STATE OF ALABAMA
DEPARTMENT OF HUMAN RESOURCES

2021 Annual Progress & Services Report

State of Alabama
Department of Human Resources
June 30, 2020

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I. GENERAL INFORMATION

STATE AGENCY

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

The Family Services Division (FSD), with oversight from the Deputy Commissioner for Children and Family Services, 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.

Alabama meets the Maintenance of Effort (MOE) requirement of $1,016,682 through the State Family Options program and does not supplant any state funds. The Substantial Portion of Funds requirement for Promoting Safe and Stable Families is met with the following allocation of funds for FY 2018: Family Preservation 29.18%, Family Support 25.18%, Time-Limited Reunification 18.08%, Adoption Promotion and Support 27.56%.

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

Director – Children & Family Services

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

Deputy Director – Children & Family Services

As of March 1, 2020, two Deputy Directors assist the Director in managing the Family Services Division. One Deputy Director supervises the following Offices: Child Protective Services, Data Analysis, Foster Care, Adoption, and Federal Coordination & Reporting as well as clerical staff. The other Deputy Director supervises the following Offices: Financial Resource Management, Interstate Compact on the Placement of Children, Independent Living, Policy, and Child Welfare Eligibility as well as clerical staff. The Deputy Directors serve as liaisons to represent the Family Services Division in internal Agency meetings involving the Commissioner, Deputy Commissioners and the State Legal Office, and in extra-agency training, task forces, work committees, and other groups.

Office of Child Welfare Policy

As of March 1, 2020, the Office of Policy is comprised of one Program Manager, one full-time policy developer and one part-time policy developer. The Office of Child Welfare Policy (OCWP) is responsible for composing child welfare policy consistent with state and Federal legislation and developing and revising all other policies as needed by each child welfare program, (e.g., CPS, Foster Care). The Office of Policy is responsible for coordinating revisions to the **Minimum Standards for Foster Family Homes;** incorporating best practice goals and principles into policy; amending the Administrative Record Procedures Code; coordinating the review of state legislation pertinent to services for children and

families; developing and submission of the title IV-E State Plan; and the office maintains a database for publishing policy interpretations. Policy development and revision processes include:

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

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

Office of Child Protective Services

The Office of Child Protective Services (CPS) is responsible for statewide program development in child protective services. Working in conjunction with county offices, the Office of CPS provides consultation and local and statewide training to staff in the counties as well as community partners. As of March 1, 2020, the Office of Child Protective Services is comprised of one Program Manager, five Program Specialists, two fulltime Administrative Support Assistants, and one part-time Administrative Support Assistant. The Office continues to have responsibility for the following:

- The Basic Child Abuse Grant
- Working in conjunction with the Children's Justice Task Force on the Children's Justice Grant.

- Managing and conducting Administrative Record Reviews when persons allegedly responsible for child abuse and neglect dispute an Indicated (i.e. substantiated) finding. Program Specialists with extensive knowledge in CPS practice and policy work in partnership with County Administrative Record staff to conduct the Administrative Record Reviews. These staff are responsible for reviewing all information used by the county in their determination that an indicated/substantiated report of maltreatment occurred. Persons allegedly responsible for abuse and neglect also have the opportunity to submit any information they would like for Reviewers to consider during the review process- The State and County Reviewers together determine if documentation of the information gathered supports, by a preponderance of evidence, that maltreatment occurred. The State Administrative Record Reviewers provide feedback to county staff regarding the review. The Office is also responsible for providing training to county staff on these reviews.

- The CPS Office maintains the Central Registry on Child Abuse and Neglect Information contained in the Central Registry serves to prevent child abuse and neglect of children through the clearance of potential childcare providers, child care institution employees, day care center employees, staff in school systems, voluntary agencies, child placing agencies, and others. The entire state relies on the Central Registry to clear prospective employees or volunteers who work with children. This information bank also assists County Departments by providing data necessary for a thorough family assessment. The Office of CPS responds to clearance requests from other states, so they are in compliance with the Adam Walsh Act. In order to ensure that accurate information is released regarding individuals having an indicated/substantiated report of abuse or neglect, CPS staff is assigned to review the actual CA/N report(s) prior to the release of any information. The number of Central Registry Clearance Requests processed in 2019 was 41, 550.

- The Office of CPS also provides District Trainings for county staff in the areas of Intake, Safety Assessment, CA/N investigation, Home Evaluations, and the Multi-Needs process.

- The Office of CPS completes Safety Assessments across the state in those counties which are undergoing review by the Office of Quality Assurance Practice.

- The current Program Manager was appointed January 2019. The Manager responds to calls from county office staff on CPS issues, training needs, and consultation. In addition, the Manager and Program Specialists reviews cases and respond to complaints from constituents. Other responsibilities   include supervision and development of Alabama's CPS Program; working as a team member on the development of Child Protective Services policy, and reviewing legislation related to child protective services.

Office of Data Analysis

As of March 1, 2020, the Office of Data Analysis is comprised of a Program Manager and two Program Specialists. The Office of Data Analysis is responsible for the Program support area of the Statewide Automated Child Welfare Information System (SACWIS) – Family, Adult and Child Tracking System (FACTS), which was implemented statewide in January 2009. Staff from this Office serve as mentors to provide support regarding the SACWIS system for state office staff. The Office is responsible for identifying the data support needs of the Family Services Division and coordinating the collection of data with the Department's Information Services Division and FACTS Functional Staff. In addition, the Office analyzes data on child welfare outcomes and strives to present the findings in useful and meaningful ways to administration and Family Service staff, County Offices and other State and Federal Agencies. This Office also reviews Federal and State regulations to determine policy requirements that result in changes which directly affect the Caseworker Visits, NCANDS, NYTD and AFCARS reporting. The Office of Data Analysis works closely with the Office of Quality Assurance and provides county safety and permanency data profiles to state QA staff before every state QA review. The Office has established a database of measurement mechanisms for State QA case reviews. The Office, in conjunction with the FACTS Functional Staff and the Department's Information Services Division, has developed monthly, quarterly and annual data reports to assist the state and county staff in analyzing and interpreting data. This enables all employees to monitor their caseloads through access from their computer desktop. The Office of Data Analysis, in conjunction with the Office of Quality Assurance, collects data on child deaths through County Child Death Reports and Reviews. The Office has established and maintains a database, which provides history from 1997. A monthly report of child deaths due to maltreatment is provided to the Department's administration and quarterly findings are reported to the Office of Quality Assurance. The Office of Data Analysis works with the Information Services Division to ensure that the Statewide Electronic Reports system, Electronic Reports Distribution (ERD), is maintained and that it's reports contain both accurate and useful information that can be easily accessed by county and state office staff.

Office of Interstate Compact on the Placement of Children

The Office of Interstate Compact on the Placement of Children (ICPC) reviews, approves/disapproves and processes correspondence concerning the placement of children for foster care and residential placement. This Office also approves/disapproves and processes correspondence for children to enter or leave the state for the purpose of adoption. Placement of children through ICPC ensures protection and consistency of services to children who are placed across state lines for foster care or adoption and establishes orderly procedures for the interstate placement of children. As of March 1, 2020, the Office of ICPC includes a Program Manager, two Program Specialists who manage the Adoption component of the work and three Program Specialists who support Foster Care. In 2019, the office processed 1,116 referrals; which included 243 adoption referrals; 203 foster care requests; 410 relative requests; 206 parental requests, and 54 residential placement requests.

Office of Federal Coordination and Reporting

The Office of Federal Coordination and Reporting currently consists of one Program Manager, who helps coordinate meetings and reports related to child welfare programs and planning (includes both inter-Divisional meetings, as well as meetings of Division staff with external stakeholders and Federal partners). This Office is responsible for the content assimilation and submission of Alabama's Annual Progress and Services Report, the Child and Family Services Plan and the CFSR-related documents. This staff person also collaborates with the Quality Assurance Division in planning and coordinating activities.

Office of Foster Care and ILP

The Office of Foster Care and the Independent Living Program (ILP) continue to focus on an overall improvement of permanency planning for all children in out of home care, providing specialized services and supports statewide for children including our foster youth age 14 to 21.

As of March 1, 2020, the Office of Foster Care has a Program Manager and five Program Specialists (Consultants). Three foster care consultants are out based and two are housed at the State Office in Montgomery. Each county office has an assigned Foster Care Specialist who serves as a liaison for constituent matters involving foster care cares, reviewing county trends and networking with counties for foster parent recruitment.

As of March 1, 2020, the Office Independent Living Program (ILP) consists of the following staff: one Program Manager, one Program Supervisor, one ILP Specialist, and two Fostering Hope Mentors. There is a vacancy for a second ILP Specialist. The ILP Program Supervisor also serves as the State ILP Coordinator. The ILP Program Specialists are trained and work in the areas of policy development, training, and consultation for Independent Living Services. They also perform some logical functions in the Foster Care unit. The Fostering Hope Mentors provide support to and link older youth who are Foster Hope Scholarship participants to needed services on the 42 colleges and universities around the state.

The Office of Foster Care/ILP supports the needs and identification of services for older youth to develop skills to live independently and achieve more timely permanence This unit has the responsibility of providing program development and implementation utilizing Chafee and Foster Care Funds received to support improved outcomes for youth involved with the child welfare system. This program area currently provides management of Federal funding available to support counties in serving youth ages 14-21 and development of State and local programs. The implementation of the National Youth in Transition Database, (NYTD), and monitoring of the Alabama Education and Training Voucher (ETV) Program and the Fostering Hope Scholarship are also responsibilities which lie within this office. The Program also provides supports to the Department of Youth Services in a referral capacity as young people exit the juvenile justice systems. The Office provides training and support related to the statewide implementation of Reasonable and Prudent Parenting Standards per the provision in PL-113-183; the development of and participation on the Alabama Human Trafficking Taskforce; providing training to Regional Human Trafficking Taskforces, FBI, District Attorneys and community partners; and the development of the State Human Trafficking Protocol, policy and procedures.

The Office of FC is also responsible for serving children which includes screening children under six for therapeutic foster care; reviewing, monitoring and approving out of state residential placements and approving short-term placement of youth in psychiatric hospitals for stabilization.

The FC Program Manger also serves on the State Board of Education- Special Education Advisory Panel (SEAP). Panel members advise the (State Education Agencies) SEA of unmet needs within the State in the education of children with disabilities; Comment publicly on any rules or regulations proposed by the State regarding the education of children with disabilities; advise the SEA in developing evaluations and reporting on data to the Secretary under section 618 of the Act; advise the SEA in developing corrective action plans to address findings identified in Federal monitoring reports under Part B of the Act; and advise the SEA in developing and implementing policies relating to the coordination of services for children with disabilities. The FC Program Manager also continues to serve as our Every Student Succeeds ACT (ESSA) liaison with our State Board of Education. The FC Program Manager also serves as a member of our Kinship Navigator team which is responsible for our dedicated Kinship Navigator phone line as well as our new Kinship Navigator Website for information and referrals.

Providing competent, portable and collaborative training opportunities for DHR staff, community providers, community partners, sister agencies and stakeholders has been the key to the continued success of the young people and their families. The Regional Consultations held during FY20 began in October2019 and concluded in March 2020. The consultations brought our county staff members, county supervisors, Directors and service providers and vendors together; focused on continued work regarding our new State assessment tool, The Youth Assessment Summary (YAS) which was introduced in FY2019 as a replacement for the Daniel Memorial Assessment. Our focus this fiscal year was rolling out our new Alabama Transition Plan, which became policy on October 1, 2019 and required implementation for all youth age 17 to 20. The Alabama Transition Plan is to be done in concert with the ISP and in conjunction with the YAS; led by our young adults. Our goal is to link the YAS assessment tool, to our new transition plan and most importantly, the ISP; developing clear plans in partnership with our youth and their ISP teams. The consultations also focused on providing training and support related to our new ILP housing referral protocol and process to promote appropriate assessment and placement and encourage planful transitions. Improving and enhancing worker competence as it relates to consistent and competent services to youth 14 to 21 through additional training and support was also a priority.

The program area, through the support of and partnership with Children's Aid Society, continued to work to enhance the leadership ability and self-advocacy with a focus on positive permanency outcomes of youth leaders throughout the State at. The training for this year is completed on the Friday prior to each DREAM Council meeting and the day before each of the summer ILP Camps. The DREAM Ambassadors assisted with the ILP Camp planning provide training at the sessions. DREAM Ambassadors participated in the DREAM Council meetings conducted once monthly around the state; served on youth panels for the State Quality Assurance members and all county State Quality Assurance Committee Presidents. DREAM Ambassadors also provided training support to the annual Judicial Summit provided by the Division. 160 youth participated in the Youth Camps/Conferences held June and July 2019 Youth were trained regarding banking and credit reporting, money management, college and technical school preparation, application and support, leadership, Fostering Hope and Education and Training Vouchers, self-advocacy, self –care, sexual health, healthy relationships and ISP participation. Achieving permanency for older youth and supporting them as they transition out of foster care continues to be in the forefront of program development. To that end, a focus on older youth permanency through strategic, youth-led transition planning, additional consultations with our care providers and partners, higher education support through the support of our Fostering Hope Mentors and focused work with on-campus supports, college and job preparedness and youth participation in programing continues to be our focus.   We will continue to partner with the Alabama Department of Education, Nsoro, Alabama Reach, and National Social Work Enrichment Programs to provide pre-college experiences for high school age foster youth. Youth will continue to be encouraged to apply for Fostering Hope and Education and Training Vouchers to reduce college debt. There is additional information in the CFCIP section of the document.

Office of Adoption

The Office of Adoption focuses on planning for children currently in the foster care system who have a goal of adoption. Support and activities focus on determining when adoption by current foster parent is in the child's best interest. If not, then recruiting an adoptive resource, preparing the child for a move and making adoptive placements become the focus in working to achieve permanency. Consultation is provided to the counties on issues related to children in DHR custody, to be certain that the requirements of the Adoption and Safe Families Act (ASFA), Fostering Connections to Success and Increasing Adoptions Act of 2008, and the Multi-Ethnic Placement Act (MEPA) are followed and to help focus permanency efforts for all children in care. In addition, support and policy are provided on the Putative Father Registry and the responsibility of clearing all adoption petitions through existing data systems for acknowledgement to the court to proceed with adoption. This area is served by an Intake Specialist whose role includes responding to inquiries from county staff and constituents requiring information on the laws, policies and practice impacting permanency through adoption for children.

As of March 1, 2020, the responsibilities of the supervision for the Office of Adoption is provided by the Deputy Director of Family Services. The new Program Manager was hired February 1st and will manage the unit. Adoption placement staff includes seven program specialists (out based), three specialists based in the Montgomery office, four part- time retired employees, two ASA's, and two program specialists who serve as Wendy's Wonderful Kids recruiters. The two WWK recruiters are funded through a grant with the Dave Thomas Foundation for Adoption and implement the Wendy's Wonderful Kid child-focused recruitment model. An administrative assistant is responsible for registering children on the photo listing web sites, in addition to receiving and routing studies from interested families.

Three Adoption program specialists who provide support for the remaining responsibilities of the Office of Adoption. One Program Specialist serves as the Deputy Compact Administrator for Interstate Compact Association on Medical Assistance (ICAMA) and manages the responsibility and coverage of those children who move in and out of the state with subsidy Medicaid eligibility. She is assisted by the Subsidy Specialist as well as another program specialist in the execution of these duties. One Specialist is responsible for adoption assistance (subsidy) and the kinship-guardianship payroll. The Office of Adoption also has two Administrative Assistant staff responsible for processing petitions and other adoption-related paperwork as well as putative father registry and records management.

All placement Specialists participate in facilitating and supporting permanency through adoption with a focus on identifying adoptive resources for older youth and children with special health care or developmental needs. The Specialists are accessible to assigned counties by telephone and through field visits to provide training and case consultation. In addition to their focus on permanency, the Specialists provide input on policy development and interpretation. Specialists participate in training for county staff on current issues and new policies impacting permanency. The Specialists also participate in Quality Assurance Reviews through assessing permanency outcomes statewide. All Placement Specialists are responsible for reviewing/approving adoption-only home studies submitted by county offices and contract agencies. All Specialists are expected to have extensive knowledge of ASFA and MEPA and Fostering Connections to Success and Increasing Adoptions Act of 2008 which guides the work and best practice. They are expected to provide case consultation, to conduct record reviews, and to participate in ISPs to offer guidance in cases.

Recruitment/Retention Foster/Adoptive Parents

General recruitment and retention activities continues to be implemented primarily by County Departments with some statewide advertising and public awareness activities coordinated by the Managers of Foster care and ILP. As of March 1, 2020, Family services assisted several counties with specific major recruitment campaigns. Counties were assisted through a mass post-card mail-out campaign and a Dollar General Receipt campaign. Other activities included a State Board of Education Back to School rally as well as various workshops displaying our "Open your Heart, Open your Home" displays.

Recruitment and retention have also been strengthened within our Kinship Guardianship program. Being that Alabama was one of the two States in the region that established a Kinship Guardianship Program, we are shifting even more emphasis on permanent homes and opportunities to move children to permanence. Further, it is within the context of permanent homes with relatives and adoptive parents that recovery from the trauma of maltreatment and disrupted attachment relationships has the greatest chances of success.

The Office of adoption has two full-time Program Specialist dedicated to child-focused activities, funded through a grant from the Dave Thomas Foundation for Adoption. This is done through its signature Wendy's Wonderful Kids (WWK) program. The WWK Program Specialist work with smaller caseloads of children, ensuring they have time and resources for each child and as much attention as he or she deserves. The youth on the WWK caseloads are youth who have been in foster care the longest, including older youth, sibling groups and children with special needs. These children are also featured on several adoption websites where families can learn more and inquire. We manage the mechanism through

which available families may submit inquiries. These responsibilities are currently carried out by an Administrative Assistant II (included in the staff description in the preceding section.

The ILP Manager, FC Manager and Adoption Manager currently have the responsibility to support and monitor contracts and agreements with Children's Aid Society/Alabama Post-Adoption Connections (CAS/APAC); (contracts for both pre and post adoption services), AdoptUsKids, and participates in the partnership with Heart Gallery of Alabama and Kids to Love. Recruitment/Retention activities occur for both foster and adoptive resources. The theme for the State's recruitment effort is "Open your Heart, Open your Home". Ongoing child specific recruitment efforts include featuring children on www.AdoptUsKids.org; www.heartgalleryalabama.com; and www.adoption.com websites as well as the Department's website. The Department also features waiting children through Alabama Foster and Adoptive Parent Association (AFAPA) and Alabama Post Adoption Connection (APAC) newsletters and on the Kids to Love website.

Alabama DHR was a 2019 sponsor for the 78th Annual Magic City Classic. The largest historically black colleges and universities rival football game in the United States. The Office of FC/ILP had a grand presence at the 2019 MC Classic in Birmingham. Answering the call to find loving home as a recruitment activity. The department rented a large tent for DHR volunteers and staff to meet and greet game goers in an informal way to start conversations about fostering and/or adopting. The event yielded over 55 names of prospective parents. Information was mailed out to prospective individuals and families with contact information for their local DHR office attached. Individuals in attendance signed up to not only receive information about being a foster/adoptive parent but also to sponsor Christmas wish list, Birthday cakes as well as back to school supplies. With the overwhelming success of this event, this will be one of our annual combined recruitment events with all the counties within the state.

The Office of Adoption expanded the sports focused recruitment by partnering with the University of Alabama, the University of Alabama at Birmingham and Auburn University at 18 sporting events beginning November 2019 and set to conclude September 2020. The Office works in partnership with AFAPA, APAC, Heart Gallery, AFAPA, Kids to Love and our DREAM Ambassadors as volunteers to share information with the patrons. The partnerships provide the opportunity for patrons to speak to our staff and partners regarding the critical needs of the children and families we serve.

Office of Child Welfare Eligibility

The Office of Child Welfare Eligibility (OCWE) was established in 1991, in response to the State's need for accurate determinations of IV-E eligibility. The OCWE was transferred to Family Services in April 2005. This Office is responsible for administering the Title IV-E Program and Aid to Children in Foster Care Medicaid Program. In addition, the OCWE has responsibility for the maintenance of policies and procedures of the Emergency Assistance Program currently funded through the TANF Block Grant and Title XX. The primary responsibility of this Office is to determine eligibility for Title IV-E, a federally funded program that assists states in three major areas: room and board payments for children in foster care, administration, and training. Policies and procedures must be consistent with the Federal regulations and the Title IV-A State Plan that became in effect on July 16, 1996. The Office must make a determination of providers' approval for reimbursement for Title IV-E eligibility based on the Minimum Standards set by the Department of Human Resources. The provider must be fully licensed and meet all safety requirements to claim Title IV-E reimbursement for the placement. **As of** March 1, 2020, the Office of Child Welfare Eligibility consists of a Program Manager, Program Supervisor, seven Program Specialists, an Administrative Record Support Assistant II, and three Retired State Employees.

In FY 2018, this office completed 11,510 referrals generating over $71 million. Retro claiming recouped an additional $2.2 million. The Penetration Rate is at 50% and this office successfully processes referrals within seven days of receipt. In FY 2019, this office completed 11,144 referrals generating over $74 million. Retro claiming recouped an additional $2.1 million. The Penetration Rate is at 51% and this office successfully processes referrals within seven days of receipt.

Office of Financial Resource Management

The Office of Financial Resource Management (OFRM) is responsible for updating policy and training social work and supervisory staff of County Departments in the policy and claiming responsibilities for the Medicaid Rehabilitative Program and the Targeted Case Management (TCM) Program. During (FY18), the Department received an approximate gross reimbursement of $ 39.7 million from Medicaid Rehabilitative Services and $15.7 million from Child TCM Services. During (FY19), the Department received an approximate gross reimbursement of $ 39 million from Medicaid Rehabilitative Services and $14.1 million from Child TCM Services. As of March 1, 2020, the OFRM currently consists of a Program Manager, a Program Supervisor, a Medicaid Rehabilitative Specialist (Vacant), a Targeted Case Management Specialist, an Accountant/FACTS Financial Trainer (Vacant), one Administrative Support Assistant II, and one Administrative Support Assistant I (Vacant).

Training on Medicaid Rehabilitative services that qualify as medically necessary and are designed to treat and/or rehabilitate a child with a mental illness, is provided in county offices. FACTS Financial Training is a hands-on training that

provides county staff with the basic information that must be in the system for Medicaid billing to occur. Training on Case Management Services that assist an individual in gaining access to needed medical, social, education and other services which are targeted to custodial children and adults receiving protective services is provided bi-monthly for all new employees at a regional training site. TCM training consists of 5.5 hours of training in a Medicaid Agency-approved curriculum. Staff are tested and must earn a score of at least 80 in order to be certified to claim reimbursement for TCM services provided to custodial children. Staff attending TCM training are eligible for 3.75 hours of continuing education units.

