Department/ISP team makes use of the following components:

- Formal and informal assessments, to identify and understand the most important presenting and underlying concerns, issues and needs of the child/family.
- Formal and informal assessments, to recognize and understand the most significant strengths, capacities, resources and strategy preferences of the child/family.
- As a result of obtaining assessment information, a thinking through of the information has occurred so that the Department/ISP team has a "big picture" understanding of the child and family.
- A collective understanding of the following issues: risks of harm to the child and/or caregiver, parenting capacities of the caregiver, impact of earlier life traumas on the child/caregiver's current functioning, attachment issues, present/anticipated transitions, grief and loss issues and past/present life "stress factors".
- The child and family's functioning/status/level of impairment (if any) across the physical, emotional, social, educational/learning, vocational and any other relevant life domains are known and understood by the Department/ISP team.
- There is an understanding by the Department/ISP team of what must be resolved in order for the child/family to live safely and have permanency independent of DHR involvement.

**Attachment 3 Alabama PIP Baseline and Measurement Plan**

- I. **Items To Be Measured:** 2,3,4,5,6,12,13,14,15
- II. **Instrument To Be Used:** Onsite Review Instrument (OSRI)
- III. **Documentation:** Online Monitoring System (OMS)
- IV. **Method To Be Used:** Retrospective Method (#2 in TB #9)
- V. **Case Sample Selection:** **Statewide, using 9 County Director (CD) Districts + Jefferson County (See VI and VII below).**

Two random samples will be compiled for each time frame and district or districts selected for that time frame (one for foster care and one for in-home services, or CPS cases), using the parameters described in **IX, Case Sampling Criteria**. The sample will be pulled from all eligible cases in the identified district and assigned a random number. The cases will then be sorted and the cases selected until the necessary number of cases needed for review has been reached. As noted below, Jefferson County, Alabama’s largest jurisdiction is being treated as a separate district, in order to ensure that the minimum percentage of FC and CPS cases being reviewed are from Jefferson County (see notes under the table on page 2).

**VI. Establishing the Baseline:**

- Dates: February - July, 2019
- Total Number of Cases: 68 (FC = 43; CPS = 25)
- Number of Cases From Jefferson County: 14 (FC=7; CPS=7), see notes under the table, p. 2.\*
- Number of Cases From Each of the 9 CD Districts: 6 (FC = 4; CPS = 2), see note under the table, p. 2. \*\*
- Rotation of Districts (For County Make-up of Each of the nine (9) Districts, See XVII and attached map).

TOTALS:	Total # of cases:	68 = 14 from Jefferson + 54 from the 9 districts (9 X 6)
	FC:	43 = 7 from Jefferson + 36 from the 9 districts (9 X 4)
	CPS:	25 = 7 from Jefferson + 18 from the 9 districts (9 X 2)

**VII. Time Frame for Establishing the Baseline**

The baseline will be established during a 6 month period of time, February 1, 2019 – July 31, 2019. A minimum of 68 cases (43 foster care and 25 in-home service cases) will be reviewed to establish the baseline, using the schematic design and plan shown below.



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Baseline Time Frame – QRT 1	District(s) Reviewed	Sample Size Total (FC, CPS)	Sample Period	Period Under Review
February 2019	5 and 1	12 (8, 4)	2/01/18–7/31/18	02/01/18 to date of review
March 2019	7 and 3	12 (8, 4)	2/01/18–7/31/18	02/01/18 to date of review
April 2019	6 and 2	12 (8, 4)	2/01/18–7/31/18	02/01/18 to date of review
<b>1<sup>ST</sup> QRT TOTALS</b>	--	36 (24, 12)	--	--
<b>Baseline Time Frame – QRT 2</b>	--	--	--	--
May 2019	Jefferson	14 (7, 7)	5/1/18-11/30/18	05/01/18 to date of review
June 2019	8 and 4	12 (8, 4)	5/1/18-11/30/18	05/01/18 to date of review
July 2019	9	6 (4, 2)	5/1/18-11/30/18	05/01/18 to date of review
<b>2<sup>ND</sup> QRT TOTALS</b>	--	32 (19, 13)	--	--
<b>TOTALS</b>	--	68 (43, 25)	--	--

\* As of 09/10/18, **19.6% of the states CPS (in-home service) cases were in Jefferson County**, which translates to a minimum of five (5) in-home service cases coming from Jefferson (19.6% of 25 CPS cases = 5).