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

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

2. FACTS Financial Training consists of a one-day session that reinforces the following procedures to ensure the Department is able to seek Federal reimbursement for eligible rehabilitative services:

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

3. TCM Certification Training consists of a one-day classroom instruction curriculum that includes the following:

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

FACTS PROJECT
The FACTS Project (Alabama's CCWIS) is a part of the Information Systems Division. However, the Family Services Division has designated personnel that fill the role of Functional Analysts and staff the FACTS Help Desk.   As of March 1,

2020, there is a Program Manager, Program Supervisor and one Program Specialist serving the roles of functional analysts, along with one retired DHR employee who works part-time entering data fix tickets and testing the same when they are completed. There are two Program Specialists working the FACTS Help Desk. FACTS Help Desk staff receive and troubleshoot reports from county FACTS Mentors and provide technical assistance when possible. The Help Desk screens in FACTS permit the Help Desk staff correct some issues without having to involve functional or developer staff.   When the issue at hand is something that the FACTS Help Desk staff cannot correct, they submit incidents through the Service Now system. These incidents are reviewed by the Functional Analysts and when possible, the FA fixes the issue. When this is not possible, a request for a data fix is entered into the TFS System where FACTS developers pick them up and make the necessary changes in a SIC (Ageing environment).   FA staff test the data fix prior to migrating them to production. ISD utilizes Agile for managing the work of the FACTS project. Through use of SCRUM methodology, the functional analysts develop user stories for enhancements, defects, queries, etc. that are needed. The FA staff are also responsible for developing business rules for these enhancements, defects, queries, etc. The developers then utilize the business rules to complete the tasks outlined in the user story. The functional analyst works closely with the Office of Data Analysis to improve data quality and accuracy. The CFS staff designated to the FACTS project are supervised by the Director of Children & Family Services.

OFFICES SUPPORTING CHILD WELFARE EXTERNAL TO CHILDREN & FAMILY SERVICES

Quality Assurance Division

The Deputy Commissioner for the Quality Assurance Division is responsible for measuring and improving the quality of child welfare services while ensuring the highest standard of service delivery to family services consumers. The Division also works in collaboration with other Divisions in the Department to assure best practice, quality services, efficiency, proper data management and alignment of program, processes, and procedures to assess and continuously improve the quality of child welfare performance in the state. The former Deputy Commissioner for Quality Assurance retired, and through May 15, 2020, Karen H. Smith, the Deputy Commissioner for Children and Family Services was Interim Deputy Commissioner for Quality Assurance. Beginning on May 16, 2020, Shea Cobb-England was named the Deputy Commissioner for Quality Assurance and continues in that role. This division is responsible for capacity development around best practice and support to all 67 County Departments.

Director – Quality Assurance

The Director of Quality Assurance is responsible for the overall administration of the Division with the support of one Deputy Director. A number of specific child welfare programs and initiatives are managed within the Division. In addition, there are other offices or units within the Division that provide support the overall child welfare mission. The Director's scope of responsibility includes oversight for the provision of a range of supports to County Departments in the areas initial and ongoing child welfare training, responding to constituent concerns and complaints, quality assurance services reviews, quality child welfare practice reviews, county improvement planning and a unit that provides training and individualized behavioral consultation to families and children served by the Department. The QA Director's coordination of activities with the Commissioner, Deputy Commissioners, the Legal Office, other Division Directors, and County Directors takes place on a regular basis. The Director represents the Division with other state and Federal agencies, advisory groups, and if needed, legislators, Governor's Office, and advocacy groups. As of April 1, 2020, the Director is overseeing all the Quality Assurance Division Program Managers and Supervisors directly, as the Deputy Director position is vacant.

Deputy Director – Quality Assurance

As of April 1, 2020, the Deputy Director position is vacant. Upon its being filled, decisions will be made as to what offices within the Quality Assurance Division will be under the oversight of the Deputy Director

Office of Child Welfare Training

As of March 1, 2020, the Office of Child Welfare Training (OCWT) unit consists of six trainers, a Program Manager, and a Program Supervisor. In May 2016, this Office was transferred from Family Services to the newly formed Quality Assurance Program. The Deputy Commissioner for QA works in close collaboration with Family Services. The training unit continues to play an important role in consulting and partnering with other units to meet overall Division training needs. The Office of Child Welfare Training serves as a "clearinghouse" for training needs within the Division. In some areas it will serve in a consulting role to help other units in the Division develop curricula that is outcomes- based and fits within the adult learning mode. In other areas, it may do more partnering by helping to deliver the training with staff. It also serves in a consulting role for the counties as they are enabled through train-the-trainer programs to produce and present some of their own training. Also see Training Plan.

Office of Quality Child Welfare Practice

In May 2016, the Office of Quality Child Welfare Practice, formerly known as the Office of Child Welfare Consultation, was

transferred from Family Services to the newly formed Quality Assurance Division (QAD). The QAD was (interim) led by Deputy Commissioner of Children and Family Services, Karen H. Smith up until May 15, 2020, and from May 16, 2020 forward by Deputy Commissioner of Quality Assurance, Shea Cobb-England. As of April 1, 2020, the OQCWP consisted of the following staff: one Deputy Director to Quality Assurance (vacant), one program supervisor and eight Program Specialists. The QA Deputy Commissioner, the QA Division Director and the QA Division Deputy Director, all work in close collaboration with Family Services.

This Office partners with the Office of Quality Assurance to support our Continuous Quality Improvement model. A team of staff from this Office conducts Random Record Reviews from a sample pull. The OQCWP Specialist will provide completed Child Welfare Practice Review Tools and a Report of Findings to the Director and Supervisors in the County following each onsite random record review. The Child Welfare Practice Review Tool provides feedback regarding child and family status, practice areas of the case, and recommendations by the OQCWP Specialist. The Random Record Review identifies areas of Strengths and Needs. OQCWP will focus on three to four areas of need derived from OQCWP random reviews. The OQCWP Specialist will work in conjunction with the QA unit and the County to develop a County Improvement Plan. This plan will serve as a guide and working document to move practice forward and achieve positive and timely outcomes for children and families. Support will be provided by OQCWP Specialists following the reviews to focus on the three to four areas identified in each county. These focus areas are outlined in the County Improvement Plan and the County's Biannual Assessment. OQCWP will work toward building capacity within County Supervisors to improve casework, ensure adherence to Child Welfare Policy, and strategies for retention of staff. Supervisory Management Training was provided to all County Supervisors and OQCWP will continue to build on that training. OQCWP Specialists will work one on one with County Supervisors to enhance their understanding and use of the Electronic Reports Distribution (ERD) and how to review cases using the Child Welfare Practice Tool. OQCWP will support the importance of Unit meetings, individual supervisory meetings with staff, accountability of staff, working agreements, time management, timeframe obstacles, purposeful technical support, and self-care, among others.

The current Continuous Quality Improvement model utilizes the expertise of the Practice Specialists in areas of policy, practice, and assessment of outcomes. The Practice Specialists travel onsite to counties to assess best practice indicators and to review case files. Through this process they provide case-specific feedback and suggested next steps, with recommendations to provide improved sustainability and goal achievement outcomes in Foster Care Cases, and Foster Family Home Records. Family Services/Child Protective Services conducts a Safety Assessment for the OQCWP reviews. The Safety Assessment provides feedback to counties with CANs, Preventions, Suspected CANs, and Intake screen outs. The Program Specialists in the OQCWP provides support to county supervisors in training the staff on Meaningful Caseworker Visits/Case Narrative Documentation. The QA Director provides oversight and the QCWP Program Supervisor provides daily supervision to the OQCWP Specialists in their work onsite in the counties; conducting special assignments to support directives around needs for improved outcomes; and providing increased capacity-development opportunities for our practice Specialist and all OQCWP staff.

Office of Constituent Services
The Office of Constituent Services/Intake is part of the Quality Assurance Division (QAD). This unit was transferred in May 2016, from Family Services to the newly formed Quality Assurance Division. The QAD Deputy Commissioner oversees the functions of this Office along with the Director. The Office of Constituent Services is also specifically headed by a Program Manager who supervises the Specialists of that unit. They currently have a staff of three Intake Specialists who receive and respond to state and national calls from constituents who have concerns about child welfare issues. Each Intake Specialist has an assigned group of counties. The Office accepts constituent communications by phone, emails, and letters. In addition, they address concerns received from Legislators, the Commissioner and her staff, and the Governor's office. Upon receipt of the concern, the Intake Specialist contacts the local County Department within the proper jurisdiction. These concerns are discussed with the local County Director or a designated supervisor. Once addressed, the Office requests a 1-3-day response from the county regarding the status of the constituent's complaint. As a quality check, we also ensure that the constituent has been contacted by the local agency within 24 hours.

The Intake Specialists in this Office frequently access information from Alabama's SACWIS System. Once they receive a complaint, they check the system regarding past and present investigations, removals, and basic history on the family, as well as any current service plan. They enter and track constituent information into the system as an "Information and Referral". Once entered, the information is reviewed by the Program Manager for approval. Once approved, it is tracked by the number and type of complaint received along with the county of origin. In addition, this unit is responsible for the assignments of the Multi-dimensional Assessment Tool, (MAT) for Therapeutic Foster Care placements. The tool assists in determining the level of care/placement for behaviorally challenged children in foster care.   These referrals/requests are sent from the Office of Resource Management to the Program Manager for assignments. Presently, the unit has three MAT Assessors to assist those County Departments of Human Resources where there is no local assessor. As of April 1, 2020,

the intake unit consists of 2 intake specialists, and 4 MAT assessors with two of the assessors being State retirees.

From the period of January 2018 to December.2018, the total number of Initial MATS are: 305. The total number of MAT Reviews are: 314. Note: Therapeutic Foster Care, does not include Residential Treatment. Regarding Constituent Services, from the period of January 2018 to December 2018, the total numbers of Information and Referrals received were 1.549.
From the period of January 2019 to December.2019, the total number of Initial MATS were: 320. The total number of MAT Reviews were: 305. Note: Therapeutic Foster Care, does not include Residential Treatment. Regarding Constituent Services, from the period of January 2019 to December 2019, the total number of Information and Referrals received were 1388.

Office of Quality Assurance

In May,2016, this Office was transferred from Family Services to the newly formed Quality Assurance Program. The Deputy Commissioner for that Program works in close collaboration with Family Services. As of April 1, 2020, the Office of Quality Assurance (QA) consists of a Program Manager and six Program Specialists.   In February 2019, The Office of Quality Assurance transitioned from using the QSR to using the OSRI. The Office of Quality assurance, using the OSRI, monitors Alabama's conformity with federal child welfare requirements, determines what is happening to children and families as they are engaged in Alabama's child welfare services and assist Alabama in enhancing its capacity to help children and families achieve positive outcomes.

The Office of Quality Assurance provides technical assistance to counties through QA Specialists by providing information and consultation. It does so in a variety of ways/areas including: training staff with QA responsibilities and local and state QA committee members; providing consultation on QA committee membership, functions and activities; reviews completed county QSR documents and enters required data; reviews and provides feedback on county biannual county self-assessments, monitors and review of county improvement plans, provides measurement steps in county improvement plans; and, as needed, assists other Specialists in the Quality Assurance Division and Family Services Division (FSD) in providing instruction and guidance in practice areas identified by onsite reviews as needing improvement.

Office of Quality Behavioral Services

The Board-Certified Behavior Analyst was previously a part of Quality Child Welfare Practice until February of 2018. This group has now formed its own unit known as Quality Behavioral Services within the Quality Assurance Division. As of March 1, 2020, the Behavioral Services Unit consists of a Deputy Director to Quality Assurance (vacant as of 04/01/20), one behavior manager, four Board Certified Behavior Analysts, and two Behavior Analysts.

This office provides training on parenting techniques specific to behavior management and individualized behavioral consultation to the families and children served by the Department of Human Resources. The Board-Certified Behavior Analyst (BCBA) in this newly formed unit provide training in the "Tools of Choice" Parenting Classes. The TOC courses are provided to parents, legal custodians of children with an open DHR Child Welfare case, foster parents, and DHR staff. These courses are offered as a service to teach behavior strategies with the child who exhibits challenging behaviors through a five-week classroom setting. Following the five-week classroom instruction, home visits are made by the Specialist to observe implementation of the behavior modification strategies. The work in the TOC courses was published in 2013, based on research for the time frame of 2006 – 2009.

The BCBA's also respond to Individual Behavior Assessment Referrals from the County DHR Child Welfare Units and assist in the review of treatment programs. In responding to referrals, the BCBA will review all documentation in FACTS to understand social history, background, and the ISP case plan. The BCBA will then observe the child in all his/her settings to determine the level of behavior needs. The BCBA will write and implement a behavior modification plan specific to that child and provide follow up in the home and school, weekly, bi-weekly or monthly until progress is achieved. The review of treatment programs particularly focuses on those programs which contain restrictive procedures and ones involving individuals with identified serious behaviors. The BCBA's make recommendations and support changes to more effectively provide behavior management strategies. These services are offered to support the families and children to ensure least restrictive placement is identified and/or permanency can be achieved. OBA staff teaches and trains an approved parenting course, they manage a caseload of individual cases (families and/or children) in their area, and they provide behavioral consultation in order to achieve treatment goals.

Resource Management Division – Director:	**STARR STEWART**

Deputy Director – Resource Management:	**GLORIA HOLLOWAY**

The **Division of Resource Management** reports to the Deputy Commissioner for Fiscal and Administrative Services. The overall mission for the Division of Resource Management is to provide technical assistance and support services to our DHR county offices, providers and to various Divisions of DHR State Office. The Division consisted of six offices until

November 2013. The Office of Resource Development and the Office of Utilization Review were merged into the Office of Utilization and Review. The other four (4) offices are: the Office of Contracts, the Office of Licensing, the Office of Fiscal Accountability, and the Office of Procurement.

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

Office of Contracts – Manager: **STARR STEWART, INTERIM**
The **Office of Contracts** negotiates, manages, and monitors the Department of Human Resources' social services contracts. Service contracts provide programmatic services to agency clients and are rendered by governmental agencies, faith-based organizations, non-governmental public or private organizations and individuals. Services are procured per the bid law and upon selection, contracts are negotiated on the state and county level to meet identifiable needs. There are two major types of purchase for service contracts: 1) a cost reimbursement contract, and 2) fixed-rate contract. A cost reimbursement contract is the purchase of goods and services for which the contractor's actual costs are reimbursed based on a detailed line-item budget approved by the Department. A fixed-rate contract is a contract for the purchase of goods or services for which the contractor's costs are reimbursed on a fixed rate per unit of services.

Office of Licensing – Manager: **SHANA WESTER**
The **Office of Licensing** is responsible for licensing residential childcare facilities (childcare facilities, group homes, shelters and child placing agencies). Licenses are issued to providers who meet the Minimum Standards for Child Care Facilities, Minimum Standards for Child Placing Agencies, Minimum Standards for Foster Family Homes and the Therapeutic Foster Care Manual. Site visits are conducted to verify providers' compliance with the aforementioned standards and manual. Several of the child-placing agencies are licensed to provide an array of services from foster care to adoption. This Office licenses and monitors agencies that are in our contract network and some that are not. This Office conducts an average of 80 site visits per year. The Office of Licensing also provides support services, consultation, and interpretation of the Minimum Standards to prospective and existing childcare providers and DHR county offices. This Office provides technical assistance and support to the county offices and providers. This Office enters therapeutic foster homes information and updates provider information in our FACTS system. The Office of Licensing coordinates the Rapid Response Team (RRT) and leads investigations into injuries and allegations of abuse and neglect pertaining to children in care.

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

Office of Resource Development/Utilization Review – Manager: **TAMELA WARREN**
The **Office of Resource Development/Utilization Review** is responsible for developing statewide resources for children and families and for providing support services and technical assistance to the contract providers in the delivery of services to families and children. This Office is in charge of the Multi-dimensional Assessment Tool (MAT) that is used with our Therapeutic Foster Care (TFC), moderate and intensive residential children in care. The Office conducts assessments using the MAT to determine the level of services needed by an identified child. Other activities of this Office include the monitoring of the average length of stay of children in Therapeutic Foster Care, moderate residential, and intensive residential facilities using information gathered from the providers, our FACTS system, and our county workers. This Office assists the county offices in developing in-state resources for these children. This Office assisted the Family Services Division in developing TFC with Enhanced Services. The children in these homes need additional services as they may have a chronic illness, extreme behavior issues or emotional needs that require more services. The Department receives information about these children on a regular basis through monthly summaries submitted by the providers. This Office

represents DHR as the liaison for the Department of Mental Health-Developmental Disability Division, to assist the counties in securing out-of-home waiver slots for our children with intellectual disabilities. This Office provides oversight of the family preservation and support services (FP/SS). The mission of the FP/SS programs is to implement, expand and maintain quality services to preserve, reunify, support and strengthen families. Specialists in this Office are responsible for monitoring, evaluating and providing technical assistance to providers of the Family Service Centers and Family Outcome-Centered Unification Service (FOCUS) programs funded through Title IV-B, Subpart 2, Promoting Safe and Stable Families. Specialists work with County Departments to ensure that these programs are as responsive to the needs of the county as possible, within the Federal guidelines, and ensure that they provide the highest quality of services possible.

IMPACT OF COVID-19
Although the impact of COVID-19 on child welfare practice in Alabama is referenced in other places of the 2021 APSR, the below content also serves to highlight some of the challenges that have been experienced, as well as examples of strategies that have been implemented to address the challenges.

The Office of Adoptions and The Office of Foster Care has continued to operate throughout COVID19. The Office of Adoptions is continuing to place children following proper safety measures. The Office of Foster Care's Foster Care Trust fund request has been granted, case assignments have been completed, and Conflict Resolutions Team scheduled KINSHIP trainings are being provided through Zoom. COVID had an impact on training needed for foster/adoptive parents. As of August 2020, counties are providing training again. Below you will find a summary of why there was not as much growth as expected in some areas:
- Families opt out once they learn of the requirements to become licensed
- Families did not meet policy guidelines
- Families inquire but did not respond back
- Changes in family dynamics (such as pregnancy, marital problems, caring for relatives, becoming grandparents, divorce)
- Repairs needed to meet Minimum Standards
- Families complete training, but do not follow through on the licensing requirements
- Staff turnover

Since the onset of the coronavirus (March 2020), the Office of Child Welfare Training had to postpone training, specifically our new worker training and the training components that follow. However, Virtual Deciding Together training of 10 participants was completed June 11, 2020. We are currently in the last week of TIPS (August 4-7, 2020) classroom training (15 participants) with safety measures being put in place in Jefferson County. Another classroom TIPS training (16 participants) has been scheduled to be held in Montgomery-Week 1: August 11-14, 2020; Week 2: August 25-28, 2020. Beginning August 31, 2020, OCWT will relaunch new worker training (STEP) virtually. These virtual training sessions have been scheduled up until December 31, 2020.

The Covid 19 Pandemic has had little to no effect on practice in the CPS Division- both at SDHR level and in the county offices. The work of Program Specialists in the State Office is done electronically, via-mail, and telephone conference calls with county staff/management as required. County level practitioners continue to respond F/F to children and vulnerable families as needed. They have been allowed to work from home in order to limit their exposure in the office setting.

Statewide Information System- Prior to the onset of Covid-19, Child Welfare Staff throughout the state already had remote access to the CCWIS system to review and enter data. In response to the Covid 19 pandemic, some caseworker visits were completed virtually. Instructions were provided to staff on how to correctly document virtual contacts in the CCWIS system to ensure that reporting systems continue to report accurately.

Service Array – Due to Covid, the district meetings were put on hold. However, District IV will be meeting virtually on 8/10 to discuss their Resource Development plans, with SDHR providing TA support regarding enhancement of service development at the local level. Jefferson County will meet with SDHR staff on 8/11 to have the same discussion. Quarterly meetings with these districts/counties will follow.

Despite COVID-19, the Office of Quality Assurance has continued to complete OSRIs throughout Alabama's 10 districts. Prior to the pandemic, all interviews with the children and parents were completed face to face whenever possible; however, since the beginning of the pandemic all interviews are completed strictly by phone interviews. District debriefings have been halted but will resume 8/20/2020 via virtual platform. In terms of conducting the (OSRI) interviews, the county arranges the interviews and provides the phone numbers for the interviews. The interviewer always verbally verifies that the person on the line is the person they are to interview. This process is the same as the one utilized for phone interviews during the Federal CFSR review. Regarding accessing a virtual platform, the need arose to purchase a virtual platform that

could allow for interviews occurring in seven counties simultaneously. That has been accomplished through the purchase of the Zoom lines.   Prior to COVID, stakeholder interviews were completed in person in each county. Stakeholder interviews occur for four to seven counties over two days each month. Stakeholder interviews have not been completed by the Office of Quality Assurance since the beginning of the pandemic, but they too will resume on 8/26/2020 via a virtual platform.

Local QA Committees have not consistently been meeting during the pandemic. County QA Coordinators have been encouraged to initiate local meetings via conference calls or via virtual platforms. QSRs have not been completed by local QA Committees due to the requirements of the QSR that face to face interviews be completed with the target child.

A state QA committee meeting was held virtually. One CWCI meeting was cancelled and the subsequent one was held virtually.

COVID had an impact on training needed for foster/adoptive parents. As of August 2020, counties are providing training again. Below you will find a summary of why there was not as much growth as expected in some areas:

- Families opt out once they learn of the requirements to become licensed
- Families did not meet policy guidelines
- Families inquire but did not respond back
- Changes in family dynamics (such as pregnancy, marital problems, caring for relatives, becoming grandparents, divorce)
- Repairs needed to meet Minimum Standards
- Families complete training, but do not follow through on the licensing requirements
- Staff turnover

FEDERAL REVIEWS

Child and Family Services Review (CFSR): A summary of Rounds 1, 2, and 3, of the CFSR process is below:

CFSR Process – Round 1 for ALABAMA DHR
1. Statewide Assessment: January 2002
2. Onsite Review (Jefferson, Shelby, Montgomery):   April 2002
3. Final Report from The Children's Bureau (CB):   June 2002
4. PIP Approval Date: March 2003
1. PIP Ending Date (approximate):   February 2005

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

CFSR Process – Round 3 for ALABAMA DHR
1. Statewide Assessment: May 14, 2018
2. Onsite Review (Jefferson, Lee, Covington):   July 23-27, 2018
3. Final Report from The Children's Bureau (CB):   October 22, 2018
4. PIP 1st Draft Submission: January 22, 2019
5. PIP Approval Date: December 1, 2019

AFCARS Review
The Children's Bureau completed an onsite Adoption and Foster Care Analysis and Reporting System Assessment Review (AAR) the week of April 11 - 15, 2011. See Appendix 13. 2013 Update: The Department has not yet received a response (from the Children's Bureau) to the July 2012 submission of the State's AFCARS Program Improvement Plan Update (AIPU). Once a response is received an update can later be provided. 2014 Update: The Department is continuing its work on the AFCARS Improvement Plan (AIP). The second AIPU was submitted to the Children's Bureau on February 26, 2014 and a response was received March 13, 2014. 2015 Update: An AFCARS Improvement Plan Update was submitted on

June 30, 2014, on October 20, 2014 and on April 20, 2015. See AFCARS Improvement Plan (in appendices) for detailed information. **2016 Update:** An AFCARS Improvement Plan Update (AIPU) was submitted early on 1/26/2015 and timely on 3/6/2015. The response from the Children's Bureau was received on 9/22/2015. An AIPU was then submitted timely on 12/29/2015. See Appendices for detailed information. **2017 Update:** A response of our 12/29/2015 AIPU was received 5/4/2016 with instructions to seed test cases and run a test AFCARS file to submit along with our next AIPU. Our AIPU with test case AFCARS file was submitted on 7/29/2016. A response from the Children's Bureau was received on 11/4/2016. Our last AIPU was submitted on 2/9/2017. A conference call with the Children's Bureau was held on 3/7/2017 to discuss our test case submission and next steps in order to complete the AIP. The next AIPU is due June 23, 2017. See Appendices for detailed information. **2018 Update:** An AIPU update was submitted timely in December of 2017 and a response to this update was received 1/2018. The Children's Bureau had questions/comments around FC elements 10, 11,18, 19, 20 and 35. During the past year, code changes have been made around reporting placements and removals accurately as well as reporting runaway, case plan goal, guardianship. See AFCARS Improvement Plan (in appendices) for detailed information on progress. Alabama is also currently in the process of analyzing AFCARS 2.0 and submitting a document outlining the burdens/benefits of these new AFCARS requirements. **2019 Update:** The most recent AIPU update was submitted in November 2018. Since that submission, code updates have been completed to foster care data elements 18, 19, 20, and 23. A conference call was held with the Children's Bureau in May 2019 to discuss items pending completion on the AIP. The next AIP submission will be in July 2019. Alabama submitted comments in response to a request from the Children's Bureau detailing a benefits and burden analysis of proposed additional reporting requirements. See AFCARS Improvement Plan (in appendices) for detailed information. We are still waiting on implementation of AFCARS 2.0.

Title IV-E Foster Care Primary Review
The purposes of a Title IV-E Review are to determine if Alabama is in compliance with the child and provider eligibility requirements as outlined in 45 CFR 1356.71 and Section 472 of the Social Security Act, and to validate the basis of Alabama's financial claims to ensure that appropriate payments were made on behalf of eligible children and to eligible homes and institutions. The findings of the review of September 2018 were that the Department was in substantial compliance (with one error) with Federal eligibility requirements for the PUR. The next review was tentatively scheduled for 2021; however, as of April 2020, the ACF has postponed all scheduled IV-E Reviews and review preparation activities for the foreseeable future.

NYTD Review
The NYTD audit took place on August 22-25, 2017. The audit revealed both strengths and weaknesses of the current program. Multiple problems were identified with data collection including tracking of youth in the 21 – 23 age bracket and tracking of youth that leave the program before their 21st birthday. All relevant issues from the report have been addressed and a PIP has been submitted for review/approval**.** The NYTD PIP was approved on July 31, 2018. As of this writing the Department has submitted two quarterly updates related to the approved PIP. The initial update was accepted, and the Department is currently awaiting feedback related to the second submitted on March 31, 2019, after having provided requested changes to the Children's Bureau on June 7, 2019. Work related to improving NYTD outcomes and accurate reporting of services and support is ongoing. See information under NYTD in the CFCIP section of the APSR**.** DHR has not received a response related to the NYTD PIP submission as of this writing. We have made attempts to schedule calls with, but schedules have been a barrier.   We will reach out to request response and schedule a call regarding next steps. Twenty of our young Leaders have been trained regarding NYTD at our Annual Leadership trainings in FY18 and FY19. They provide trainings to young people all over the state at our DREAM Council meetings. NYTD training was also provided to the 80 youth who attend the Camp Life sessions for our 17 to 20-year-old youth which served 81 young people. An additional 94 people were provided training at the ILP Networking Conference held in April 2019. The Networking Conference was attended by county staff and community providers and stakeholders.

VISION STATEMENT
The Department of Human Resources (DHR), as the designated Title IV-B Agency, administers this Plan based on the philosophy that children should be protected from abuse and neglect and, whenever possible, families should be preserved and strengthened in order to nurture and raise children in safe, healthy and stable environments. Service interventions are to be based on a set of beliefs about outcome-based practice that is both strengths-based and family focused and underscore the importance of comprehensive assessments and individualized planning on behalf of the children and families that come to the attention of the Department. At the core of these beliefs are the following tenets:
- Children belong with their families whenever they can safely live at home.
- Child maltreatment is an expression of an underlying, unmet need.
- Most parents love their children and want to care for them.
- All individuals have worth, deserve respect, and are capable of change.

- All children need to experience permanency in their lives; and when children cannot continue to live at home, they still need their family as well as meaningful relationships and enduring community connections.

The Child Welfare Division's Mission Statement is on its website and is as follows: "*The Alabama Department of Human Resources will help families receive the least disruptive services they need, when they need them, and for only as long as they need them in order to maintain children in – or return them to - a safe, stable home.*" The state child and family services plan for abused, neglected and at-risk children and their families is intended to operationalize beliefs through developing goal-directed services that are individualized and needs-based and designed with the following desired outcomes in mind:
- Treat families as partners in parenting and protecting their children.
- Respect parents and their children and focus on the family and on the family's strengths.
- Services are matched to meet identified needs and vary in levels of intensity needed to keep children safe and assure their well-being.
- Services are coordinated between service provider and agencies to meet the multiple needs of children and their families.
- Services are delivered in culturally sensitive ways.
- Services are accessible to children and families.
- Address systemic barriers to accessing needed services.
- Support families through services and to strengthen families so they may safely care for their children.

The vision of the Division as it relates to priorities and connections to organizational outcomes includes:
- Agreement on vision, priorities, and plans for moving forward.
- Clarity on organizational responsibilities and mandates.
- Support the work through organizational structure and efficient processes.
- Achieve partnerships between units and with counties.
- Share a unified view of practice, program mission, and priorities.

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

PRINCIPLES OF OPERATION AND PRACTICE MODEL
The Department of Human Resources and its Family Services and Quality Assurance Divisions are responsible for developing, operating, monitoring, and sustaining a system of child welfare services in accordance with its goals and principles:
- Children will be protected from abuse and neglect.
- Children will live with their families whenever possible and when that cannot be achieved through the provision of services, children will live near their homes in the least restrictive environment that can meet their needs.
- Children will achieve stability and permanency in their living situations.
- Children will achieve success in school. Children will become stable, gainfully employed adults.

Individualized Service Planning (ISP) Process
Central to practice in Alabama is the Individualized Service Plan (ISP) which is to be developed in the context of a partnership between the children, families, and stakeholders. The ISP is designed to create a child and family planning team that participates in the development of a plan that is directed toward achieving the goals of the Consolidated Child and Family Services Plan. The Individualized Service Plan is to be based on an assessment of the strengths and needs within the family along with the behavioral and environmental conditions that need to be changed in order for the children to remain and live safely with their family, to be safely reunited, or to be provided a permanent, safe and stable living situation. The effective use of these collaborative planning processes can result in both 1) partnerships in parenting and protecting children, and 2) reforms in all levels of child welfare practice (State and counties) in accordance with the Department's goals and principles. Moreover, the 50 Indicators of Best Practice remain a framework for assessing the level of practice and system performance, using both quantitative and qualitative measures. This collaborative System of Care can only be operationalized with the support of community-based, goal-directed services that are individualized, needs-based, culturally sensitive, and family-focused while also being accessible and well-coordinated. Family preservation and support services are an integral design of the Department's System of Care for children and families served through the Department's child welfare programs.

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

Guiding Principles:
1. **Safety & Protection**
   Children's safety is first and foremost. DHR shall promote prompt, effective intervention, and freedom from maltreatment.
2. **Permanency, Stability & Self-Sufficiency**
   DHR shall promote the timely achievement of permanency for children so that they may live with their birth/relative family, and if that is not possible, have enduring relationships living with a permanent family that preserves birth family and other significant connections, and provides commitment, stability, belonging, and smooth, successful transitions into adulthood.
3. **Well Being & Development**
   Appropriate planning promotes children experiencing love and belonging along with consistent, balanced nurturing and structure in a family environment, in order for children to experience educational, emotional, physical and developmental growth and well-being.
4. **Family-Centered & Culturally Responsive**
   Parental/child perspectives and expert knowledge of the strengths and needs of their family are valued, encouraged and used, in a family-centered, culturally responsive approach, that involves birth families as partners in planning, shapes all aspects of agency involvement with the family and seeks to strengthen parental capacities to care for their children.
5. **Individualization of Services**
   Children and families are best enabled to grow, change their behavior and overcome challenges when they are engaged, understood and treated with respect as individuals with their own unique strengths, needs and cultural identity, and receive strengths-based, individualized services and supports accordingly.
6. **Community Collaboration**
   Ongoing collaboration with the community is valued and cultivated in order to have a continuum of services and resources that are comprehensive, seamless, readily accessible, responsive to individual, unique and differing levels of need, provided in the least restrictive, most normalized environment and adequately supports parents in raising their children.
7. **Professional/Organizational Competence**
   Child welfare practice should be provided by well-trained and empathetic professional staff, who respect the dignity and worth of every individual, receive skilled supervision, are adequately trained, have appropriate caseloads, and are supported by an effectively managed child welfare agency.

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

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

Organization of the 2021 APSR and Point of Contact

Alabama's 2021 APSR includes information regarding child welfare services provided through Title IV-B, subparts 1 and 2, Title IV-E, Chafee Foster Care Independence Program (CFCIP), and CAPTA as required. The following acronyms are among those most used in this report:

AA/N	Adult Abuse/Neglect Report
ABI	Alabama Bureau of Investigation
ACADV	Alabama Coalition Against Domestic Violence
ADAP	Alabama Disabilities Advocacy Program
AFAPA	Alabama Foster and Adoptive Parent Association
AOC	(Alabama) Administrative Office of Courts
APAC	Alabama Post Adoption Connections
APPLA	Another Planned Permanent Living Arrangement (see section on Permanency Goals)
APSR	Annual Progress and Services Report
ASFA	Adoption and Safe Families Act
CAC	Child Advocacy Center
CAPTA	Child Abuse Protection and Treatment Act
CAS	(Alabama) Children's Aid Society
CA/N	Child Abuse/Neglect Report
CFA	Comprehensive Family Assessment
CFSP	Child and Family Services Plan
CFSR	(Federal) Child and Family Services Review
CFCIP	Chafee Foster Care Independence Program
CIP	(Alabama) Court Improvement Program
CQI	Continuous Quality Improvement
CWCI	Child Welfare Collaborative Initiative
CPS	Child Protective Services
DHR	Department of Human Resources (Alabama's public child welfare agency)
DCAP	(Alabama) Department of Child Abuse Prevention
DMH	(Alabama) Department of Mental Health
DYS	(Alabama) Department of Youth Services
EA	Emergency Assistance
ERD	Electronic Report Distribution
ETV	Education and Training Voucher Program
FA	Family Assistance
FACTS	Family, Adult, and Child Tracking System (Alabama's SACWIS)
FC	Foster Care
FCS	Family and Children's Services
Flex Funds	Funds that are allocated to County DHR Offices for implementation of county-based services
FSD	Family Services Division (of the Alabama State Department of Human Resources)
GAL	Guardian Ad Litem (court-appointed attorney for children in foster care)
HIPPA	Health Insurance Portability & Accountability Act
ICPC	Interstate Compact on the Placement of Children
IDEA	Individuals with Disabilities Education Act
IEP	Individualized Education Plan (established at schools for children in special education)
ILP	Independent Living Program
ISP	Individualized Service Plan (Alabama DHR Case Planning Process)
JOBS	Work/Education Program
LEA/OSA	Law Enforcement Agency/Other State Agency
LETS	(AL's) Learning, Education, & Training System (e.g., Learning Management System)
MAPP	Model Approach to Partnerships in Parenting
MAT	Multi-dimensional Assessment Tool
MD Team	Multi–Disciplinary Team – Team of professionals called on to staff cases (often involves law enforcement, the D.A.'s office, the CAC and DHR staff).
MN Team	Multi-Needs Team of professionals called upon to staff cases where more than one agency is involved with a child and family.
OQCWP	Office of Quality Child Welfare Practice
PA	Public Assistance
Protocol	Alabama Instrument used to conduct a QSR
PIP	Program Improvement Plan

PSSF	Promoting Safe and Stable Families, Title IV-B, subpart 2
QA	Quality Assurance
QAD	Quality Assurance Division
QSR	Qualitative Service Review (a process whereby the record of a child/family is reviewed, interviews are conducted with the relevant persons involved with the child/family.
RD	Resource Development
SDHR	State Department of Human Resources
SACWIS	Statewide Automated Child Welfare Information System
SEAC	Special Education Action Committee, Inc.
STEP	Striving Toward Excellent Practice – (New) Initial training for new child welfare workers
TANF	Temporary Aid to Needy Families
TCM	Targeted Case Management (Medicaid reimbursement)
TFC	Therapeutic Foster Care
TIPS	Trauma Informed Partnering for Safety and Permanency – (new) preparation curriculum for prospective foster/adoptive parents

POSTING OF / CONTACT PERSON FOR THE APSR

Upon approval by the Children's Bureau, the 2021 APSR will be posted on the DHR website, where it can be accessed as shown below.

DHR.Alabama.Gov ⟶ Directory ⟶ Annual Progress and Services Report

Alabama's Contact Person for the APSR:
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ASSESSMENT OF PERFORMANCE

Where OSRI data is used, the <u>measurement percentages</u> reflect the frequency with which a given item was rated a **STRENGTH** in OSRI's completed as a component of state QA (district) reviews. **The percentages shown for FY20, are those from the first three measurement periods of Alabama's Round 3 PIP.**

See Appendix 5 for measurement data on all 18 items.

AL R3 Baseline:	**02/01/19 – 07/31/19**
AL R3 Reporting Period 1:	**05/01/19 – 10/31/19**
AL R3 Reporting Period 2:	**08/01/19 – 01/31/20**
AL R3 Reporting Period 3:	**11/01/19 – 04/30/20**

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

AL Baseline, R3, SO 1:	Not in Substantial Conformity (78.57%)
CFSR, R3, Data Profile, Maltreatment in care:	6.72 (under National Performance of 9.67 = Strength)
CFSR, R3, Data Profile, Recurrence-maltreatment:	5.50 (under National Performance of 9.50 = Strength)

NOTE: In the R3 CFSR, <u>SAFETY Outcome 1 was determined to be in SUBSTANTIAL CONFORMITY (96.15%)</u>

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

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OSRI Data Measures

- AL Baseline, R3:   78.57%
- 5 Year Goal: 91%
- Interim Goals

FY 2020:	83%	Actual:	82.6%	100%	88.5%
FY 2021:	85%				
FY 2022:	87%				
FY 2023:	89%				
FY 2024:	91%				

ASSESSMENT OF PROGRESS / DATA   SAFETY OUTCOME 1

Child safety is paramount for the Alabama child welfare system. The timeframe for initiating face-to-face contact with a child who has been identified as an alleged victim of child maltreatment is based on present or impending danger and responses to all child maltreatment reports are made within the timeframes established by agency policies or state statutes.

See also updates provided under goals and strategies.

CFSR Findings

In the Round 3 CFSR, item 1 was determined to be a Strength of practice. In this regard, state policy requires that response to reports of child abuse and neglect be initiated within one of two designated response times: (1) "immediate," when intake information indicates serious harm will likely occur within 24 hours to the children identified in the report as allegedly abused, which requires response as soon as possible after a report is received but no later than 12 hours from receipt; and (2) "within 5 calendar days," when an immediate response is not required, which means 5 days from the exact date, hour, and minute the intake information was received. In-person indication contact must be made with the children who are allegedly at risk of serious harm and all other children in the home. Child welfare staff must make in-person contact with all other children in the home not abused or neglected as soon as the intake and initial contact warrants are issued but no later than 15 days from the exact date/time the report was received. The purpose of the interviews with these children is to provide an understanding of whether they are also experiencing the alleged abuse/neglect and if they require protection or if they have information regarding the child abuse/neglect report.

When a report involves the allegation of a positive test for alcohol and drugs at birth, and the report is received before the infant is discharged from the hospital, child welfare staff must respond immediately to the hospital. If the report is received after the infant's discharge from the hospital, child welfare staff must make a home visit no later than 12 hours after the report is received. In the Round Three CFSR, Alabama received an overall rating of Strength for Item 1 because 96% of the 26 applicable cases were rated as a **Strength**. Alabama's (CFSR) 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.

ASSESSMENT OF PROGRESS

STRENGTHS	CHALLENGES
I. The majority of children reported to be at risk of abuse/neglect are seen within the timeframes mandated by Policy/Statute. **II.** Response times are correctly assigned in accordance with the nature of the report. **III.** Tracking systems are in place to monitor timely child contacts.	• Additional information at Intake could be gleaned to facilitate timely contacts. • Some errors in data entry were identified. • Families affected by Substance Misuse may lead transient lifestyles.

DESCRIPTION OF CURRENT / PLANNED ACTIVITIES FOR IMPROVEMENT

GOAL:
Children reported to be at risk of abuse/neglect will be seen and assessed within the time frames established by Alabama law and DHR Policy.

Strategies:
- Intake staff will gather available information upon receipt of the report to include: the last known whereabouts of the children) and their parent/caregivers; the name of the school system in which the children) are enrolled; the names and contact information for relatives; the names and contact information for those persons with knowledge of the family.

  The Office of Child Protective Services initiated random weekly record reviews of CAN assessments as they are submitted for Due Process. Program Specialists utilize the review tool already in use of the Safety Assessment conducted in counties as part of regular on-site QA reviews. This tool includes a section having to do with Intake. Currently the Program Specialists submit a total of 15 reviews weekly. Plans are underway to compile the data into a usable and workable spreadsheet over the coming year. In the interim, feedback regarding individual cases reviewed and areas of concern identified is shared with county directors.
  While firm conclusions regarding trends cannot be drawn at this stage, it appears that some trends are emerging with some consistency which will warrant further action/support from SDHR. Of note, again at this early stage, is the number of Intakes which do not identify all household members and Intakes which do not clarify the PARAN's level of access to the children alleged to be at risk.

- County offices will have access to training opportunities through SDHR designed to enhance worker competence in collecting and analyzing information at Intake.

  The Office of Child Protective Services designed and provided trainings to every District in Alabama over the past year which covered, in part, the collection of relevant and necessary information at Intake. Plans are underway to offer the training on a rotating basis to different Districts so that new employees and/or those employees who need additional training will have the opportunity to attend.

- Frontline supervision will be directed, via Administrative Letter or Memorandum, to monitor Intakes as they are received and assigned to ensure that information entered is current and accurate.

  This strategy has not yet been initiated.

- Frontline supervision will monitor timely child contact through bi-monthly review of the ERD report which tracks the time between Intake and initial child contact.

  This strategy has not yet been initiated.

  CPS Program Specialists will incorporate a review of data entry at Intake into the Safety Assessment instrument completed during county reviews.

  The current tool utilized for record reviews and completion of county Safety Assessments includes a section having to do with the collection of information at Intake. The review tool includes a summary of the reported concerns for the child, a determination about the appropriateness of the response time assigned to the report, a determination about the overall sufficiency of the information collected at Intake, a determination about the notation of any family history at

Intake, confirmation that household members and the PARAN's access is confirmed at Intake, and the assignation of the appropriate allegation(s).

The results of each individual case review are then compiled into a comprehensive report which identifies areas needing improvement. The comprehensive Safety Assessment, as well as the individual case record review sheets, are shared with the county Director as part of the debriefing process at the end of the on-site review.

Feedback will be provided to county offices regarding trends and issues that are identified as problematic regarding Data Entry.

The Office of Child Protective Services initiated random weekly record reviews of CAN assessments as they are submitted for Due Process. Program Specialists utilize the review tool already in use of the Safety Assessment conducted in counties as part of regular on-site QA reviews. This tool includes a section having to do with Intake. Currently the Program Specialists submit a total of 15 reviews weekly. Plans are underway to compile the data into a usable and workable spreadsheet over the coming year. In the interim, feedback regarding individual cases reviewed and areas of concern identified is shared with county directors.

Intake staff/Supervision will utilize available systems (EV13, TANF, Accurint) to confirm demographic information.

This strategy is being deleted. It is incorporated into other strategies having to do with the quality and thoroughness of information gathered at Intake. (See Strategy Number 4, Safety Outcome II).

Further Description of Activities to be Explored
1. The Office of CPS will explore the possibility of conducting a special study focusing on those percentages of cases wherein children are not seen within the appropriate time frames. Plans are underway to gather data to ascertain what trends can be seen that exist at both the county level and the state level.

   Response times are tracked, to a degree, through the random reviews noted above. Again, any conclusions are premature at this juncture. However, it appears, at least anecdotally, that children are being seen within the appropriate time frames in the majority of cases. Of note at this stage is a growing number of reports that, while they may be assigned an incorrect response time (5 days) on the system, involve children who are actually seen immediately. The Office of Child Protective Services is currently engaged in the process of creating a spreadsheet to track the numbers of these and other neophyte trends that seem to be emerging.

2. The SDHR will continue to provide support to county offices to facilitate ongoing conformity with the expectation that children be seen within the appropriate time frames. The Office of CPS will monitor compliance through regular review of the monthly reports which track child victim contact time frames. Feedback will then be provided to county level management as appropriate. In addition, Intake Training is being designed to include both the gathering of relevant complete information and the correct entry of that information into the FACTs system. The training will be provided statewide. Regular feedback will be provided to county offices regarding the progress toward the goals outlined in the 2020-2024 CFSP regarding the percentages of children seen in timely fashion.

   See #1 above.

SAFETY Outcome 2   Children are Safely Maintained in their Homes Whenever Possible and Appropriate
AL Baseline, R3, SO 2:   Not in Substantial Conformity (39.71%)

See Appendix 5 for measurement data on all 18 items.