As of 09/11/18, **16.1% of the state’s foster care children were from Jefferson County**, which translates to a minimum of seven (7) foster care cases coming from Jefferson (16.1% of 40 foster care cases = 7).

\*\* For the random sampling of cases, the state would be divided into Jefferson and the 9 CD districts. The foster care and in-home service cases from the established **Sample Period**, for a **given District(s) being reviewed in a given month**, would constitute the pool of cases, out of which the case sampling and over sample would be drawn. Alabama will use a pure random sample, with no stratification (recognizing that the case elimination criteria, noted under “X”, will be applied).

**VIII. PIP Improvement Measures**

- After the baseline is established, a minimum of 68 cases will be reviewed every six months, through a sampling plan that establishes a pool of cases, guided by the sample period and the district(s) being reviewed each month (see table on page 3).
- PIP Improvement measurement data will be drawn from “rolling six-month periods of time”, whereby every six months one (out of two) quarters “drops off” the measurement grid, and another quarter is added.
- The same district rotation model as that used to establish the baseline will be maintained.
- The case sampling will occur, using the procedures described for establishing the baseline. Alabama will ensure that the minimum number of PIP monitored case reviews completed is consistent (per item) with the number of applicable cases reviewed for baseline purposes.
- Alabama will identify minimum applicable case counts by district for the baseline period, and monitor applicability by item and district for ongoing measurement. When a district falls short of minimum applicable cases for an item, either (a) cases on the second half of the random

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ordered list will be substituted with cases applicable to the item(s), maintaining the random order, or (b) additional cases will be reviewed from the oversample following the random order until the designated number of cases is reached.

- When making adjustments, Alabama will maintain a similar proportion of cases by types and metro site (if needed for Jefferson County, a tolerance allowance of 5%, would be used).
- Alabama will submit progress reports to the Children’s Bureau every 6 months that will include case review findings from the two most recent quarters.
- The below cycle will be repeated throughout the PIP measurement time frames. The **Sample Period** and **Period Under Review** will be adjusted accordingly using the pattern established in the table below.

**PIP Measurement Plan/Cycle – Repeated throughout PIP Implementation & Non-overlapping Measurement Year**

Measurement Period #1, QRT 1	District(s) Reviewed	Sample Size Total (FC, CPS)	Sample Period	Period Under Review
August 2019	5 and 1	12 (8, 4)	8/01/18-1/31/19	08/01/18 to date of review
September 2019	7 and 3	12 (8, 4)	8/01/18-1/31/19	08/01/18 to date of review
October 2019	6 and 2	12 (8, 4)	8/01/18-1/31/19	08/01/18 to date of review
<b>1<sup>ST</sup> QRT TOTALS</b>	--	36 (24, 12)	--	--
<b>Measurement Period #1, QRT 2</b>	--	--	--	--
November 2019	Jefferson	14 (7, 7)	11/1/18-4/30/19	11/01/18 to date of review
December 2019	8 and 4	12 (8, 4)	11/1/18-4/30/19	11/01/18 to date of review
January 2020	9	6 (4, 2)	11/1/18-4/30/19	11/01/18 to date of review
<b>2<sup>nd</sup> QRT TOTALS</b>	--	32 (19, 13)	--	--
<b>TOTALS</b>	--	68 (43, 25)	--	--

### IX. Case Sampling Criteria

Using the identified Sample Periods (see above under VII and VIII), a random sample design will be used that is specific to the district or districts being reviewed during a given time frame. The case sample will coincide with the population of interest, which for the review is by family unit for in-home cases and by individual child in foster care for foster care cases. Alabama will ensure that no more than two cases are selected for a given worker.

#### **Foster Care Sample**

The case sample for the state foster care population consists of the listing of children served by the identified district(s) according to the state’s Adoption and Foster Care Analysis and Reporting System-defined reportable cases for the specified Sample Period. The sample file will contain the encrypted case numbers and the dates of birth broken out into three columns: one for year, one for month, and one for day.

See also below under **X, Case Elimination**.