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

OSRI Data Measures
- AL Baseline, R3:   39.13%
- 5 Year Goal: 52%
- Interim Goals

FY 2020	44%	Actual	47.6%	36%	40%
FY 2021	46%				
FY 2022	48%				
FY 2023	50%				
FY 2024	52%				

Item 3. Risk and safety assessment and management

OSRI Data Measures
- AL Baseline, R3:   45.59%
- 5 Year Goal: 64%
- Interim Goals:

FY 2020	56%	Actual	41.2%	47.1%	54.4%
FY 2021	58%				
FY 2022	60%				
FY 2023	62%				
FY 2024	64%				

ASSESSMENT OF PROGRESS / DATA   SAFETY OUTCOME 2

Child safety is the essential focus for the CPS Intervention and is the primary concern throughout the case process. The assessment process begins at the point a report is made, and continues throughout the CA/N safety assessment to identify impending danger, and on to the point the family transfers to Ongoing CPS or Foster Care, during the treatment service provision (ISP), and at the conclusion of any CPS involvement with a family. Safety applies to settings in the child's natural community as well as to any special care or treatment setting in which the child may be served on a temporary basis.

The number of children entering care due to the impact of parental substance abuse on protective capacity has increased. Due to the safety issues present in many of these situations, the child often must be placed on a safety plan or in foster care before services can be provided to maintain the family unit. The severity of the caregiver's substance abuse issue often requires in-patient treatment. There are limited resources in the state for this treatment option.

Onsite review findings by the state QA team included the following issues:
- Assessments made during the CAN Assessment often were too focused on specific allegation and not on exploring or identifying other risk.
- It was also observed that often there was a failure to document all interactions/assessments with family.
- 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.

The 2018 CFSR identified risk/safety assessment management as an area needing improvement as well as all areas related to needs and assessment in the well-being category. There is currently no uniform case transfer policy throughout the state. The information being lost from the investigation worker to the ongoing/foster care worker is evident in the lack of continuous assessment. The agency uses Microsoft Word to capture the assessment story without gaps and using Word has proven to be much more user-friendly. Many of the qualitative surveys from supervisors and workers denote the lack of time available in the investigation phase. Focus group answers such as; workers can only assess the allegation before moving to the next case, workers are under pressure to meet deadlines, liability from legal, and turnover has caused surface level assessments on reports of abuse and neglect. Personnel data indicates that most workers who leave point out a lack of supervision.   State data indicates 79% of children in care as of March 2019 had an average of 2.5 previous CANS before entering care - 5044 children out of 6376. Similarly, out of 10,602 children in open cases, 8909 children or 84.03% had an average of 2.13 previous CANS. This data suggest that little work was

done with the family when the first report was received, leading to more reports and the child/ren eventually coming into care. State data indicates 79 % of children in care as of May 2020 had an average of 2.1 previous CANS before entering care - 5,072 children out of 6,426. Similarly, out of 9,676 children in open cases, 8,236 children or 85 % had an average of 1.9 previous CANS. This data suggest that little work was done with the family when the first report was received, leading to more reports and the child/ren eventually coming into care.

While Alabama does have a diverse cadre of in-home supports to address many issues throughout the state, the intensity of needs prompted by substance abuse pose unique challenges to the state's desire to safely maintain children within their families.

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 an emphasis on engaging children and families, and the foundational impact that will have on truly involving children and families as partners in case planning. To that end, new initiatives related to the ISP, as well as the Comprehensive Family Assessment (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 CFA and ISP initiatives by caseworkers and supervisors.

Supervisor stakeholder focus groups report workers have no experience in assessment, have little training on engagement, and are not prepared to identify safety threats as they are not experienced in the field to identify substance abuse, domestic violence and other safety threats related to mental health. Other focus group comments suggest college graduates are not ready to work and are not prepared to apply the social work theories learned in college to actual casework. Many cannot identify substance abuse users, mental health needs, nor how each of these social issues affects parenting, protective capacities and familial supports.

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

See also the table under "Assessment of Progress" and goal/strategies.

Promoting Safe & Stable Families–Family Preservation Services (NOTE: See also under ITEM 30, Individualization of Services)

An important goal of family support services under Promoting Safe and Stable Families is to improve safety for children in families served. Another desired outcome is to improve the number of children who safely remain with their families or another identified relative or significant person. The services focus on achieving the outcome of successful permanency for children in a family setting through either family preservation or reunification. These programs have the flexibility to design individualized services that are family driven and youth/child focused. Several counties wanted providers to remain in the home for longer periods of time instead of the 4- 6 weeks. All services are customized for delivery in the least restrictive manner.

Family Service Centers (See also under ITEM 30, Individualization of Services)

Family Preservation Services – IIHS (See also under ITEM 30, Individualization of Services)

CHILD MALTREATMENT FATALITIES
   1. The Department has continued to monitor the cases in which child deaths occurred due to maltreatment. Child Deaths are entered into the Statewide Automated Child Welfare Information System, FACTS. The Office of Data Analysis is notified by an automated email when a CA/N report that includes a child death allegation is entered in the system. The Office of Data Analysis maintains a Child Death database. Additionally, a system generated report

is run to monitor child deaths due to alleged abuse or neglect.

2. DHR staff serve on the Alabama State Child Death Review Team (ASCDRT) and the State Health Department's Perinatal Advisory Council. Serving on these committees and others ensures that we gain information that helps guide us in areas such as premature infants and the statewide mortality rates.

FY2018: In FY 2018, as of May 17, 2019, fifty-one (51) child fatalities had occurred with allegations of death due to child maltreatment. As of May 17, 2019, the dispositions on those CA/N reports are as follows:

Child Fatalities w/allegations of maltreatment	51
Indicated	25
Not Indicated	10
Unable to complete	4
Pending	12
Entered in Error	0
12 Month prior contact for /Indicated Finding	11 (21.56%)

FY2019: In FY 2019, as of May 19),2020, forty (40) child fatalities had occurred with allegations of death due to child maltreatment. As of May 19, 2020, the dispositions on those CA/N reports are as follows:

Child Fatalities w/allegations of maltreatment	40
Indicated	29
Not Indicated	6
Unable to complete	0
Pending	5
Entered in Error	0
12 Month prior contact for /Indicated Finding	12 (30%)

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

The ASCDRT reviews the circumstances and underlying factors of all non-medical infant and child deaths in Alabama in order to identify those deaths that could possibly have been prevented. The State Team is responsible for coordination and efficient operation in the review process, using the following causes of death; Sudden Infant Death syndrome; Motor Vehicle Involvement, Fire Related Deaths, Suffocation-Related Deaths; Fire/Weapon Related Deaths. Local Teams do not make a decision as to any child maltreatment cause of death. Child maltreatment fatalities reported to NCANDS are those children for which the Department has investigated the child death. The circumstances of the child fatality are entered into our SACWIS system as a CAN report and Multidisciplinary Teams confer during this process. Coroners, LEA and Medical Examiners are legislatively mandated reporters. State DHR staff, as well as county DHR staff, also participate in the child death review teams. In addition to the state team, each county has a Local Child Death Review Team. The local District Attorney leads the local teams. A representative from the Department team is included in the local team. The local teams throughout the state are responsible for an in-depth analysis of the cases assigned to them by the State Team. Local Representatives share any information the Department may have regarding child maltreatment deaths.

In prior years, the State Child Death Committee traveled to assist any counties who did not have local teams in working with their county District Attorneys to re-establish their local teams. We are pleased that, at this time, all Alabama Counties have a local Child Death Review Team.

Alabama County Child Death Review Teams

County child death reviews must be completed in situations where a child death occurred due to alleged child abuse or neglect <u>and</u> the Department had any child welfare involvement with the child or the child's family within twelve (12) months prior to the date of the child's death. The purpose of a child death review is to strengthen and improve future child welfare practice. The review should be comprehensive and evaluate system performance prior to the child's death. Any recommendations resulting from the review should be specific and focused solely on remedial efforts to prevent future deaths.

Composition of the DHR Child Death Review Committee include: County Director or designated County Child Welfare Administrator, County Quality Assurance Coordinator, County Quality Assurance Committee Member, and Quality Assurance Division's Office of Quality Assurance Representative. The review process must include, at a minimum, a case record review and a meeting of the Child Death Review Committee. The review process (i.e., a first meeting or a review of the case material) is to begin within thirty (30) days of the County Department receiving the report of the child's death unless good cause is established due to unusual or extraordinary circumstances.

The review process will consist of an objective discussion by the Review Committee of DHR's involvement with the family and an analysis of the Department's performance as it relates to policy, procedures, services, best practices etc. The final report should be completed within ninety (90) days of the County Department being notified of the child's death unless good cause is established due to unusual or extraordinary circumstances.

FFPSA – Development of a Statewide Plan for the Prevention of Child Maltreatment Fatalities - See Appendix 3

Populations at Greatest Risk of Maltreatment

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

- ISP; Flex Funds; Information and Referral to other agencies/entities; Maintain Central Registry; Family Services provide Case consultation services;
- Intensive In Home Services (IIHS)

Following are some of our partners who partner with us around identification of vulnerable populations. We work closely with them, and they have provided the Department with critical information regarding this group of children:

1.) Quarterly meetings with Early Intervention
2.) Participation with Perinatal Substance Council
3.) The Children's Trust Fund
4.) State Child Death Review Committee
5.) Development of Training Curriculum on Family Violence Assessment and Intervention in Child Protective Services to provide information for Community Partners
6.) Each county also has created their own network of local providers in identifying children in this age group
7.) Domestic Violence Coalition
8.) One Place Family Justice Center
9.) Public & Private Schools.
10. Child Advocacy Centers
11. Children's Justice Task Force

How Issues Related to This Population of Children will be Addressed Over the Next 5 Years

➢ In case reviews in which CPS staff assist, a focus will include children age 4 and under to see how this population is being served.

➢ The Office of CPS will explore with the Office of QA any ways in which services to children age 4 and under are being implemented. This could be done through stakeholder interviews, as well as the OSRI case reviews.

The Office of CPS Manager is currently working in conjunction with the SDHR QA Division and the CB to design and facilitate a virtual meeting with community stakeholders and DHR staff state wide to gather input about the current array of services available in the state, the efficacy of the referral process, gaps in the services available and barriers to the timely delivery of services.

Emerging Trends

In a very preliminary, yet to be verified, review of child deaths due to maltreatment there was a noticeable upward trend in FY 2018 (when compared to previous years, but especially FY 2017) of child deaths for the age group of 0-3 months, as well as those 3 years of age. Upward trending (over FY 2017) was noted in ages 1 and 2 years as well. FY 2018 child deaths of those children age 4-6 months and 7-11 months was the same as in FY 2017, and less than the number who died in FY16. Further, it appears that roughly twice as many children ages five and under come into care as older age groups, and roughly four times as many children aged one and under come into care as all other children.

Definition of Children at Greatest Risk of Maltreatment*

Risk Factors for Victimization - Individual Risk Factors
- Children younger than four years of age.
- Special needs that may increase caregiver burden (e.g., disabilities, mental retardation, mental health issues, and chronic physical illnesses)

Risk Factors for Perpetration

Individual Risk Factors
- Parents' lack of understanding of children's needs, child development and parenting skills
- Parents' history of child maltreatment in family of origin
- Substance abuse and/or mental health issues including depression in the family
- Parental characteristics such as young age, low education, single parenthood, large number of dependent children, and low income
- Non-biological, transient caregivers in the home (e.g., mother's male partner)
- Parental thoughts and emotions that tend to support or justify maltreatment behaviors

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

Community Risk Factors
- Community violence
- Concentrated neighborhood disadvantage (e.g., high poverty and residential instability, high unemployment rates, and high density of alcohol outlets), and poor social connections. *Language and context suggested by the Centers for Disease Control and Prevention*

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

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

CFSR Findings:
In the Round Three CFSR, Alabama received an overall rating of 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. In the Round Three CFSR, Alabama received an overall rating of ANI for Item 3 because 60% of the 65 applicable 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 services cases.

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 recommends 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.

In the CFSR it was noted that when supervisory oversight was evident in cases, comprehensive initial and ongoing safety and needs assessments were completed. 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.

ASSESSMENT OF PROGRESS

STRENGTHS	CHALLENGES
• Safety Plans are being utilized with some success in preventing out of home placement. • Collateral information is gathered through Forensic Interviews, Law Enforcement, Medical Providers, and other partner agencies. • The FACTs system provides a framework for more thorough assessments as a part of the Child Abuse/Neglect Assessment documentation process. • CPS Assessment Training has been developed and delivered to counties from across the state. • The SDHR CPS Program Specialists partner with the QA Division in the completion of Safety Assessments for each county undergoing a regular QSR.	• Assessment is often focused on the specific allegations reported at Intake. • Service needs are not being identified during the initial assessment phase. • Treatment Programs geared toward Substance Use Disorder and Mental Illness are scarce. • Frontline staff and supervisors are often inexperienced. • Staff struggles to articulate the connection between a caregiver's drug use and how it might impair their abilities to provide a safe stable home. • Staff often struggle to identify and interview collateral contacts. • Limited services for those individuals with developmental or intellectual disabilities, particularly those with IQ's less than 70. • Greater need to engage fathers in the ISP process and in all work being done with families.

DESCRIPTION OF CURRENT / PLANNED ACTIVITIES FOR IMPROVEMENT

GOAL:
Children and families are engaged, assessed and treated with respect as individuals with their own unique strengths, needs and cultural identity.

Strategies

1. Staff will continuously and thoroughly assess and address present and impending danger threats to children in their present/anticipated living situations. Safety Assessments that are done as part of the record reviews completed in counties will review work to determine if the completed assessments examined more than the specific allegation; feedback will then be given to county staff accordingly.

    This strategy has been started and is ongoing. The Office of Protective Services, in partnership with SDHR QA, completed a total of 15 Safety Assessments during on-site county reviews in 2019. There will be another 15 Safety Assessments completed in 2020. Feedback is provided to the county immediately in those instances where unmanaged risks are identified. Comprehensive feedback is given to the county at both the Debriefing Meeting and the provision of copies of the individual case review sheets and a comprehensive Safety Assessment document that summarizes issues identified.

2. The ability of families and caregivers to create safe, stable and nurturing environments will be supported and promoted. Beginning at Intake and throughout the intervention with the family, staff will identify and interview collaterals that have meaningful input and the capacity to strengthen the caregiver's abilities.

3. The SDHR Resource Division will provide support and guidance to county offices in the identification and provision of supportive services for individuals with developmental/intellectual challenges.

    This strategy has been initiated.

4. County staff will utilize systems available to identify, locate, and engage fathers.

   Ongoing regular case reviews by the Office of Protective Services were initiated in March 2020. Each Program Specialist reviews three cases weekly, utilizing the review tool that is used in completion of the regular Safety Assessments which are done as part of on-site QA reviews in the county. This instrument includes sections which allow for feedback to the county regarding the use of agency systems and other resources to identify locate and engage fathers. While any conclusions at this stage are preliminary, it can be shared with some degree of confidence that this is still an area that needs improvement.

5. SDHR is working in conjunction with the Children's Justice Task Force to provide updated Substance Abuse Training for staff with an emphasis on current treatment modalities and the connection between active addiction and the risk of harm.
   SDHR worked in conjunction with the Children's Justice Task Force to create an updated Substance Abuse Training model. The training was offered to a pilot group of participants on March 2-3 ,2020 in Montgomery. There were approximately thirty participants at the training from a number of professional disciplines to include SDHR Family Service Division managers, DHR County Office Directors, County Supervisors, Task Force members, SDHR Legal staff, and QA staff. The participants were asked to provide feedback and input regarding the training and how it might be fleshed out before delivery to the target staff i.e. county office practitioners and supervisors. The input was collated and integrated into the model. Plans are underway to offer the training throughout the state in the coming year.

6. County Office Management Teams will request specialized trainings as needed through the office of Field Administration. Localized trainings are provided by the SDHR Office of CPS.

   County Directors and leadership staff contact SDHR via e-mail with requests for specific trainings as they arise. These requests are then approved and assigned to the Office of Child Protective Services. There are a number of training sessions available upon request, to include but not limited to: Safety Planning; CA/N Assessment and Decision Making; Home Evaluations; Adoption Placement and Subsidy. Each training, regardless of specific intent, is focused on the principle and practice that assessment begins at Intake and continues throughout the life of the case.

Implementation Supports
- Provide Training through webinars (LETS) and on-site to workers regarding quality caseworker visits.

- Provide training through webinars (LETS) and on-site to supervisors so that they may support their workers in the quality of visits and not just their frequency.

PIP and APSR
Alabama's approved PIP has two goals, four strategies, and thirty-six (36) activities that are designed to improve initial and ongoing assessments and family engagement. The desired outcomes of this work are to adequately manage safety throughout the life of a child welfare case, ensure appropriate services are provided, and achieve timely permanence for children in care.

Per the PIP, an Assessment Workgroup has been charged with various activities, such as developing/implementing practice guidelines, training, tools, field guides, etc., that are all designed to improve practice around ensuring child safety through ongoing assessments and monitoring. Safety practice champions will assist in application of constructs and coaching of staff. Supervisors, as an integral part of ensuring child safety, will have a key role in case review and coaching, and will themselves be provided with the needed support. A focus on services, through resource mapping and peer-to-peer sharing within districts will have a critical role in service delivery.

For further information on PIP activities designed to improve safety outcomes, see Alabama's approved PIP in final form.

CAPTA UPATES

I. **Alabama State Liaison Officer (SLO)**
Jon Perdue Program Manager, Child Protective Services
State DHR – Children & Family Services
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II. **There have been no substantive changes to state laws or regulations that would affect the state's eligibility for The CAPTA State Grant.**

III. **Data Updates**
A. Number of Children Referred to CPS under Policies and Procedures Established to Address the Needs of Infants born with and Affected by Illegal Substance Abuse, Withdrawal symptoms or a Fetal Alcohol Spectrum Disorder (number of children with each of the identified symptoms/allegations who were subjects of a child abuse/neglect report received by the Department). Data and time frames are provided below for the number of children in CAN reports received by allegation, for the following allegations (Note: Referral Intake date was the method used to "assign" children to the yearly cohort groups):

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

CY	TOTAL	Chemical Endangerment	Positive-Drugs at Birth	Positive-Alcohol at Birth/FAS
2015	439*	113	319	7
2016	458*	106	347	5
2017	608*	129	475	4
2018	693*	147	535	11
2019	685*	127	546	12

2019: *663 unique children, 22 children had duplicate allegations
2018: *679 unique children, 14 children had duplicate allegations
2017: *600 unique children (8 had two allegations) 100% Children received Services after Initial Assessment.
2016: *452 unique children (6 children had two allegations) 452 of 452 Children Received Services after Initial Assessment 100% Received Services.
2015: * 436 unique children, as 6 children had two allegations. Of the total, 99% were opened to services

The Office of CPS has requested assistance from the Children's Justice Task Force to provide training on the assessment of substance abuse in child welfare cases. One of the goals of the training will be to improve the accurate assessment of substance abuse involvement in child abuse cases. There has been a steady increase in the total number of children born positive for drugs over the past several years and the Office of CPS believes that this training will be very beneficial for child welfare staff as they assess cases where substance abuse might possibly be an issue contributing to abuse or neglect.

SDHR worked in conjunction with the Children's Justice Task Force to create an updated Substance Abuse Training model. The training was offered to a pilot group of participants on March 2-3 ,2020 in Montgomery. There were approximately thirty participants at the training from a number of professional disciplines to include SDHR Family Service Division managers, DHR County Office Directors, County Supervisors, Task Force members, SDHR Legal staff, and QA staff. The participants were asked to provide feedback and input regarding the training and how it might be fleshed out before delivery to the target staff i.e. county office practitioners and supervisors. The input was collated and integrated into the model. Plans are underway to offer the training throughout the state in the coming year.

B. **Number of Families that received a Differential Response as a Preventative Service during the Year:**
The data for Prevention reports received is as follows: FY2018 There were 10,996 Preventions, and 15,966 children were involved in those assessments. FY2019 - There were 10,614 Preventions, and 15,462 children were

involved in those assessments.

III.   Other CAPTA Updates

A. Use of Grant Funds
There were no significant changes in the use of funds to be described.

The primary plan for CAPTA funds continues to be maintaining the CAPTA Due Process Requirement through the Administrative Record review process. This program improves the child protective services system by establishing procedures for appeal and responding to appeals of substantiated/indicated reports of abuse and neglect. CAPTA Funding has been the cornerstone of many of the projects that continue to grow as we protect children. This includes the Central Registry /Adam Walsh Act. Importantly, due process for those individuals with indicated/substantiated child abuse/neglect reports is one of the largest services we provide.

CAPTA Funding provides funding for Five Program Specialists and one part time Administrate Support Assistant. CAPTA Funding also supports the Parenting Assistance Line and travel for CPS staff to attend the annual Children's Justice Grantee meeting in Washington DC.

1. **Intake, assessment, screening and investigation of reports of child abuse or neglect and procedures for appealing and responding to appeals of substantiated reports of child abuse or neglect.**
    The Administrative Record review program is a partnership between the county Departments and the state office. State office Administrative Record Reviewers and the County Director or designee review the case record and any information submitted by the alleged perpetrator to determine if the record supports a finding of abuse or neglect. The alleged perpetrators are given written notice of their right to an Administrative Record review. They are informed that the review process will be completed by a DHR independent panel, members of which are not directly involved in the case and have authority to overturn the decision of the worker/supervisor if the record does not support the finding of abuse or neglect.

    The State Central Registry on Child Abuse and Neglect continues to be widely used by potential employers who work with children to screen applicants for employment and for the screening of foster and adoptive parents. CPS staff continues to assist in providing accurate information to other states who are requesting Adam Walsh Clearances so pending placements can be completed timely.

    Salaries and benefits for the five Administrative Record Program Specialists and one part time Administrative Assistant. are paid by funds from the CAPTA Grant. The total expenditure is estimated at $ 448,418.02   In FY 2019, CAPTA funds were utilized for 5 Program Specialists, one full time Administrative Assistant and one part time Administrative Assistant.

    In addition to the normal job duties of the Administrative Record Program Specialists they are involved in a team approach model to assist counties in improving their child protective services program. They work closely with Specialists from within Family Services by providing support and helping identify strengths and needs in the counties' CPS programs and providing specialized training to counties as needed. The Program Specialists also work in partnership with SDHR QA Division and complete the Safety Assessment component of county QA Reviews.

2. **Enhancing the general child protective system by developing, improving, and implementing risk and safety assessment tools and protocols, including the use of differential response**.
    The Department continues to recognize that supervision is crucial to good social work practice. Efforts are underway to begin working toward increasing the capacity of line supervisors to assist their staff in making sound decisions around safety planning; case planning and using the comprehensive assessment to improve case practice and case outcomes. The Department currently utilizes a prevention track as a differential response, in that reports taken as preventions are assessed as not rising to a level of a child maltreatment report, and yet a safety assessment by Department staff (using defined initial contact time frames) is still conducted.

3. **The services to be provided to individuals, families, or communities, either directly or through referrals aimed at preventing the occurrence of child abuse and neglect.**
    The Administrative Record Review Program is the service set provided directly to individuals using CAPTA Grant money. See #1, Use of Grant Funds noted above. The Department continues to support Alabama's Parenting Assistance Line (PAL). The Parenting Assistance Line (PAL) is a collaborative service of the

University of Alabama Child Development Resources and the Alabama Children's Trust Fund. When citizens call the toll-free number, 1-866-962-3030, a parenting resource Specialist provides helpful information and support. Callers can also request free literature. The PAL website can be accessed at http://pal.ua.edu/. CAPTA funding was utilized for the CPS Program Manager to attend the Mandatory Conference for State SLOs in Washington, D.C.in March 2020.

B. Referral Of Infants and Toddlers (under 36 months) To Alabama's Early Intervention System (AEIS).
Child welfare staff, under provisions in Child Abuse Prevention Act (CAPTA), shall refer all infants and toddlers from birth to 36 months, with indicated abuse/neglect reports received on or after June 25, 2004 to AEIS. AEIS, a Division of Alabama Department of Rehabilitation Services, is funded under Part C of the Individuals with Disabilities Education Act (IDEA). Early Intervention Services identifies through evaluation infants and any toddler with a 25% delay in the major areas of development (e.g., physical, social, adaptive, cognitive, or communication skills) or a diagnosed condition likely to lead to delay, and provides early intervention supports and services to eligible children.

AEIS-DHR CAPTA referral form is required for all children who meet eligibility requirements (i.e., must be under 36 months at time of indicated disposition). FACTS generates the AEIS-DHR CAPTA Referral Form (DHR-FCS-2121) from case participant information for children under 36 months with an indicated disposition. Due process requirements must be completed for the person allegedly responsible for abuse/neglect before disposing of a CA/N assessment and before sending the DHR-FCS-2121 to Child Find. Referrals are sent directly to the attention of ADRS/EI, 602 South Lawrence Street, Montgomery, Alabama 36104, or faxed to (334) 293-7393. AEIS staff may contact the DHR caseworker for additional information needed to process the referral. Under Code of Alabama 1975 § 26-14-8 (c) (9) child welfare staff can share information with AEIS. Refer to *Child Protective Services Policies And Procedures, Central Registry, E. Use And Disclosure Of CA/N Information*. Referrals to AEIS are documented in the service case record. Parental consent is not required when making referrals to AEIS, but the referral should be discussed with the parents or primary caregiver. AEIS assumes responsibility for obtaining written parental consent needed before AEIS can conduct an evaluation for referred infants/toddlers not in the custody of the Department. Child welfare staff shall pursue parental consent only when the referred infant/toddler is in the custody of the Department.

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

The following is data obtained from the Alabama Early Intervention System State Office
Of the 900 referrals made in FY 2018, there were no concerns of the child having a 25% delay in 771 referrals. One (1) child was activated as a referral by the DHR SW as action needed, and fifteen (15) children were already in the system. Ten (10) children were activated for a Child Find Referral. Twenty-one (21) referrals were closed by Early Intervention with no further action and seventy-seven (77) were closed due to unsuccessful contact. There was one (1) referral sent to EI that was over the age of three years, and four (4) that were from other states.

Of the 981 referrals made in FY 2019, there were no concerns of the child having a 25% delay in 777 referrals. No children were referred by the DHR SW as action needed, and nine (9) children were already in the system. Eleven (11) children were activated for a Child Find Referral. Thirty-six (36) referrals were closed by Early Intervention with no further action and one hundred-thirty (130) were closed due to unsuccessful contact. There were six (6) referrals sent to EI that was over the age of three years, and twelve (12) that were from other states.

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

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

The Department continues to work closely with the Alabama Early Intervention System to ensure that children are appropriately referred for services. The two agencies believe that it is important to heighten the awareness of line supervisors about the need for appropriate referrals to the Early Intervention Programs and increase awareness of services available to benefit children who are victims of child abuse/neglect who may also have a developmental delay.

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

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

When these situations occur <u>and</u> the Intake information reveals the children may be at <u>risk of maltreatment</u>, the information is considered a CPS Prevention referral and an evaluation of the child/family situation is needed. The evaluation process is known as CPS Prevention assessment. Risk of maltreatment is defined, for purposes of this policy, as "family conditions or circumstances that, if left unchanged, can cause child abuse/neglect." The CPS Prevention process is designed to determine whether ongoing protective services are needed to prevent child maltreatment. At any time, safety threats or abuse/neglect are discovered during the CPS Prevention process, child welfare staff must follow *CA/N Assessment Policies and Procedures*.

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

As of June 15, 2020, there were 1136 attorneys on the master GAL appointment list.

IV. Child Fatality and Near Fatality Public Disclosure Policy
Family Services Administrative Letter No. 7452, dated March 19, 2015, addresses the reporting and public release of records in cases of child fatality or near fatality. It was released to County Directors of Human Resources on March 30, 2015, for immediate implementation. The DHR Guidelines for reporting child deaths and near fatalities included guidance on the composition of CHR child death review committees, and procedures for child death reviews. It includes:
- Cause, date (of death / near fatality) and circumstances regarding the child fatality or near fatality.
- Age, gender, and race of the child.
- Child welfare involvement with the child/family during the 12 months prior to the date of the child's death or near fatality incident. Identification of other pending referrals / open cases on the child / family at the time of death or near fatality.
- A description of any other child welfare involvement with the child / family during the 12 months prior to the date of the child's death or near fatality incident.
- The review process will consist of an objective discussion by the Review Committee of DHR's involvement with the family and an analysis of the Department's performance as it relates to policy, procedures, services, best practices etc.

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

V. **DEMOGRAPHIC SUMMARY FOR PROGRAM EFFORT (PE) CODES 03 and 53 EMPLOYEES AS OF PAY PERIOD ENDING 03/31/20.**

The total of **1572** employees listed below represents **90.34**% of child welfare staff.

RACE	SEX	TALLY
AMER IND	**F**	**5**
AMER IND	**M**	**1**
TOTAL		**6**
ASIAN	**F**	**1**
TOTAL		**1**
BLACK	**F**	**719**
BLACK	**M**	**54**
TOTAL		**773**
HAWAIIAN	**F**	**1**
TOTAL		**1**
HISPANIC	**F**	**13**
HISPANIC	**M**	**1**
TOTAL		**14**
NO RESPONS	**F**	**5**
TOTAL		**5**
TWO OR MOR	**F**	**13**
TOTAL		**13**
WHITE	**F**	**710**
WHITE	**M**	**49**
TOTAL		**759**
OVERALL TOTAL		**1572**

VI. Degrees, Certifications, Salaries, Positions

See (separately attached) supervisor and worker classifications document for the following positions:
- Service Supervisor I (50223)
- Service Supervisor II (50259)
- Senior Social Work Supervisor I (50224)
- Senior Social Work Supervisor II (50275)

- Social Worker I (50248)
- Social Worker II (50257)
- Social Service Caseworker I (50246)
- Social Service Caseworker II (50250)
- Senior Social Worker I (50221)
- Senior Social Worker II (50258)

VII. Training Provided to New Child Welfare Workers

See information provided in the 2021 APSR Training Plan.

VIII. Caseload Size *

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

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

These standards establish a maximum number of cases per worker based on the type of case, considering the responsibilities that are inherent to staff positions. There is also a standard for the staff position that involves handling the incoming cases, inquiries, and reports of abuse and neglect from the community that is typically referred to as Intake. Each county is allocated one full time staff position for the Intake function, with selected counties having additional staff resources for Intake based on county size. Additional staffing resources are allocated to counties to fulfill resource development and quality assurance functions in each County Department. These positions along with the caseload standards are designed to provide the program and Administrative Record support to counties in accordance with the Department's/Division's goals and principles. The implementation of caseload standards marked a significant reform in child welfare operations in Alabama that provided a framework for supporting quality child welfare practice.
* See Alabama APA Chapter 660-5-53.

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

<u>Information on Child Welfare Staff Additions / Separations</u>
The data for Field Placement Students (FPS) includes the total number of FPS (by year), along with the number (of FPS) hired and the total number of hired FPS that received a Title IV-E Stipend (with a breakdown by BSW and MSW). The data for total child welfare additions is approximate and consists of staff joining the county child welfare work force through 1.) new hires; 2.) transfer from State DHR; 3.) transfer from another agency; 4.) transfer from the CW staff of another county; and 5.) program effort code changes to child welfare.   The information on child welfare separations is also approximate and includes: 1.) separations; 2.) transfer to state office; 3.) transfer to another agency; 4.) transfer to the CW staff of another county; and 5.) program effort code changes from (out of) child welfare. **NOTE: the inclusion of CW transfers (# 4 in both additions/separations) reflects worker movement within the workforce, as opposed to joining/leaving the work force.**

2015	Total # Field Placement Students:		122
	Total Stipend Recipients:		20 (11 BSW; 9 MSW)
	Total CW additions:	311	
	Total CW separations:	303	
2016	Total # Field Placement Students:		138
	Total Stipend Recipients:		33 (24 BSW; 9 MSW)
	Total CW additions:	504	
	Total CW separations:	437	
2017	Total # Field Placement Students:		137
	Total Stipend Recipients:		25 (20 BSW; 5 MSW)
	Total CW additions:	481	
	Total CW separations:	417	
2018	Total # Field Placement Students:		76
	Total Stipend Recipients:		25 (17 BSW; 8 MSW)
	Total CW additions:	486	
	Total CW separations:	407	
2019	Total CW additions:	391	
	Total CW separations:	418	

CASELOAD-INDICATED STATEWIDE STAFFING GUIDELINES (FULL TIME EQUIVALENTS)

Note: For FY2018, Staff assigned Prevention Assessments are not included in the staffing count, because a lot of the staff are the same.

		FY 2018	FY 2019	Percent Different	
WKSIIA	Number of Staff Responsible for CPS Functions (Screening, Intake, and Investigation/Assessment of Reports) During the Year	575	582.9	1.39%	Alabama determines staff need based on a six- or twelve-month average of different case types. Intake is one worker per county and for larger counties, more than one based on population. CA/N reports are counted at a 1:8 ratio for sexual abuse; 1:10 for children who enter foster care; 1:12 ratio for all other maltreatment types; Child Protective Service On-Going Cases are staffed at a ratio of 1:18 cases. Therefore, Alabama's total Child Protective Staff for FFY2018 was Intake = 85; CA/N = 206.6 CPS = 283.6; Total 575.2
WKSI	Number of Staff Responsible for the Screening and Intake of Reports During the Year	85	85	0	Intake is one worker per county and, in larger counties, more than one, based on 2010 population data.

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

It should be noted that during the recruitment efforts, the "II" levels are also identified, so that applicants will know of the potential for promotional opportunities:

1. Senior Social Worker I - this classification has minimum requirements of a Master of Social Work (MSW) from a program that is accredited by CSWE and eligibility for Licensure as issued by the Alabama Board of Social Work Examiners.
2. Senior Social Worker II – this classification has minimum requirements of current, permanent status as a Senior Social Worker I, two years of experience as a Senior Social Worker I, MSW from a program that is accredited by CSWE and active licensure at the LMSW level. Internal Promotion Only and requires a score of "Meets Standards" or above on the most recent performance appraisal prior to promotion.
3. Social Worker I - this classification has minimum requirements of a Bachelor of Social Work (BSW) from a program that is accredited by CSWE and eligibility for Licensure as issued by the Alabama Board of Social Work Examiners. –
4. Social Worker II - this classification has minimum requirements of current, permanent status as a Social Worker I, two years of experience as a Social Worker I, BSW from a program that is accredited by CSWE and active licensure at the LBSW level. Internal Promotion Only and requires a score of "Meets Standards" or above on the most recent performance appraisal prior to promotion.
5. Social Service Caseworker I – this classification has minimum requirements a bachelor's degree in social science from an accredited college or university, OR a bachelor's degree from an accredited college or university in any major and at least 30 semester or 45 quarter hours in social or behavioral science courses. There are no licensure requirements for this classification.
6. Social Service Caseworker II – this classification has minimum requirements of current, permanent status as a Social Service Caseworker I, two years of experience as a Social Service Caseworker I, a Bachelor's degree in social science from an accredited college or university OR in any major and at least 30 semester or 45 quarter hours in social or behavioral science courses. There are no licensure requirements for this classification. Internal Promotion Only and requires a score of "Meets Standards" or above on the most recent performance appraisal prior to promotion.

Additionally, the DHR Recruiter typically receives hundreds of phone calls every year in response to the following information on the DHR website:
"The Department of Human Resources offers a variety of career opportunities throughout the State of Alabama. DHR employs individuals in the classifications of Social Service Caseworker **I**, Social Worker **I**, Senior Social Worker **I**, and Financial Support Worker **I**. The department also offers positions in the areas of information services, accounting, clerical, and other classifications. To obtain information regarding these employment opportunities, please email the DHR Recruiter at recruitment or contact the DHR Personnel Division at 334-242-1780 to speak with the recruiter."

Information on Staff Selection - The selection process of eligible applicants is based on an employment certification provided by the State of Alabama Personnel Department in which the applicants are scored and ranked based on an approved testing method. The top ten scores for each merit system classification are provided by the State Personnel Department to the agency filling a vacancy in the respective classification. Each applicant on the employment register is then contacted by mail, in order to determine availability for the vacant positions. Candidates expressing interest and availability in the vacant position are then interviewed for consideration.

The Comprehensive Addiction and Recovery Act of 2016 (CARA).
On July 22, 2016, the President signed into law P.L. 114-198, The Comprehensive Addiction and Recovery Act of 2016 (CARA). In so doing, CARA aims to address the problem of opioid addiction in the United States. Amendments to CAPTA's provisions relating to substance exposed newborns and plans of safe care were thereby enacted.
CARA amended certain sections of CAPTA, issuing requirements with which states needed to comply in order to remain eligible for funding under the CAPTA state grant. In order to address the CARA requirements, the Department developed and added new policy in regard to plans of safe care for the affected infant and family/caregivers. The term "illegal" was removed, as it applied to substance abuse affecting infants. County Directors also communicated with local medical providers, hospital staff and substance abuse professionals to discuss the requirement that DHR is to be contacted in all cases when a medical determination has been made that newborn has been affected by substance abuse or withdrawal symptoms. Plans of Safe Care are included in the Child Abuse/Neglect investigation, CPS Prevention Assessment and/or the ISP process. Changes were also made in the DATA system capture and track plans of safe care.

Plans of Safe care are included on the Quality Child Welfare Practice review tools and are monitored through those random record reviews/peer reviews.

2020 Update:
Changes were made in FACTS to capture not only parental substance abuse as an entry reason into care, but which substance/s were involved.

There is also a plan of safe care court in place in two counties- Jefferson and Jackson. This is being done through a grand and AOC is heavily involved. The referral process allows for the courts to become involved with expecting mothers who are struggling with addiction prior to the birth of the baby to provide preventative services.

Efforts are underway to replicate and expand the SafeCare model to four other counties, bringing the total to six statewide. The agency does not have a mechanism to track costs related to CARA specifically. There is not a code on the work sampling forms to capture Plan of Safe Care or related duties, but rather this would be captured under Case Management. The Office of Child Protective services has gathered data, currently being collated, to track the numbers of reports involving Substance Exposed Infants, coupled with the agency's response and delivery of needed services and supports. The QCWP Case Review Tool for Foster Care and CPS cases addresses whether there was evidence that Plans of Safe Care were formulated for children born effected by Substance Use. Feedback is then immediately shared with the county as needed.

PL 115-124
In May 2019, Governor Ivey signed the state plan assurance amended by PL 115-124, The Victims of Child Abuse Act, Reauthorization Act of 2018.

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

- AL Baseline, R3, PO 1:   Not In Substantial Conformity (16.28%)
- CFSR, R3 Data Profile, Placement Stability: 6.41 (above National Performance of 4.44 = ANI)
- CFSR, R3 Data Profile, Re-entry to FC: 8.6% (above National Performance of 8.1% = ANI)
- CFSR, R3 Data Profile, Permanency in 12 mths.*   49% (above National Performance of 42.7% = Strength)
- CFSR, R3 Data Profile, Permanency in 12 mths **   40.3% (below National Performance of 45.9% = ANI)
- CFSR, R3 Data Profile, Permanency in 12 mths ***   28.3% (below National Performance of 31.8% = ANI)

See Appendix 5 for measurement data on all 18 items.

*   Permanency in 12 months for those who have entered care.
**   Permanency in 12 months for those who have already been in-care 12 – 23 months.
***   Permanency in 12 months for those who have already been in-care 24+ months.

Item 4. Stability of foster care placements

OSRI Data Measures
- AL Baseline, R3: 76.74%
- 5 Year Goal: 84%
- Interim Goals:

FY 2020	76%	Actual	76.7%	75%	75%
FY 2021	78%			
FY 2022	80%			
FY 2023	82%			
FY 2024	84%			

Item 5. Permanency goal for child

OSRI Data Measures
- AL Baseline, R3: 32.56%
- 5 Year Goal: 46%
- Interim Goals:

FY 2020	38%	Actual	39.5%	36.4%	36.4%
FY 2021	40%			
FY 2022	42%			
FY 2023	44%			
FY 2024	46%			

Item 6. Achieving Reunification, Guardianship, Adoption or OPPLA

OSRI Data Measures
- AL Baseline, R3: 34.88%
- 5 Year Goal: 55%
- Interim Goals:

FY 2020	47%	Actual	39.5%	34.1%	36.4%
FY 2021	49%			
FY 2022	51%			
FY 2023	53%			
FY 2024	55%			

ASSESSMENT OF PROGRESS / DATA   PERMANENCY OUTCOME 1

Item 4
Potential contributing factors impacting the high number of placements are numerous and easily found in data available across multiple data streams. A review of the Department's staffing provides several potential indicators for lack of stability in foster care placements.

1. New staff, as well as staff turnover, has had a major impact on carrying out service needs, and follow through in terms of worker management of assigned youth in the foster care system. Although worker turnover fluctuates significantly, rates as high as 36.3% have been noted.

2. Numbers of youth in care have also increased significantly in a relatively short time. From October 2018 through October 2019 children in DHR custody has decreased by 131 youth, a 2% increase. A county by county analysis indicates that the counties had 6387 youth in custody on 10/31/19.

3. Many congregate care programs are at licensed capacity, so as additional youth come into care, these programs are becoming very selective as to who will be accepted. Furthermore, they are more frequently exercising the option to request removal of the youth from their facility as difficult behaviors are manifested, instead of crafting services to maintain placement of the youth. This same issue is prevalent with foster care providers.

4. In particular there are limited external options if youth are exhibiting trauma related or other behaviors in the home. The primary focus for the Intensive In-Home Services contract has been the birth family, either for preservation or reunification. Focus has not shifted to stabilizing the youth in the foster placement and interventions, if they come, are usually too late to salvage the existing placement.

5. There has been emphasis placed on training foster parents on how to manage behaviors that are congruent with children who have been exposed to significant trauma prior to entering care.

6. Barriers related to limited access to needed services, most especially in our rural communities, have been identified and present challenges related to foster parents' access to services meant to preserve placements.

7. Limited availability of foster care providers willing or able to meet the needs of large sibling groups; particularly those of varying ages and care needs.

8. Though placement stability continues to be an issue, the state met and exceed the QA benchmark related to this measurement with an average of 84%. Children in the state's care as of 9-30-19 are experiencing an average of 4.9 placement moves. The Department has worked diligently over the reporting period to improve supports to caregiver, providing in-classroom training experiences; provided by the leading experts in attachment, trauma informed parenting, converting to the TIPPS training model, the Trained therapist Network provided in partnership with Children's Aid Society/APAC provides several webinar opportunities for foster and adoptive parents as well as support groups, group and individual counseling opportunities to meet varying needs.

   Efforts related to targeted recruitment, statewide recruiting campaigns and education and support will be strengthened to meet the ever-changing needs of our children and the families who serve them.

To increase the education/training opportunities and support for out of home care providers, the Department continues to contract with the Alabama Foster and Adoptive Parent Association (AFAPA).   This partnership was key to our ability to provide Reasonable and Prudent Parent Training. In 2017 there were 85 employees trained initially. It is required of all child welfare staff in LETS. It is also required for all TIPS Leaders to provide the training to prospective foster parents. A copy of the training is given to all TIPS leaders via the TIPS website.

The Office of Foster Care and ILP has continued the relationship and strengthened the partnership with the Office of Quality Child Welfare Practice around the issues of placement stability and support. This collaborative work has already had an impact on the number of placement moves, as they have steadily decreased. We are confident that this level of collaboration is contributing to better outcomes.

The unit will continue to promote placement stability with a goal of minimizing placement moves. The units partner specifically around case consultation about moving children and youth to more restrictive placements, approval of out of state residential placements, and therapeutic foster care placements for children age six and younger. The information gathered will be used to craft services and to provide access to additional supports in efforts to promote placement stability. The unit steadily provides the counties with case consultation and support to ensure placement in therapeutic and out of state residential treatment facilities be placements of last resort.

The Office of Foster Care will continue to lead the State's weekly placement team meetings. Weekly placement staff meetings started in an effort to meet the needs of children and families while providing support to county staff. The assigned social worker, supervisor and Director when available, share their exhausted list of efforts with the team in attempting to locate

appropriate placement options. Some of these options include: Autism assessments, Mental health long term care, Therapeutic Foster Care (TFC), Enhanced, Moderate, ILP or Intensive placements for youth ranging in age 10 to 21.

The team's mission is to promote placement stability with a goal of minimizing placement moves. The team collaborates specifically around case consultation regarding moving children and youth to less restrictive placements, approving and having full oversight of out of state residential placements as well as lateral moves. The information gathered is used to craft needed resources, strengthen current service provisions as well as provide access to supports to promote placement stability.

In FY2019, the Placement Staffing team staffed a total of 88 cases which yielded the following outcomes: 10 youth returned home or was placed with a relative; 1 child was arrested; 11 were placed in an out-of-state treatment program; 10 referrals were rescinded/cancelled by county staff; 58 children were placed in an in-state residential placement/program.