**In-Home Services (or, Child Protective Services – CPS) Sample**

The set of information used to identify the CPS sample population will be a state list of the in-home services, or CPS, population using the identified Sample Period (see above under VII and VIII). It will align itself with the state’s defined in-home services cases and the sample frame is by family, which includes a numerical identifier for each family plus other identifying information, including: case open date, case closure date if applicable, case type, and FIPs code.

CPS cases need to be opened at least 45 days during sample period, with the below listed types of cases included in the CPS population.

**NOTE:**

The referral date will be used as the start date to apply the 45-day parameter for case types 1 and 2, and case open date for the others. Case types include:

1. CPS opened for case management services from alternative response;
2. CPS opened for case management services from investigation;
3. Post-reunification services if no child in family was in foster care during the sample period;
4. Court ordered supervision/protection cases; and,
5. CHINS cases: court-ordered agency to be involved in the case.

See also below under **X, Case Elimination**.

**X. Case Elimination Criteria (Note: CPS is used to designate “In-Home Service Cases” and FC for “foster care”)**

- CPS case open for fewer than 45 consecutive days during the sample period.
- CPS case in which any child in the family was in foster care for more than 24 hours during the PUR.
- CPS case that was opened more than one time during a sample period.
- FC case in which the child is in foster care for fewer than 24 hours during the PUR.
- FC case in which a child was on a trial home visit (placement at home) during the entire PUR.
- FC case that was discharged or closed according to agency policy before the sample period.
- FC case in which the target child reached the age of 18 before the PUR begins.
- FC that involves siblings in foster care in separate cases.
- FC in which the child’s adoption or guardianship was finalized before the sample period and the child is no longer under the care of DHR.
- A case in which the selected child is or was in the care and responsibility of another state, and Alabama is only providing supervision through an Interstate Compact on the Placement of Children (ICPC) agreement. \*
- Home evaluations where there is no ISP or caseworker visits occurring.
- A case open for subsidized adoption or guardianship payment only and not otherwise inclusive of a child in foster care or open for in-home services during the period under review.
- A case in which the child was placed for the entire sample period in a locked juvenile facility or other placement that does not meet the federal definition of foster care.

\* ICPC cases in which Alabama is the sending state are not to be eliminated.

**XI. Case Elimination Criteria During the Scheduling of Cases for Review**

- Cases in which the key individuals are unavailable during the scheduled review time or are unwilling to be interviewed, even by telephone.
  1. The key individuals in a case are the child (if school age), the parent(s), the foster parent(s), the family caseworker, and other professionals knowledgeable about the case.
  2. DHR staff will have demonstrated that due diligence and concerted efforts have been made to schedule all case-related interviews.
  3. There may be cases that are not eliminated even though key individuals are unavailable. Before eliminating these cases, the state should determine whether sufficient information and perspectives can be obtained from the available parties, who can serve as the “voice” for the individual that is not available.
  4. Children on runaway status are not to be eliminated from the sample unless it has been determined that pertinent information needed to complete the Onsite Review Instrument cannot be obtained from other available parties, such as the *guardian ad litem* or other significant individuals.
- Cases involving out-of-county or out-of-state family members or services will be considered on a case-by-case basis, depending on the availability of key individuals.
- If an interview with a critical party to the case is cancelled at the last minute and thereby results in insufficient information being available to review the case, the case will be discussed with federal partners if that is possible at that time. Otherwise, Alabama Leadership will decide on the matter based on the information available at the time.
  1. In this regard, reasonable, proactive efforts will be made to seek participation from key individuals, so that last minute cancellations are, as much as possible, due to unforeseen events.
  2. In the event of a case being eliminated at the last minute, the state will first ascertain if a (next in order) substitute case from the sampling list can occur on/close to the day a case was eliminated. If not, alternate plans will be made to conduct the (substitute) case review as soon as possible.
- As stated earlier, Alabama will ensure that no more than two cases are selected for a given worker.

**XII. Case Review Interview Requirements**

**CPS Cases**

1. All children in the family home (if age and developmentally appropriate).
2. Parents/caregivers with whom the children were living when the agency became involved with the family and with whom the children will remain.
3. If, during the period under review, a biological parent indicated a desire to be involved with the child and, per the ISP, such involvement is in the child's best interests, the parent should be included in the case review and be interviewed.
4. The family's caseworker (when the caseworker has left the agency or is no longer available for an interview, it is necessary to schedule interviews with the supervisor who was responsible for the caseworker assigned to the family).
5. As needed, on a case-by-case basis, other individuals who have relevant information about the case also may be interviewed, such as an in-home services provider, other family members, etc.