Placement Staffing Outcome

Legend:
- Home/Relative
- Arrested
- Out of State
- Co. Removed
- In-State Residential Placement

11% — 1% — 12% — 11% — 65%
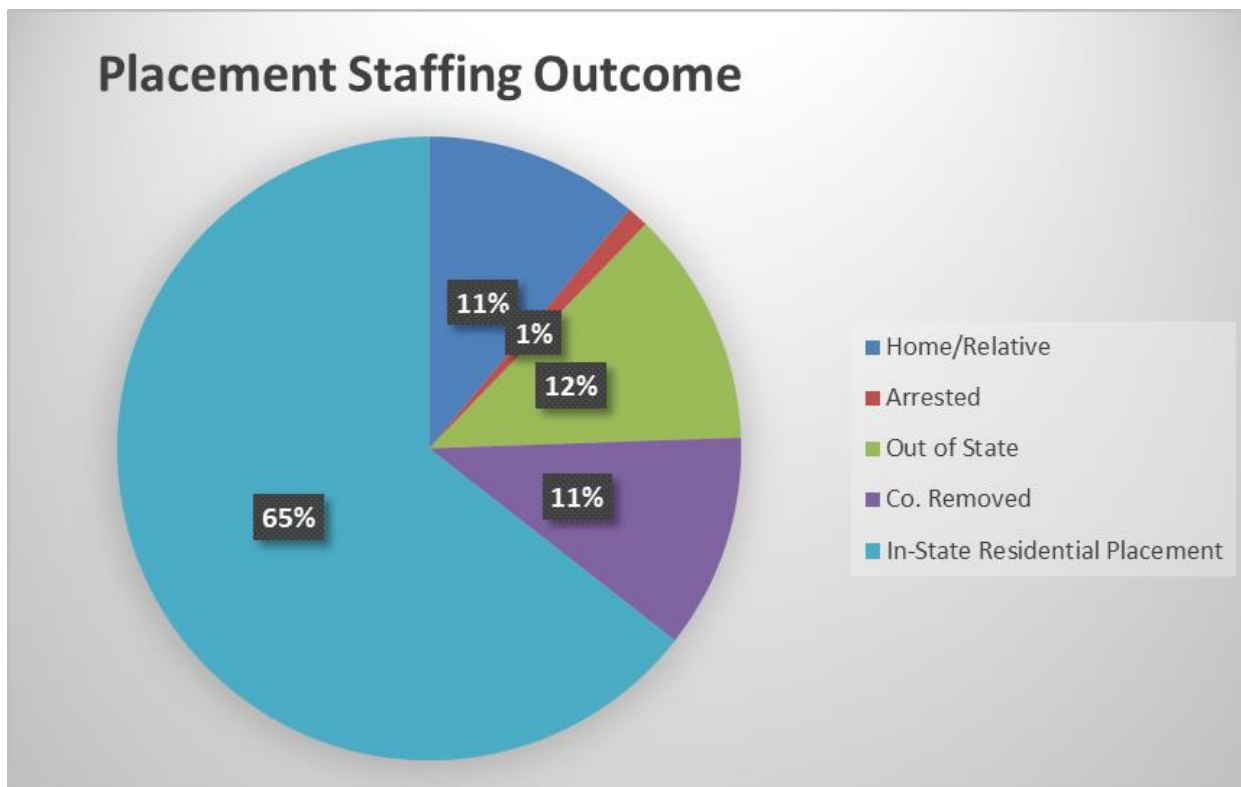
Psychotropic Medication and Monitoring Protocol - See material under ITEM 30, Individualizing Services
The Alabama Psychotropic Medication Review Team has provided training at the 2019 Permanency Conference, the Alabama Foster and Adoptive Parent Association Conference and the Supervisors Conference in an effort to provided education and support to our staff at all levels and our vendor/providers and partners. Their work with families; foster, biological and adoptive, has improved permanency outcomes for the young people they have served.

Item 5
Potential contributing factors impacting the number of counties that have issues with full compliance on permanency planning can be found in data available from QSR visits. In cases reviewed internal and external stakeholders note both positive and negative trends in the area of permanency goals and these vary from county to county.

- External stakeholders in some areas report that they are not always invited to ISP's or that all of the appropriate parties are not at ISP's. This may be a bigger issue for review ISP's rather than at initial ISP's. Permanency and concurrent plans are not being updated at the ISP meetings. Cases have permanency goals but not all have a stated concurrent plan.

- In counties that have deficits in this area, goals may have been appropriate initially, but need to be reassessed once it is determined that the initial permanency goal is not feasible. On the other hand, State QA reviewers also noted that in some counties when progress is not being made, the worker will staff the case with their supervisor and then schedule an ISP to adjust permanency goals.

- There are a number of cases where there is an appropriate goal, but the ISP does not include behaviorally specific steps designed to lead to the expected outcome.

- New staff, as well as staff turnover, has had a major impact on the timely establishment of permanency goals and carrying out service needs, and follow through in terms of worker management of assigned youth in the foster care system. Although worker turnover fluctuates significantly, rates as high as 36.3% have been noted.

- Numbers of youth in care have fluctuated in the last couple of years in 2017, there were 6131 youth in care, 2018, there were 6395 youth in care and in 2019 there were 6318 youth in care.

Permanency Goal for Child
The continual assessment of appropriate permanency goals for children in care has positively contributed to the trends toward shorter times spent out of home. Supervisors and workers are closely monitoring goals and making positive placement moves in a timelier manner, and developing and managing concurrent plans, which are leading to more timely permanency achievement. Note trends below which reflect the length of time in continuous foster care (based on the most recent admission to FC). Data is point in time for children in care at the end of the fiscal year and reflects data for the most recent foster care episode:

FY 2017	20.08 Months (approximate)
FY 2018	20.89 Months (approximate)
FY 2019	20.59 months (approximate)

The Department continues to struggle with regard to children returning home within the 12-month period required by ASFA and with multiple placement moves. More placement moves may also contribute to sibling separations rates and timely positive permanency outcomes. Efforts regarding stabilizing placements have been enhanced by an increase in the use of IIHS or Intensive, In-Home Services. There has also been expansion to the use of the Tools of Choice training for biological parents and foster and kin providers.

In an effort to improve the permanency outcomes, the partnerships with the Judicial ICAN Team will focus on those children who are remaining in care after 12 months with specific focus on children aged 10-14. Bringing attention to those children's length of time in care focused on removing barriers to permanency related to kinship care will be a focus moving forward.

Item 6
Potential contributing factors impacting the number of counties that have issues with full compliance on achieving permanency can be found in data available from OSRI reviews.

- In most counties, when the permanency goal is return to parent or placement with relatives, permanency achievement is exceeding ASFA time frames.

- When the goal is adoption (regardless if by current foster parent or no identified resource) ASFA time frames are often exceeded. Court issues (achieving TPR and then parental appeals of TPR) are cited as a consistent issue in this area.

- State QA reviewers indicated that a strength for ISP's are assessing maternal and paternal relatives and filing for TPR timely. Needs are not assessing relative resources timely, lack of concurrent planning, not filing TPR timely, exceeding ASFA timeframes, and lack of concerted efforts by the agency or by the courts.

CFSR Findings: Item 6
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.

While timely permanency was lacking for all approved case plan goals, it was a most significant challenge for the state to achieve timely permanency through adoption. Case reviews revealed a number of concerns affecting timely adoption, including a lack of timely filing for termination of parental rights (TPR); court delays in docketing TPR hearings; lengthy TPR appeals; a lack of concurrent planning; delays in changing permanency goals; and in some cases refusal of the court to hold TPR hearings. These issues contributed to a lack of timely adoption in over half of the applicable cases with this goal.

Length of Continuous Time in Foster Care for Children Discharged in FY 2019 2018

The below table captures the length of time until discharge to the respective permanency goals for FY 2019 2018.

Time to permanency for federally recognized discharge reasons	Average Days in Care	Median Days in Care	Average Months in Care	Median Months in Care
Adoption	981	819	33	27
Kinship Guardianship	673	598	22	20
Return to Parent	342	271	11	9
Relative Placement	271	161	9	5

Length of Continuous Time in Foster Care for Children Discharged

Average # Continuous Months in Care by Fiscal Year
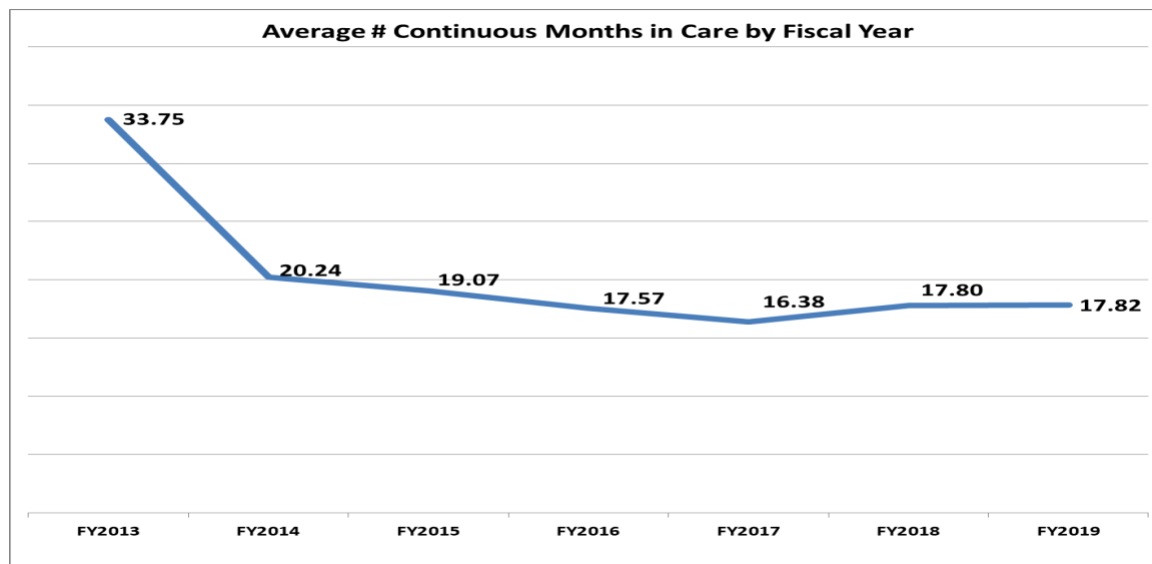
DATA & SERVICES - Finalized Adoptions:

FY14	548
FY15	512
FY16	503
FY 17	500
FY 18	710
FY 19	731

Adoptions – No Identified Resource (ANIR)

- FY 2020 TOTALS To Date: Matches: 130 Placements: 94 Finalizations: 73

- The numbers above cover October 1, 2019 through May 31, 2020. These are specifically ANIR adoptions. Children whose goal was adoption no identified resource. The Office of Adoptions is working to ensure **children receive** permanency timely.

- FY 2019 Total ANIR finalizations was 81.

Children < Age Five: Reducing Length of Stay/Providing Developmentally Appropriate Services For Children in FC and Receiving In-Home Services

In FY 2019 1644 children under the age of five entered the foster care system. This represents a 2% Decrease from FY2018 (1682 children). The decrease in the number of children entering care directly mirrors the corresponding decrease in the percentage of children entering care due to parental substance abuse. In FY 2019 this entry to care reason accounted for 41.15% of all the children in this age group. This age group remained in care longer than under five youth in the previous two fiscal years, 12.06 months compared to 11.34 months and 11.86 months respectively. In 2016, 1278 youth under five years of age left foster care. This number increased to 1293 in FY2017, 1406 in FY 2018 and 1444 in FY2019. A new report was created in January 2018 that captures services authorized through FACTS for children under age five. These are not services unique to children under 5 but are the services that are available to children of all ages. Of the1644 children in care under age 5 on 9/30/19, 12,525 services have been authorized since their entry into care. The report provides data on 62 unique services and can be specifically individualized by county or consolidated to capture statewide totals. A chart is included (see next page) with data for all service types provided that accounted for at least 100 of the total services provided. A sample of a few services offered and tracked include such things as baby products, child day care, protective services, client equipment, clothing, dental, diagnostic testing, drug assessment and family counseling.
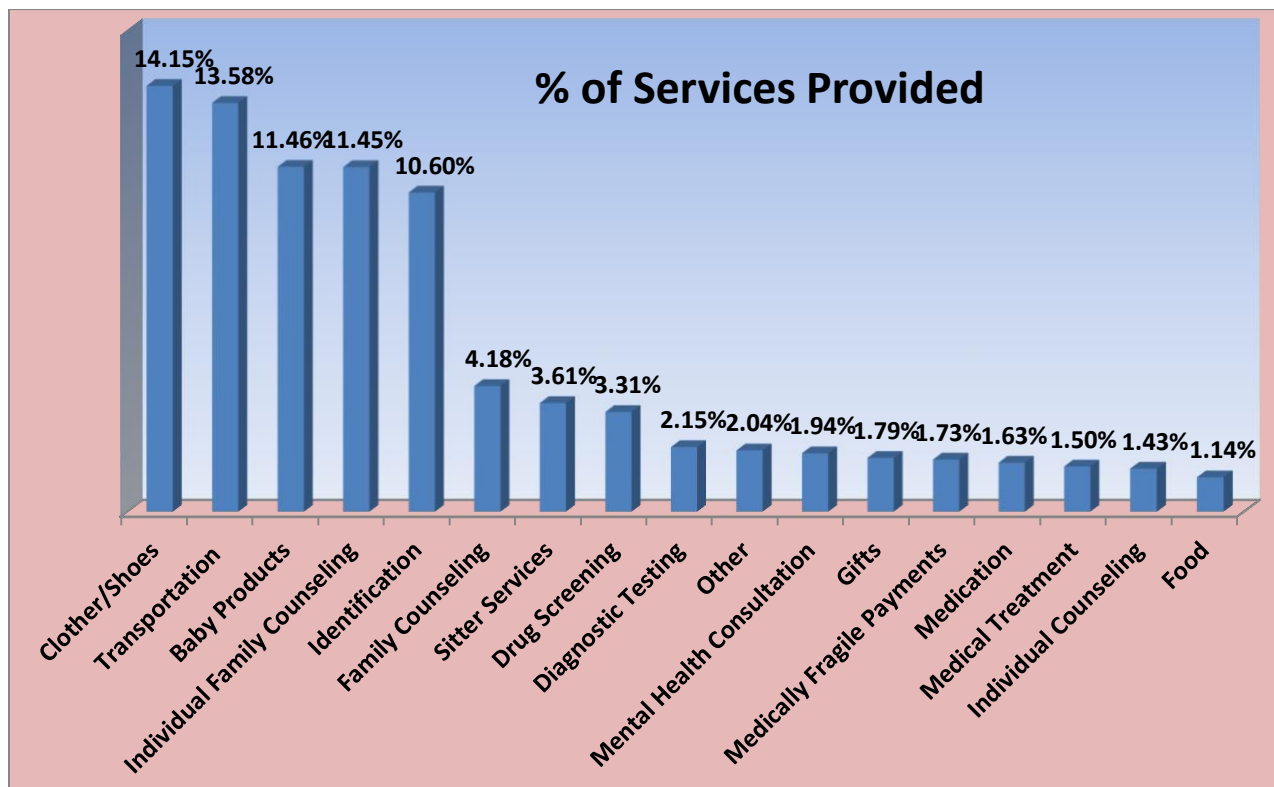
Type of Service	Total # offered	% offered
Clothes/Shoes	1,772	14.15%
Transportation	1,701	13.58%
Baby Products	1,435	11.46%
Individual Family Counseling	1,434	11.45%
Identification	1,328	10.60%
Family Counseling	523	4.18%
Sitter Services	452	3.61%
Drug Screening	415	3.31%
Diagnostic Testing	269	2.15%
Other	255	2.04%

Mental Health Consultation	243	1.94%
Gifts	224	1.79%
Medically Fragile Payments	217	1.73%
Medication	204	1.63%
Medical Treatment	188	1.50%
Individual Counseling	179	1.43%
Food	143	1.14%

total services including
above 12,525

Children Under Age 5 – Average Number of Months in Care

Race	May-15	1-May	Apr-16	Apr-16	Apr-17	Apr-17	Apr-18	Apr-18	Apr-19	Apr-19
	# of Children	Avg # of Months in Care	# of Children	Avg # of Months in Care	# of Children	Avg # of Months in Care	# of Children	Avg # of Months in Care	# of Children	Avg # of Months in Care
White	952	11.35	1062	11.39	1191	11.20	1255	10.60	1493	12.13
Black or African American	473	13.94	538	12.63	600	13.12	699	12.44	600	10.74
Declined	5	26.00	1	9.00	15	9.47	14	8.79	6	6.06
Asian	4	27.00	6	7.50	2	22.00	6	13.50	4	13.80
Incapacited/ Unable to Communicate	1	19.00	1	1.00	2	30.00	1	9.00	1	21.63
Native Hawaiian or Other Pacific Islander	2	4.00			2	13.00	4	13.75	2	15.20
American Indian	3	15.33	4	19.25	1	2.00	7	9.00	1	23.13
Unable to Determine	1	11.00	3	13.00						6.32
Not documented	1	4.00								

Adoption of Children under age 5:
Of the, 500 adopted in FY 2017, and 710 in FY 2018, the age at adoption through four (4) years of age is shown below.

Adoption of Children under age 5

Age at Adoption	FY 2015, Total of 512	FY 2016, Total of 503	FY 2017, Total of 500	FY 2018, Total of 710
	# of Children			
0 - 11 Months	11	10	15	10
12 - 23 Months	66	53	60	101
2 years	52	67	77	75
3 years	54	51	47	72
4 years	43	42	56	56

Age at adoption FY 2019 731, NUMBER OF CHILDREN

0-11 month---12
12-23 months---113
2 year---99
3 years---67
4 year---40

Children Under Age 5 years on 4/30/19 – Sorted By Children –

Race	# of Children Under Age 5 Years	Average # of Months in Care
Incapacitated / Unable to Communicate	1	21.63
Asian	4	13.8
Black or African American	600	10.74
Native Hawaiian or Other Pacific Islander	2	15.2
White	1493	12.19
Declined	6	6.06
American Indian/Alaskan Native	1	23.13
Unable to determine	2	6.32
Not Documented	0	N/A

Services to support OPPLA (APPLA) - See Also Information on Chafee Foster Care Independence Program.
Another Planned Permanent Living Arrangement is typically used as a permanency plan for youth who are older than 16, per PL113-183, who cannot be safely returned to their biological families and do not wish to be adopted. The primary goal for this group of youth is to develop systems of support and improve skills to ensure successful transitions, with additional emphasis for both the youth and the professionals who serve them to focus on long-term connections to birth families and formal and informal networks of support. County child welfare staff, foster parents, and vendor providers have been trained to encourage the development of natural mentor relationships, improve social worker-child relationships, and keep safe connections with birth families and siblings as strategies to improve positive permanency outcomes.

Inter-Country Adoptions
In terms of inter-country adoptions, the Department tracks and reports only those children adopted from other countries who enter state custody. Alabama has three private licensed child placing agencies that have received Hague accreditation

status. These agencies provide adoption services in Inter-country adoption cases involving the United States and Hague convention countries. The Inter-country Adoption Act (ICAA) of 2000 (P.L. 106-279) was signed into law October 6, 2000. As of June 1, 2019, no child, adopted from another country, had entered foster care in FY 2018. In all of FY 2018, one (1) child from another country entered foster care. In all of FY 2019, no (0) children from another country entered foster care. As of May 1, 2020, one (1) child, adopted from another country, had entered foster care in FY 2020.

Services to Support Adoption
Currently, adoption services are provided by the Department of Human Resources through the Office of Adoption on behalf of children in permanent custody who cannot return to their biological family and need a permanent adoptive family. These services include: recruitment and preparation of prospective adoptive families, placement of children, supervision of children in placement and other post-placement services, legal services, administering the state and Federal adoption subsidy programs, clearing Petitions to Adopt and acknowledging the receipt of the petition and documenting the findings in an acknowledgment letter to the court as mandated by the Adoption Code; providing public information on adoption, administering the Interstate Compact on Adoption and Medical Assistance (ICAMA), and maintaining the Putative Father Registry.

See also under ITEM 31, Consultation with Stakeholders (various collaborative supports identified)
The Department continues to experience increasing numbers of young people entering the State's foster care system. Placement stability and re-entry rates continue to rise above the national averages. Though both re-entry and stability are continuing priority, this is an area needing improvement. Small counties are meeting the needs of children in foster care.

The department continues to recruit at sporting events. The department has renewed and expanded efforts to identify trauma assessment tools to be used to during foster care placements. The department has increased trauma informed training for staff and foster care providers, including the expansion of iCAN Teams and increased placement collaborations with our Resources Management Divisions. The goal is making the first foster care placement the best and final foster care placement for children in our care. The varying care needs, and limited trauma assessment have been barriers to successful initial foster care placements.

Adoption Incentive Funds - Adoption and Legal Guardianship Incentive Funds – 5 Year Goals:
Alabama has consistently been awarded Adoption (and Legal Guardianship) Incentive funds for moving children to permanency. This money is used to provide adoption focused training for state and county staff, foster and adoptive parents, therapists and counselors as well as removing barriers for children to be adopted. Adoption and Legal Guardianship Incentive Funds have been utilized to support training, to support and strengthen staff and stakeholder capacity and to achieve permanency through adoption. In addition, funds have been used for expanding the pre- and post-adoptive services to families and enhance statewide recruitment efforts. The flexibility of the funds provides increased opportunities to obtain and provide needed services to staff, children and families. Some uses of the funds are outlined below:
1.) Children's Aid Society currently provides post adoptive services in/to the larger and surrounding counties. These services are also available to related caregivers.
2.) Increase awareness and recruitment through funding initiatives with Heart Gallery of Alabama. As noted earlier, this organization has partnered with Alabama in photographing waiting children and maintaining a website to see and hear from waiting children;
3.) Increase capacity for the delivery of/accessibility to the Trauma Informed Partnering for Permanence and Safety (TIPS);
4.) Continue partnership agreement with AdoptUsKids through annual fees;
5.) Purchase equipment that would enhance staff ability to manage the work needed to conduct day to day tasks more efficiently; and,
Provide opportunities for adoption and ICPC staff to attend adoption specific workshops, trainings and conferences to increase knowledge and capacity to prepare, match and place waiting children.