• **Foster Care Cases**

1. The child (school-age).
2. The child's parent(s) and/or caregivers.
3. The child's foster parent(s), pre-adoptive parent(s), or other caregiver(s), such as a relative caregiver or group home staff, if the child is in foster care.
4. The family's caseworker (when the caseworker has left the agency or is no longer available for an interview, it is necessary to schedule interviews with the supervisor who was responsible for the caseworker assigned to the family).
5. As needed, on a case-by-case basis, other individuals who have relevant information about the case also may be interviewed, such as the child's *guardian ad litem* or advocate, mental health provider, other family members, etc.

• **Potential Exceptions to Conducting Interviews**

1. Preschool-age children.
2. Parents who cannot be located despite DHR's demonstrated and concerted efforts to locate them, or a parent who lives outside of the United States.
3. There is a safety or risk concern in contacting any party for an interview.
4. Any party who is unable to consent to an interview due to a physical or mental health incapacity.
5. Anyone who refuses to participate in an interview and DHR can document concerted efforts to engage him/her.
6. Any party who is advised by an attorney not to participate due to a pending criminal or civil matter.

• **Unacceptable Exceptions**

1. An age cut-off that does not take into account a child's developmental capacity; e.g., a policy of not interviewing children under age 12.
2. A party who refuses to participate in an interview but DHR did not attempt to engage him or her beyond a letter.
3. A party who has a pending criminal, civil, or procedural matter before the agency; e.g., appeal of termination of parental rights.

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4. A party who cannot be located but DHR has not made attempts to locate the individual.
5. A party who speaks a language other than English.
6. A party that is available to be interviewed only by phone.

### **XIII. Conflict of Interest**

A conflict of interest is defined as a circumstance in which a DHR reviewer's personal interests or direct professional involvement with a case / case participant materially could affect (or give appearances of affecting) the objectivity or capacity of the individual to serve as a reviewer in carrying out the associated duties. Any reviewer having a conflict-of-interest shall report such to either the Program Manager of the Office of Quality Assurance, or the Program Manager of the Office of Quality Child Welfare Practice, and the case shall be re-assigned as soon as possible.

### **XIV. Case Review Process**

Cases will be reviewed by Alabama Department of Human Resources (ADHR) State Quality Assurance Division (QAD) staff and/or other staff from the ADHR, all of whom have been trained in the use of the OSRI. First and second level QA will be completed by trained ADHR staff from QAD, under the oversight of Children's Bureau, Regional / Central Office staff. Case reviews will consist of a review of cases via electronic/paper case files and interviews with key case participants.

### **XV. Timeframe To Complete Case Review and QA**

It is Alabama's plan to complete the case review and (state's) QA process within two weeks from the date of the first case review-related interview. This timeframe does not include completion of oversight duties of the Children's Bureau staff. Any exceptions to this timeframe will need to have approval from the Leadership of the ADHR, Quality Assurance Division.

### **XVI. Procedures to Report/Address Safety/Red Flag Concerns**

During the course of the case review, if any child is observed to be at imminent risk, the reviewer should report the situation immediately to the DHR County Director, or his/her identified county DHR contact person. The situation should also be reported to the designated ADHR contact person. The same method of reporting is to take place should the reviewer identify conditions for a child/family that would raise a level of concern, even if the concerns are not about the review child.