All counties received an allotment of Adoption and Guardianship Incentive funds to use for local adoption recruitment and training efforts. Additionally, county and state office staff have used the funds to remove child/case specific barriers to permanency through adoption including but not limited to: counseling, diagnostic testing that could not be paid for through other avenues, behavioral management services, and items to help the child integrate into placement, etc. If a county's allotment is exhausted or obligated, a protocol is in place to ensure they can secure more funds through the Office of Adoption. The State Office utilizes a large portion of the Adoption and Legal Guardianship Incentive Funds to pay for a few recruitment and public awareness activities. Heart Gallery Alabama's contract is funded with Adoption & Legal Guardianship Assistance Funds. The contract for CAS/APAC's pre-adoption contract, which provides for recruitment, training/preparation and home studies for families interested in adopting children meeting the Department's Special Needs definition, is paid for through these funds.   Both agencies, as do the County Departments, focus a substantial amount of the recruitment activities in Faith-based settings. The 2019 Adoption and Guardianship Incentive grant was issued in part

for $1,662,500 on 9/18/2019 and 10/24/19. So far, we have spent $357,077.95 of this grant. We have until 9/30/2022 to obligate the grant and liquidate it by 12/30/2022. Funds remaining are $1,305,422.05. There are not any anticipated issues at this time that would affect expenditures being used.

Adoption Savings Expenditures
Alabama DHR has used the CB method for calculating the Adoption Savings each year, and no change has been made from last year's submission. The spending of the Adoption Savings is done by Finance Division by applying the savings as payment for a contract for Psych Medication, $489,993.29. The contract is annual, and spending is done within the year. The updated information for Adoption Savings will be calculated for 2019-2020 in October 2020. The same contract is used for the savings earned. There are not any challenges currently.

ASSESSMENT OF PROGRESS

STRENGTHS	CHALLENGES
1. There has been an emphasis and much success in the area of adoptions by current foster parents.	1. The Department has no trauma assessment tool that can be used at the time of entry or throughout a child/youth's time in care, unless in care at the therapeutic level.
2. There have been a few adoptions involving older youth. In FY19 - 84 youth, 14 and older	2. Decreasing the number of youths in care with TPR who do not consent to adoption.
3. A monthly adoption report of Specialist caseloads has been developed and is used to monitor progress of children in PG with a goal of ANIR in moving toward adoption.	3. Foster Families need to be able to better address the special care needs of children/youth in care.
4. Adoption Placement Specialist Activity is being tracked and performance standards have been created and are being included in staff performance appraisals.	4. Matching children/youth in care with appropriate placement resources.
5. The percentage of older youth attending college after high school is at 60%.	5. Foster families need more clinical skills training in addition to the current preparation training. Areas of need include reactive attachment disorder, trauma, and sexual safety in placements.
6. Children from Alabama's foster care system attending colleges are receiving supports from mentors and staff on college campuses through Alabama Reach and Fostering Hope	At the end of FY 2019 there were 294 children in the custody of the Department with TPR and a goal of ANIR (Adoption No Identified Resource). Midway through FY 2020 the number is up to 301.
7. There has been an increase in the number of permanent connections for older youth in care emancipating from the foster care system. In FY19 - Of the 366 youth 19 and 21 years of age who were survey in the last year, 323 (88%) reported they had a supportive adult person in their life.	6. At the end of FY2019, 731 adoptions were completed and 267 in the custody of the Department with a goal of ANIR (Adoption No Identified Resource.
8. Leadership among youth in care is being strengthened.	7. Improve county-by-county consistency and support/services in handling adoptive placements that are at risk of disruption (particularly for adolescents).
9. There is a successful partnership in place between Children's Aid Society, Alabama Reach and the National Social Work Enrichment Project.	8. Explore the possibility of therapeutic foster parents adopting the children placed in their homes.
10. A trauma-informed training curriculum has been launched for foster and adoptive parents.	9. Re-entry rates have increased For FY19, 0.8%
11. A renewed focus on the progress of youth in congregate care by the Office of Foster Care in partnership with the Office of Quality Assurance has yielded more successful and appropriate placement for older youth.	10. Increased entry into foster care continues to impact the use of congregate care.
12. The ILP Division has renewed its focus on the appropriate use of ILP services through statewide training and individualized supports to county offices.	11. In FY 19, 147 older youth completed high school, which is lower than the last three years. This will be an area for further assessment and planning accordingly.
13. The OQCWP will work in conjunction with Family Services, Resource Management and County Departments of Human Resources to address the needs of children in congregate care, and what is necessary to step a given foster child down into a less restrictive environment. Congregate care data as of 04/2019, reflects that the three primary types of placement (basic, moderate and intensive) account for 890 youth in care. Intensive (most structured/restrictive) accounts for 61.9% of all	

congregate placements while basic (18.1%) and moderate (20%) make up the remainder. Recognizing that the most restrictive level of care makes up well over 50% of all congregate care placements, the Department has initiated a protocol of review that will ensure that all youth at this level of placement will be jointly reviewed by Family Services, OQCWP and county foster care staff over the course of the next 12 months. Key indicators to establish priority for initial review will be time in facility (longest stays in care first) and age of youth (youth 12 and under first). The data for #14 as of 03/31/20 - Congregate care data, percentage of foster care youth in basic, moderate and intensive placements as of FY 19.

Basic- 1.93%
Moderate- 3.74%
Intensive- 7.96%

DESCRIPTION OF CURRENT / PLANNED ACTIVITIES FOR IMPROVEMENT

GOAL:
State DHR will assist all 67 counties in their foster parent recruitment statewide, which would help with the increased demand of foster homes and provide stability for our foster youth and their siblings.

Strategies:
1. State DHR will plan statewide regional recruiting events/opportunities for counties to participate to increase the number of foster homes for their respective counties.

There have been multiple recruitment events to include our partnership with some of the state universities, direct mailouts to all residents in two counties, printing of recruitment information on some dollar general receipts, etc. We are rolling out a new media campaign soon as well. State DHR Office of Foster Care Consultants and Manager will continue to collaborate with counties during various recruitment activities. Consultants will share quarterly updated recruitment activities in assigned regions. Some of the scheduled events includes annual parades, holiday markets and a major presence at the Alabama State Fair. Statewide recruitment events held in partnership with four of the largest Universities in Alabama at various sporting events continue to take place. The upcoming announcement of the State office recruitment team's Speakers Bureau will also present opportunities to increase nurturing and supportive foster and adoptive homes across the state.

2. Each county will submit a yearly foster home recruiting plan that will be approved and monitored by State DHR. Please see the Diligent Recruitment Plan.

3. State DHR will monitor the number of foster homes per county. This will help to ensure there are adequate homes based upon the number of children in care per county.

GOAL:
State DHR will provide statewide training for the child welfare workforce on permanency and concurrent planning to ensure permanency is achieved timely within ASFA guidelines and the needs of our children and families are met through effective Individual Service Plans (ISP's).

Strategies:
1. State DHR will implement trainings statewide for workers and supervisors with a focus on permanency/ concurrent planning and ISP's.
2. Supervisors will meet with their workers monthly to staff cases and review the permanency/concurrent plan and ISP's, which will be evidenced by appropriate documentation in FACTS.
3. State DHR Office of Data Analysis provides monthly ERD Reports to counties that list the current permanency and concurrent plans of clients on their caseload.
4. State DHR have made monthly ERD Reports to counties that list all data regarding ISP's.
5. County workers will invite all necessary parties to ISP's by letter, which will be evidenced by supervisor.
6. Alabama will expand multiple initiatives that work together to mentor and coach front line workers and supervisors, engage and support birth families including kin caregivers and reduce children's length of time in care.

7. Alabama will, through continued partnership with the Administrative Office of Courts expand the iCAN initiative which brings court and DHR county and state staff together to discuss barriers to timely permanency and work toward solutions of problems in each of their counties.
8. Alabama will conduct permanency staffings monthly within many counties to mentor and coach front line staff and supervisors in case review and problem solving in specific cases.
9. Alabama has launched their kin navigator site in 2019 which will provide support and answer questions for kin proving care for children in Alabama.

2020 Update:
- We are launching a State Office Speakers bureau for recruitment of foster & adoptive parents.
- We are sponsoring our 1st Annual Resource Worker Conference.
- We have hired part time staff to engage with birth families and Kin families around permanency goal outcomes.
- The ILP Transition Plan requirement for all youth age 17-20 became policy on 10/1/2019.
- The Office of FC/ILP conducted training related to that policy from September 2019- March 2020 with every county participating.
- The Office of FC/ILP conducted transition roundtables for all 19 and 20-year olds with all 67 counties during the reporting period.

NOTES:
Action already taken: In an effort to combat worker turnover (see under Item 4, on page 39), Alabama added a new category of personnel for social workers who have been with the department two years. This new category, called social worker II, allows workers with two or more years' experience to apply for a promotion which means a 5% pay increase upon promotion, and up to another 5% pay increase after completion of the 6-month probationary period.

PIP and APSR
The PIP includes strategies that we believe could be achieved in a more expeditious timeframe, such as partnering with the Court (both at the local level and statewide through Judicial-Child Welfare Summits) to focus on parental engagement, more quickly and thoroughly identify fathers and paternal relatives, increasing foster/adoptive parent recruitment, and focusing on the movement of children ages 4-10 to permanency in a timely manner. This focus will be further supported through permanency staffing strategies that would be initiated in districts selected for staged implementation, as well as utilizing local, targeted recruitment efforts that are designed to improve the number of foster/adoptive families.

In the CFSP, longer range strategies were included, such as the development and implementation of statewide training around permanency/concurrent planning as well as the Alabama Practice Model, implementation and monitoring of annual foster parent recruitment plans per county, and training and education around Kinship Guardianship. We believed these strategies were just as crucial to improving our permanency outcomes but would take longer to implement and see progress than the strategies outlined in the PIP.

Alabama's approved PIP has one goal, four strategies, and twenty-three (23) activities that are directly designed to improve the timeliness with which children achieve permanency. However, throughout the PIP, a number of other activities are in-place that it is believed will improve the timeliness with which children achieve permanency – see Alabama's approved PIP for further information.

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

AL Baseline, R3 PO2:   Not in Substantial Conformity (20.93%)

See Appendix 5 for measurement data on all 18 items.

Item 7. Placement with siblings

OSRI Data Measures
- AL Baseline, R3:   75.86%
- 5 Year Goal: 85%
- Interim Goals:

FY 2020	72%	Actual	81.5%	71.4%	66.7%
FY 2021	74%				
FY 2022	78%				
FY 2023	82%				
FY 2024	85%				

Item 8. Visiting with Parents and Siblings in Foster Care

OSRI Data Measures
- AL Baseline, R3:   25.00%
- 5 Year Goal: 60%
- Interim Goals:

FY 2020	30%	Actual	33.3%	44.7%	45.9%
FY 2021	35%				
FY 2022	40%				
FY 2023	50%				
FY 2024	60%				

Item 9. Preserving connections

OSRI Data Measures
- AL Baseline, R3:   39.53%
- 5 Year Goal: 80%
- Interim Goals:

FY 2020	50%	Actual	41.9%	59.1%	54.6%
FY 2021	55%				
FY 2022	65%				
FY 2023	75%				
FY 2024	80%				

Item 10. Relative placement

OSRI Data Measures
- AL Baseline, R3:   60.00%
- 5 Year Goal: 85%
- Interim Goals:

FY 2020	70%	Actual	60.9%	63.4%	60.9%
FY 2021	72%				
FY 2022	76%				
FY 2023	80%				
FY 2024	85%				

Item 11. Relationship of child in care with parents

OSRI Data Measures
- AL Baseline, R3:   13.16%
- 5 Year Goal: 50%
- Interim Goals:

    FY 2020   20%   Actual   23.5%   33.3%   32.4%
    FY 2021   25**%**
    FY 2022   30**%**
    FY 2023   40**%**
    FY 2024   50**%**

ASSESSMENT OF PROGRESS / DATA   PERMANENCY OUTCOME 2

Item 7
Attention to sibling placement and connections has been a focus of the Office of QCWP; Foster Care/ILP; Adoptions; Training, and Policy for years. The curriculum for formal training, the policy that supports practice, and best practice in the field focus on the fundamental needs of children to be with, nearby, or connected to their siblings. When QSR or other review activities occur, counties are given feedback about placements, and data regarding sibling placements is discussed/monitored at the supervisory level in the field as well.

During on-site reviews by State Quality Assurance, appropriateness of separation is measured. Best Practice Indicator #14 assesses if sibling group placement is within policy.

- Although data indicates that siblings are being separated, reviews of cases during onsite reviews indicate that separation is appropriate for meeting the needs of the children.

- Oftentimes when separated, the children may have been placed together initially, but separated over time in order to meet needs of children in the sibling group.

- Stakeholders indicate that foster parents are willing to take sibling groups together as children are entering care.

- There are times when siblings are separated because children have different birth fathers and children are placed with paternal relative resources.

CFSR Findings:
In foster care cases, improvement is needed to ensure that siblings are placed together when appropriate; that sibling visitation occurs.   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. This is an area for improvement, as the agency addresses a lack of substantial conformity with the systemic factor of Foster and Adoptive Parent Licensing, Recruitment, and Retention.

Item 8
Camp HOPE:

A new initiative is in place to partially address the issue of sibling connection. CAMP HOPE is an outreach program of the Kids to Love Foundation a 501(c)(3) nonprofit organization. Camp Hope Alabama (CHA) provides a haven for children, reuniting siblings who are separated in foster homes and educating the general population about the foster care system and the needs of youth in foster care. Camp Hope is a weekend camp that will give foster children a "home" atmosphere filled with fun activities, but mostly an opportunity to build and maintain their sibling bond. Information about this program can be found at http://www.kidstolove.org/camp-hope-alabama . In FY 2019 262 children were served by CAMP HOPE. (for all services: weekend camp, pre-placement visits with potential adoptive resources, NAM events, etc.).

Observations related to Item 8, include the following:
- ISP's contain visit plans and workers provide assistance to make sure the visits happen. There is inconsistency in this from county-to-county. There are some instances where visit supervision is primarily provided by foster parents and/or contracted providers when, in fact, workers could benefit from providing some of the supervision and observing interactions between parents and children.

- IL Youth surveys (as a part of QA process) provided inconsistences in how (or if) visits occur. Some youth report they do have visits, others say they don't and a number of them did not reply to the question.

- Inconsistences were also noted when siblings are separate, in that some will visit with parents and others in the group may not.

- On a positive note, foster parents are willing to partner with birth parents to schedule visits and to aid in transportation and supervision.

CFSR Findings:
- In the R3, CFSR, in 57% of the 14 applicable cases, the agency made concerted efforts to ensure that both the frequency and quality of visitation with a sibling(s) in foster care who is/was in a different placement setting was sufficient to maintain and promote the continuity of the relationship.

- In the R3, CFSR, in 58% of the 26 applicable cases, the agency made concerted efforts to ensure that both the frequency and quality of visitation between the child in foster care and his or her mother was sufficient to maintain and promote the continuity of the relationship.

- In the R3, CFSR, in 36% of the 11 applicable cases, the agency made concerted efforts to ensure that both the frequency and quality of visitation between the child in foster care and his or her father was sufficient to maintain and promote the continuity of the relationship.

- In foster care cases improvement is needed to ensure that children's connections are preserved; that relatives are assessed for placement; and that relationships between parents and children and between siblings are nurtured and supported.

Item 9
A review of the information for the counties reviewed by State QA during FY 2019 indicates the following:

Considering maintaining connections:
- There are examples of foster parents transporting children to their church or origin to meet the child's spiritual needs and to facility connections with parents or other extended family members.

- Provisionally licensing homes of people who have close relationships with children and their families is used as a means of maintaining connections for the children.

- There are examples in cases of counties seeking out bi-lingual providers and a version of the Daniel Memorial Assessment for Hispanic Youth in Care.

- There are examples noted where former foster parents and/or therapeutic providers visit children who are placed in residential treatment facilities.

- There are examples of children who may be placed in separate homes, but they attend the same school or day care in order to maintain connections.

- Alabama has in place a "Foster Parent Bill of Rights" as well as delineated Birth Family Rights which are shared during Individualized Service Planning meetings and at other points during casework with families. Connections are a major part of these rights, and reviews to assess the preservation of connections have been conducted by the OQCWP.

- There are examples of workers transporting children placed separately, to visits during the worker's monthly visit with the child.

  There are examples of foster youth being placed in separate foster homes, and the foster parents meeting at parks, parties etc., to allow the children extra opportunities to spend time together.

Reviewers with the State QA team report the following areas that lead to the decreased percentages reported above:

- There are instances where children are placed out of county because of the lack of available in-county foster homes; particularly a lack of capacity to accommodate sibling groups.

- There is a lack of Hispanic families approved as foster families. Even if placed in a Spanish-speaking family, component of culture is lost for children of Hispanic ethnicity.

- When children are placed in treatment, the agency does not take the lead in making sure family and children are connected. In one example, a county provided a gas voucher for parents to visit children in treatment several hours away. However, the voucher only provided enough fuel for a one-way trip, so the family still had to save for gas money before going to see their children.

- In some instances, there are no-contact orders in place when parents have substance abuse issues and parents must have a certain number of consecutive clean drug screens before they are allowed to visit their children.

- When siblings are separated and all are in foster family homes, visits tend to occur. However, when siblings are separated and one or more are in treatment facilities, visitation is much less likely to occur.

CFSR Findings:
In foster care cases improvement is needed to ensure that children's connections are preserved; that relatives are assessed for placement; and that relationships between parents and children and between siblings are nurtured and supported.

Item 10
Some information about children with permanency goals of kinship guardianship or placement with relatives is as follows:

Relative Placement
- As 10/2/18 and 10/1/19 there were 1109 and 884 children with a permanency goal of Relative Placement.
- As of 10/2/18 and 10/1/19, 17.31% and 14.01% of children in care had a permanency goal of Relative Placement.
- A total of 1270 (33.68%) of all children discharged in FY 2018 and 1294 (31.31%) children of all children discharged in FY 2019, were discharged from care with a plan of relative placement.
- Children with a plan of relative placement spent an average of 9.18 months in care (FY18) and 9.02 (FY19) months in care before being discharged.
- In FY 19 a total of **175** providers were receiving kinship subsidy payments for 388 children.

Observations on this practice area include:
- Counties are not considering both maternal and paternal relatives. Counties, in some cases, are reviewing minimum relatives.
- Birth parents are uncooperative and are not consistently disclosing relatives to the agency for consideration.
- There is a tendency in some counties for the agency to wait for relatives to reach out to us.
- In cases where children are removed from extended family members, rather than parents, there are documented efforts to locate birth parents or establish paternity.

The areas of relative placement and relationships between child and birth family are assessed through an addendum document that is completed at the time of the QSR. Review of these documents revealed the following trends when it comes to placement with relatives.

- Counties are not considering both maternal and paternal relatives. Counties, in some cases, are reviewing minimum relatives.
- Birth parents are uncooperative and are not consistently disclosing relatives to the agency for consideration.
- There is a tendency in some counties for the agency to wait for relatives to reach out to us.
- In cases where children are removed from extended family members, rather than parents, there are documented efforts to locate birth parents or establish paternity.

1294 children exited foster care to placement with relatives during the FY 2019 reporting period. That number represents 31% of the young people discharged for the fiscal year. It also represents a steady increase in the number of children exiting to relative care over that past three fiscal years. In FY 17 1316 youth exited foster care to relative care and FY 18,

1270 young people exited to relative care. The number of exits to relatives is up one percent of the total number of children discharged.

Kinship Guardianship

The Kinship Guardianship program has been in place since the legislation passed in 2010. The program pays Kinship Guardianship assistance payments to relatives who become approved as a related foster family home (meeting the same criteria as unrelated foster families), once the IV-E eligible child has been in the home for minimum of six months. Kinship Guardians must also name a successor guardian so that in the event the kinship guardian is no longer able to meet the need of the child, the child does not have to re-enter foster care.

REPORTING PERIOD	NUMBER OF CHILDREN RECEIVING GAP*	NUMBER OF PROVIDERS (FAMILIES)*
FY 2017	216	98
FY 2018	237	117
FY 2019	388	175

point-in-time, not cumulative for the entire reporting period.

Per the above chart our number of young people participating in the GAP program has increased by 50% during the reporting period. We renewed our efforts related to reducing the number of children placed with relatives and in related foster home by providing the information directly to county directors to review the children in those statuses on a quarterly basis In an effort to improve the permanency outcomes related to kin guardianship in FY 2018. This effort along with the partnerships with the Judicial ICAN Team, which will focus on those children who are remaining in care after 12 months with specific focus on children aged 10-14. Bringing attention to those children's length of time in care focused on removing barriers to permanency related to kinship care will be a focus moving forward. As of 9/30/2018 a total of 117 providers were receiving kinship subsidy payments for 237 children. - FY19 - 175 providers receiving kinship subsidy payments for 388 children.

Services to support Kinship Care

Our new Kinship Navigator website is up and functioning to provide services and support to Kinship Care. The Kinship Navigator website was designed as a one-stop shop for grandparents, relatives and other caregivers. The site explores what is kinship guardianship, how to become a kinship guardian and kinship care outside of foster care. The dedicated site is https://navigator.alabama.gov.   Alabama Foster and Adoptive Parent Association includes relative caregivers (including those with Kinship Guardianship) as members of the association. This allows them to get the same services and supports through the Association as do foster and adoptive parents. The Office of Foster Care partnered with the Alabama Foster and Adoptive Association on March 3, 2020 at the Alabama State House for a non- traditional Grandparent's Day. This day long meet n greet with several of Alabama's Legislators including the Alabama Speaker of the House was a great start. The first of its kind with the Alabama Legislature, this meeting proved to be motivating and aspiring for future conversations regarding Alabama's Kinship Care program. Information was shared with Legislator's about how Alabama can strengthen Kinship Care as well as casual conversations with grandparents who are currently caring for grandchildren. The Department met with and collaborated extended wraparound services with Alabama's 211 for after- hours Kinship providers. We also have collaborated with family resource centers to address unmet transportation needs. County DHR offices also continue to have transportation contracts with community providers to assist Kinship families with transportation to local or neighboring resource centers. As of this writing 227 young people are receiving KG payments and are eligible for Kinship supports and services.

FY 2019 Kinship Navigator Funding

Kinship navigator funding in Alabama is being utilized to maintain the new Alabama Kinship Website, maintain our toll-free kinship number and provide training for our staff as well as for our judicial partners. Funding will also be used for data management and evaluation purposes. The Website contains information for kin caregivers on topics such as available resources, benefits, supports, educational programs, news/events, and a link to Alabama's 211. The Website went live in September 2019. Alabama Kinship Guardianship Pamphlets were printed and made available to all 67 counties and are available in our on-line warehouse portal for additional orders upon request. The Department also provided an e-mail blast about the new website to our State Community Partners and Local Education Agencies. The Alabama Kinship Navigator program has established a toll-free number to assist callers with frequently asked questions and connecting to available resources and supports that number is (844) 4ALA- KIN or 844 425-2546. In addition to maintenance of this phone line, the program will utilize grant funds to develop relevant informational materials for families in both English and Spanish. The website will continue to be maintained by state office staff in the office of foster care. **UPDATE**: This funding will also allow the Department, through our partnership with Children's Alliance Resource Network, to provide Trauma-Informed Partnering for Permanence and Safety (TIPS) – Deciding Together training to Kin families that have been provisionally licensed.