**XVII. County Districts - For purposes of the PIP Measurement Plan, Alabama is divided into the following 9 districts, plus Jefferson County.**

<u>District 1</u>	<u>District 2</u>	<u>District 3</u>	<u>District 4</u>	<u>District 5</u>	<u>District 6</u>	<u>District 7</u>	<u>District 8</u>	<u>District 9</u>
Barbour, Coffee, Covington, Dale, Geneva, Henry, Houston, Pike	Baldwin, Choctaw, Clarke, Conecuh, Escambia, Mobile, Monroe, Washington	Autauga, Butler, Crenshaw, Dallas, Elmore, Lowndes, Montgomery, Wilcox	Bullock, Chambers, Coosa, Lee, Macon, Randolph, Russell, Tallapoosa	Bibb, Greene, Hale, Marengo, Perry, Pickens, Tuscaloosa, Sumter	Chilton, Clay, Cleburne, Shelby, St. Clair, Talladega	Cullman, Fayette, Lamar, Marion, Walker, Winston	Blount, Calhoun, Cherokee, DeKalb, Etowah, Marshall	Colbert, Franklin, Jackson, Lauderdale, Lawrence, Limestone, Madison, Morgan

**XVIII. PIP Goal Calculation Worksheet (see next page)**



## Child and Family Services Review (CFSR) Round 3

**Alabama: Program Improvement Plan (PIP) Measurement Plan Goal Worksheet****Case Review Items Requiring Measurement in the PIP***Retrospective Method Used to Establish PIP Baselines and Goals Using Case Reviews Conducted February 2019 – July 2019*

CFSR Items Requiring Measurement	Item Description	Z value for 80% Confidence Level <sup>1</sup>	Number of applicable cases <sup>2</sup>	Number of cases rated a Strength	PIP Baseline <sup>3</sup>	Baseline Sampling Error <sup>4</sup>	PIP Goal <sup>5</sup>
<b>Item 2</b>	Services to Family to Protect Child(ren) in the Home and Prevent Removal or Re-Entry Into Foster Care	1.28	23	9	39.1%	0.130257725	<b>52.2%</b>
<b>Item 3</b>	Risk and Safety Assessment and Management	1.28	68	31	45.6%	0.077308689	<b>53.3%</b>
<b>Item 4</b>	Stability of Foster Care Placement	1.28	43	33	76.7%	0.082463973	<b>85.0%</b>
<b>Item 5</b>	Permanency Goal for Child	1.28	43	14	32.6%	0.091468236	<b>41.7%</b>
<b>Item 6</b>	Achieving Reunification, Guardianship, Adoption, or Other Planned Permanent Living Arrangement	1.28	43	15	34.9%	0.093031909	<b>44.2%</b>
<b>Item 12</b>	Needs and Services of Child, Parents, and Foster Parents	1.28	68	11	16.2%	0.05715844	<b>21.9%</b>
<b>Item 13</b>	Child and Family Involvement in Case Planning	1.28	66	13	19.7%	0.062661917	<b>26.0%</b>
<b>Item 14</b>	Caseworker Visits With Child	1.28	68	41	60.3%	0.075948712	<b>67.9%</b>
<b>Item 15</b>	Caseworker Visits With Parents	1.28	60	9	15.0%	0.059005085	<b>20.9%</b>

Explanatory Data Notes:

<sup>1</sup> Z-values: Represents the standard normal (Z) distribution of a data set and measures the number of standard errors to be added and subtracted in order to achieve our desired confidence level (the percentage of confidence we want in the results). In order to have 80% confidence in the results of the sample data, a Z-value of 1.28 is used to calculate the margin of error.

<sup>2</sup> Minimum Number of Applicable Cases: Identifies the minimum number of applicable cases used to establish the baseline. Measurement samples must be equal to or greater than the number of applicable cases used to establish the baseline for each item. A two percent (-2%) tolerance is applied to the number of cases reviewed to measure goal achievement compared to the number of cases reviewed to establish the baseline.

<sup>3</sup> PIP Baseline: Percentage of applicable cases reviewed rated a strength for the specified CFSR item.

<sup>4</sup> Baseline Sampling Error: Represents the margin of error that arises in a data collection process as a result of using a sample rather than the entire universe of cases.

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<sup>5</sup>PIP Goal: Calculated by adding the sampling error to the baseline percentage. Percentages computed from at least 12 months of practice findings are used to determine whether the state satisfied its improvement goal. To determine a PIP measurement goal using case review data is met, CB will also confirm CB has confidence in accuracy of results, significant changes were not made to the review schedule, the minimum number of required applicable cases for each item were reviewed, the ratio of metropolitan area cases to cases from the rest of the state was maintained, and the distribution and ratio of case types was maintained for the measurement period. A five percent (+/-5%) tolerance is applied to the distribution of metropolitan area cases and case types between the baseline and subsequent measurement periods.