FY 2018 Kinship Navigator Funding - Kinship navigator funding in Alabama will be utilized to maintain the new Alabama Kinship Website, pilot a nationally recognized curriculum that is approved by our federal partner, maintain a toll free kinship number and provide training for our staff as well as for our judicial partners. Funding will also be used for data management and evaluation purposes. The planned Website contains information for kin caregivers on topics such as available resources, benefits, supports, educational programs, news/events, and a link to Alabama's 211. The Website is scheduled to go live in September 2019. The Alabama Kinship Navigator program has established a toll-free number to assist callers with frequently asked questions around and connecting to available resources and supports. The anticipated date for the toll-free number to go live will coincide with the Website. In addition to maintenance of this phone line, the program will utilize grant funds to develop relevant informational materials for families in plain language. The website will be maintained by state office staff in the Office of Foster Care. **NOTE:** A previous aspect of the plan for use of FY18 funds did not occur. This involved piloting a nationally recognized curriculum in a few select counties, review of said plan by an independent evaluator, and then deploying the curriculum statewide. See update under FY 2019 Funding.

Item 11

As stated in item number ten, relationship of child in care and birth parent is one of the items reviewed by State QA through the use the Onsite Review Instrument. A review of the OSRI findings reveals the following observations when this item is considered an area needing improvement.

- When visits are inconsistent between the child and the parents, the agency is not making concerted efforts to assess the barriers that are preventing the parents' from visiting with their child.
- Parents are not consistently invited to attend medical appointments, dental appointments, school conferences, extracurricular activities or other events in the child's life.
- Concerted efforts are not being made to identified and/or engaged birth fathers in order to promote, support, and/or maintain a positive relation between the father and their children.
- Lack of parental engagement, both mothers and fathers, has an impact on the relationship of the child(ren) in care with their parents.
- There also appears to be a correlation between visits between worker and child/family not occurring at least monthly and the inconsistency of visits between children and their family.
- Visits between worker and one or both parents are happening less frequently than monthly.
- When fathers are involved, the worker may see the father only when supervising a visit and the worker may have never been to the father's home.
- Stakeholders state that worker turnover impacts engagement between worker and families and it's like starting over every time a new worker is assigned.
- In some cases, a contract provider supervises visits (rather than case worker) and the case worker is not following up with the provider to get information about the visit. Sometimes the service provider fails to recognize when circumstances surrounding visits is less than desirable (e.g., smoking occurring in home when a child with breathing problem is present.
- Parental drug use and domestic violence as reasons for removal seem to have an impact on level of engagement between agency and parent.
- Our website, Alabama Kinship Navigator, is up and running. We're connected to 211. We have an ALAKIN number that is functional. We continue to provide training around kinship guardianship at the local and state level and it's an ongoing theme in work with the courts and in our CIP. We have hired two retired state employees to work with kinship caregiver families to expedite their foster care approval process to include completing required trainings with them.

CFSR Findings:

- In the R3 CFSR, in 48% of the 27 applicable cases, the agency made concerted efforts to promote, support, and otherwise maintain a positive and nurturing relationship between the child in foster care and his or her mother.
- In the R3 CFSR, in 36% of the 11 applicable cases, the agency made concerted efforts to promote, support, and otherwise maintain a positive and nurturing relationship between the child in foster care and his or her father.
- In foster care cases, improvement is needed to ensure that children's connections are preserved; that relatives are assessed for placement; and that relationships between parents and children and between siblings are nurtured and supported.
- When supervisory oversight was evident in cases, quality worker visits with children occurred; foster parents ensured that sibling visitation occurred; and, connections were preserved in many cases.

CHAFEE FOSTER CARE INDEPENDENCE PROGRAM (CFCIP)

Program Design and Delivery

Alabama Department of Human Resources, Children & Family Services is implementing the Foster Care Independence Act of 1999 by operating a statewide Chafee Foster Care Independence Program. The Education Training Voucher Program was implemented in 2004. Direct and indirect services are provided to youth for whom the Department holds custody and planning responsibility. Alabama's Independent Living Program is a state-administered, county-managed program. As such, the Alabama Department of Human Resources, Children & Family Services through the Office of Foster Care and ILP Services, administers and supports the programs and services carried out by the 67 County Departments of Human Resources under the Act. Thus, each county DHR office is able to create and maintain its own Foster Care Independent Living Program. Services are provided through group programs and individual services and several also offer experiential activities. The programs are to provide services to assist a youth in improving education and career opportunities and to decrease high-risk activities and the potential for incarceration, non-marital childbirth, dependence, and homelessness. The mission of Alabama's Independence Program is to assist Alabama's eligible foster youth and former foster youth in attaining the skills, education, and character needed to become healthy adults who will contribute to their community. The role of the State team is to provide services, supports, training and consultation to the counties, assisting them in the development of group and individual services and supports to youth in foster care. We partner closely with Children's Aid Society to focus on leadership development in the DREAM Ambassadors and DREAM Council.

As of April 1, 2020, there were 1893 young people in foster care age 14 to 20; representing a slight increase in the number of youths in care from the most recent reporting period of 1853 on April 1, 2019. All of those young people are eligible to receive Independent Living Services. The Program participated in a NYTD review in August 2017. That review highlighted our need to improve our capacity to collect data related to direct services to our young people. We have submitted a Program Improvement Plan which was approved on July 31, 2018 and continue to work diligently to improve the collection and reporting of the data related to service delivery. Many of the services and supports are provided directly by caseworkers.

In January 2018, the Independent Living Program launched a new ILP Framework in an effort to improve transitions to adulthood. The framework ties directly to a Youth Assessment Summary which will be utilized as the State of Alabama's ILP assessment tool replacing the use of the Daniel Memorial Assessment. There is an Assessment Discussion Guide used as a part of the framework that guides social workers as they engage youth for the assessment tool and in ongoing case management. Regional training related to the framework began in February 2018 to county staff and vendor/provider. Training related to the Framework was provided at the 2018 AFAPA Conference and at the Annual Supervisors Conferences, Statewide training will be completed by October 1, 2018.

Connected to the launching of the framework and Youth Assessment Summary, the Independent Living program updated polity to require all youth 17 years of age and older to have a written Transition Plan. This plan is developed with direct involvement of the youth as a way to map out a successful transition plan for them from foster care. Regional Consultations were structured around Regional Dream Council Meetings. The Consultations brought together county staff, contract providers and IL partners for training on effective youth transitions. The Regional Dream Council Meetings were led by the State Youth Ambassador to follow regional consultations as a means to pull youth from training regions to the IL meetings.

The partnership with Children's Aid continues to expand and employs 4 former youth and two Master's level Social Workers who have extensive experience with this population of young people as a foster care worker and licensed counselor. The Team also employs an ILP Coordinator and a Media Specialist. The CAS ILP Team serves youth, foster parents, congregate care providers and community stakeholders statewide. Our supports and services are enhanced through direct services and trainings provided monthly by our Youth Leaders and annually at the State and national conferences for our youth age 14-21 and county and state staff - See also system factor, "Agency Responsiveness to the Community", Older Youth Input.

Strategic planning is a key component to the successful delivery of services to our youth in care. Each year the state staff, county staff, former foster youth, community care providers, foster parents and community stakeholders convene to share successes and challenges and develop networks of support to ensure that our young people receive appropriate services related to their health, education, employment opportunities, financial management, housing and mental health so that they may become self-sufficient, interdependent adults with strong and supportive ties to their communities. The development of the current service plan was in collaboration with current and former foster youth, community providers, congregate care providers and county and state staff from both the foster care and Independent Living programs. Bringing additional support partners on board to include, Youth Towers, Second Shift Alabama and

Bighouse Foundation has increased our ability to provide needed services to current and former foster youth.   DREAM Ambassadors work closely with their peer foster youth in their monthly meetings to develop relevant services and supports. They are currently working on a Foster Youth Bill of Rights. They are also an integral part of our training model, providing training to judges, community members, Quality Assurance Committees, foster care training classes, Tribal members and others. In August 2019, our Ambassadors attended the National IL conference in Orlando Florida and conducted training session. These opportunities have prepared them for ongoing advocacy and training. The Independent Living Program, in partnership with the CAS ILP Team, Alabama Reach, the National Social Work Enrichment Program and the Alabama National Guard provides Regional Consultation Trainings to line staff, supervisors, County Directors, and providers to share strategies and challenges related to serving this group of young people.

The FY 2019 work of the ILP Division related to training, collaboration and support is outlined below. The activities included the statewide training, implementation and support of the Reasonable and Prudent Parenting Standard, Serving Youth in Congregate Care and youth participation in court and their Individualized Service Plans. Training regarding these issues has been provided to the staff and foster parents, service providers and stakeholders at the Annual Foster and Adoptive Parent, Permanency and ILP Networking Conferences. Education and training will be was also provided to youth at the Annual ILP Camps held in June and July 2019. The Program has provided support to staff, young people and providers at Individualized Service Plan meetings, promoting youth empowerment, involvement and preparation. As a result of the Congregate Care Study, the Program will provide monitoring and consultation to the young people, staff and providers involved on a quarterly basis to continue to promote positive permanency.

Dates for Training	Dates Youth Lead Meetings	Additional IL Events
IL State Partner meeting, Tuesday, February 12, 2019	Morgan County, February 9, 2019	Graduation Celebration, May 4, 2019
ILP Networking Conference, April 1, 2, 3, 2019	Baldwin County, March 16, 2019	Camp Life I – ages 17 – 20, June 11-13, 2019
Lee County Reg Consult, September 10, 2019	Lee County, September 21, 2019	Camp Life II – ages 14-16, July 16-18, 2019
IL Contract Service Provider meeting, September 24, 2019	Houston, October 26, 2019	State Youth IL Conference, August 27-30, 2019
Houston County Reg consult, October 3, 2019	Jefferson County, December 7, 2019	State Youth Leadership Retreat – January 2, 3, 4, 2020
Jefferson County Reg Consult, November 5, 2019	Montgomery County, January 25, 2020	
Dallas County Reg Consult, January 14, 2020	Madison County DHR on February 22, 2020	
IL Contract Service Provider meeting, January 16, 2020		
Madison County, Reg Consult, February 4, 2020		
Mobile County Reg Consult, March 3, 2020		

LGBTQ Resource Meetings/Contacts

Trainings were provided during the reporting period at the 2019 Permanency Conference related to serving LGBTQ youth. The Office of Foster Care Consultants attended regional ILP meetings and engaged youth who openly identifies as LGBTQ. There was also an informal chat session with ILP youth and Dream Ambassadors to discuss how the department can support and nurture LGBTQ youth during and after foster care. Youth were honest and engaging during the sessions. A representative from the Office of Foster Care will continue to attend annual camps, and other

ongoing IL events to engage our youth about LGBTQ matters that concern them the most. It is through this non-judgmental dialogue that the Department can demonstrate a helping relationship.

Alabama has fully implemented the requirements to remove barriers to foster and adoptive same sex couples becoming placement resources to our youth. The Office of Foster Care and Foster Care/ILP continue to provide consultation and support to counties should LGBTQ issues arrive.

The department continues to work in conjunction with our current partners in developing trainings about meeting the needs of youth in our care who identify as LGBTQ. The Office of Foster Care Program Manager will meet with our current partners to develop specific recruitment strategies for respectfully recruiting LGBTQ foster and adoptive parents to nurture all of our youth in care. We will also continue to ensure that LGBTQ resources and trainings are ongoing for our staff and youth.

Proposed trainings will involve sensitivity, education, support and nurturing components. We will accomplish this by meeting with the below partners to develop training series throughout the year for staff, foster and adoptive parents and our foster youth. A few of the partners that have committed to this important task are:
- Children Aid Society
- Alabama Foster and Adoptive Parents Association
- PFLAG of ALABAMA

PFLAG has also identified an individual who is working on an app that will list available LGBTQ resources in Alabama.

The National Youth in Transition Database (NYTD)
Since the State's participation in its first NYTD review in FY2017, renewed focused has been placed on correcting capturing ILP activities in our SACWIS system. Appropriate coding was a part of the recent ILP Framework training completed rolled out across the state in FY2018 (please refer to the table above). The information received from NYTD Review has been important in our efforts to continue to provide appropriate supports, living arrangements, services and meaningful training and educational and vocational opportunities to our young people. With the addition of our Fostering Hope Mentors as a support to our youth, we are better able to serve both our young people in care and have begun to craft individualized services for them post-foster care. Our community partners have provided services as supports to youth after care that have been nothing short of life saving. We will continue to work with our FACTS Functional Team to improve our ability to track and report these invaluable services. We have been upgrading our information system to more accurately report these crucial services. Direct interface with data from our Educational Assistance provide has also been initiated.

The data collected continues to be shared with providers and community stakeholders, staff, Tribal partners and our young people since the initial results collection was released in 2011. The NYTD information was shared in a series of trainings, consultations and presentations. Alabama continues to reach the required benchmarks set and compliant with ongoing submissions. Information acquired through the surveys have been used to maintain connection to out-of-care youth, as well as used to assess ongoing youth needs and obtainment of Medicaid services.

We will continue to work with our current DREAM Council and youth participating in our DREAM Council meetings and summer camps and conferences regarding the importance of NYTD. We will continue work with our young people to develop strategies to ensure that youth are aware that they are required to participate at age 19 and at age 21. Incentives are provided to youth as they complete the surveys. Updates are being made to the NYTD portal to create a youth-friendly engagement. Youth Ambassadors participated with recommendations to updated portal.

Coordination with other Federal Programs and Private and Public Agencies
There have been several initiatives related to private and public agencies which will continue. The Independent Living Program works closely with **Children's Aid Society** to provide services and supports to current and prior older youth in foster care. We have developed great collaborations with the **Alabama National Guard**, **Alabama Adoptive and Foster Parent Association**, **Alabama Department of Education**, **Alabama Reach**, the **Alabama Medicaid Agency**, **Alabama Department of Youth Services**, the **Child Welfare Collaborative Initiative**, the **National Social Work Enrichment Program**, **Foster Care to Success**, **Alabama Department of Public Health**, **Casey Family Programs**, **Youth Towers, Second Shift Alabama** and **NSORO.** These collaborations improved educational outcomes, college retention and matriculation, an improved knowledge of psychotropic medication use and trauma-informed practice, and a focus on ensuring that older youth re-enroll in the Medicaid program. We have had the opportunity to coordinate services with **Department of Youth Services** crossover youth, provide training and education to our **Tribal partners** and **Court Improvement Program** staff regarding older youth issues. We have also had an opportunity to utilize a new permanency consultation model and prepare our young people for academic life beyond high school. We will be

working to develop more comprehensive collaborations with **Job Corps,** the **United States Armed Forces,** the **Department of Mental Health** and the **Alabama Department of Labor.** A stronger and more defined partnership with **Alabama Department of Mental Health** regarding smooth transition would improve outcomes for our youth with serious mental health issues, reducing the numbers needing to be hospitalized and at risk of being homeless adults. Our work with the **Armed Forces, Job Corps** and the **Department of Labor** is meant to improve and provide improved options to a population of youth who may struggle with transitions post foster care.

We have worked to develop a partnership with **Housing and Urban Development** to decrease the number of homeless youths. There are several organizations around the state which focus on supporting youth as they exit foster care. **Second Shift Alabama, Kids to Love, Youth Towers, My Father's House, the BigHouse Foundation and Camp Hope** all seek to serve young people statewide, with job training and preparation, housing assistance, hard services and supports to improve older youth well-being and avoidance of homelessness. Focus in this area would target those teens who participate in our traditional Independent Living apartment settings and youth needing to move out independently to better maintain stable housing by taking advantage of opportunities and programs offered by **HUD.** This collaboration will focus on the access to and availability of funding needed for this unique population of young people. We began work with Mobile in June 2017 on a project they have started in hopes to replicate the proposed housing model in other areas of the state. In February 2020 the first Memos of Understanding were signed with eight Public Housing Authorities to initiate the Foster Youth to Independence program in Alabama. Since that date, a total of 15 Public Housing Authorities have signed MOU's representing 33 counties across Alabama where youth are eligible for HUD housing. Twelve referrals have been made across the state for the Foster Youth to Independence vouchers.

We have worked closely with our **Medicaid Agency** to ensure that young people who are eligible for the extension of Medicaid coverage to age 26 are made aware of this opportunity. We have coordinated training for our staff and youth making them aware of their eligibility and directing them to Alabama's Medicaid website to re-enroll for insurance coverage. The information and link to the website is also on our Independent Living website. As of October 1, 2016, all young people who are eligible upon their exit from out of home care will be automatically converted to the Medicaid to 26 health insurance programs. The Department has been working on an interface with the Alabama Medicaid Agency to ensure that all eligible young people will continue to receive this much needed service without interruption. The Department's continued work on the NYTD PIP includes an expansion of our electronic information sharing with the Alabama Medicaid Agency so that all youth over age 18 are identified and their FACTS files included as they exit care and work with that agency to ensure that the needed data is correct. There are also plans to update the Medicaid system by the end of the fiscal year to automatically end date of the Medicaid service for eligible youth on the date of their 26th birthday.

County Staff, young people, community partners and foster parents have received training regarding sex trafficking. Training provided by Regional Taskforces are ongoing. All counties offices and State office designees participated in the annual," End it Alabama Conference" the 2019 conference was held on February 8, 2019. Deputy Commissioner, Paul Butler, serves on the Governor's Sex Trafficking Task Force. We are working with a local agency to develop a possible treatment/placement facility for young people in the state who have been identified as victims of human trafficking. Additionally, the Sex Trafficking Protocol approved in FY17 will be reviewed and re-vamped in FY2020 to better facilitate appropriate services and supports to the victims of sex trafficking and their families.

Services, supports and trainings have been provided to ILP staff and young people to address homelessness. The Department works in partnership with the youth homelessness prevention programs provided through Children's Aid Society, Second Shift Alabama and Youth Towers. A partnership with Housing and Urban Development with the goal of securing a partnership to provide long-term, affordable housing for former foster youth across the state will be developed in FY2019.

Serving Youth across the State
All youth in our System of Care are considered Alabama's children. In an effort to ensure that all young people receive the same level of support and services, the Program has gone to great lengths to provide training directly to youth by DREAM Council Ambassadors and community providers in the counties all over the state. We are currently strengthening our partnership with the Poarch Band of Creek Indians to provide training directly to their Youth leaders. A joint regional Dream Council Meeting is set for 2021. All available services and supports are offered to all foster youth in Alabama. Youth and their caregivers and social workers can access information regarding ILP policy, NYTD, camps, conference, services, job opportunities, health services, Medicaid and trainings at our various youth social media avenues: www.ilconnect.org; @ILConnect on Facebook; and @originalilconnect on Instagram. These avenues offer a one-stop webpage that list independent living services across the state. The Division has updated the State's site, iDHR, with tools, form and instructions to improve accessibility of staff and community partners; thereby improving outcomes for our older youth in care. Services to our foster youth and those youth being served in their own homes are

individualized to meet each youth's unique needs. Smaller counties continue to struggle with placing youth in their home counties, as there are a limited number of resources in our rural counties. We are working with our Resource Management Division and Foster Care Recruitment and Retention and Alabama Foster and Adoptive Parents in order to develop and train foster homes specifically designed to provide care to this population.

We began a partnership with the Alabama Department of Public Health in 2012. They have provided several of our young people across the state with relationship training focusing on abstinence, safe relationships, safer sex practices and pregnancy and sexually transmitted disease prevention. We will continue to offer this support to our young people. Youth 14 to 21 are able to participate in all Independent Living activities provided by the counties and state. There are no age restrictions. Youth have participated in trainings geared toward their specific age group annually in summer conferences/camps.

A lack of individualization is most prominent in the provision of services for ILP youth. The department utilizes the ILP Assessment Tool to identify areas of needs for the child; however, few of the actual needs are addressed in the ISP. The ISP typically does not address the individual needs of the child, but broadly addresses accessing ILP funding. ILP Services to youth were found to be lacking in 50% of the counties reviewed by Quality Child Welfare Practice thus far during FY 2020. Additionally, state QA has identified through both the OSRI process and Random Record Reviews completed by Quality Child Welfare Practice that concerted efforts to provide services to families to protect children in the home and prevent removal/re-entry into foster care is an area of need.

In light of the inconsistent nature of ILP services and supports across the state, the Office of Foster Care/ILP will implement and more comprehensive approach to providing monitoring of case planning related to foster youth. Beginning in November 2018, the ILP Division of the Office of Foster Care began review all young people across the state, county by county, starting with our 20-year olds. The consultations include both state and county workers and managers. All youth 18 to 20 have had their permanency plans reviewed via phone conference. These conferences will commence again to address the service planning of all youth in foster care age 14-20 in FY2020 and beyond. They serve to identify trends and improve supports based on needs identified. Moving forward, ongoing staffing of youth in care 17 years of age and older will work as counties development of mandatory youth transition plans at that same age.

Serving Youth of Various Ages and Stages of Achieving Independence
The focus of our Independent Living Program is to provide services and supports to promote healthy interdependence. Our young people enter care at various stages and levels of maturity. Because of the unique nature of their circumstances, proper assessment and youth engagement are key when serving this age group. Our ILP Partner, Children's Aid Society, developed transition toolkits based on levels of maturity and competence identified by the Individualized Service Planning (ISP) team. In FY2018 we move to begin the process of using Alabama's ILP Framework in lieu of the Daniel Memorial Assessment. The ILP Framework was trained statewide emphasizes the worker's assessment of the young person's skills and abilities and is to be completed prior to or at the point of the Individualized Service Plan (ISP) in order to better offer and develop services to meet the needs of each youth.   More importantly our focus will be on identifying and facilitating authentic permanent connections. The provision of service is crucial, but without familial support our young people will continue to struggle post foster care. Breaking down the myths regarding the needs of older foster youth, addressing their unique mental health needs related to trauma, abandonment and loss and empowering them to develop and retain lifelong relationships will be important to breaking down the barriers that often lead to homelessness, mental health facilities and jail.

Youth 14 to 21 are able to participate in all Independent Living activities provided by the counties and state. There are no age restrictions. Youth have participated in trainings geared toward their specific age group annually in summer or fall conferences/camps. Those youth aged 14-16 participate in a camp which provides introductory training regarding what they are eligible for as a foster youth, how to effectively participate in their in ISP's, basic NYTD, social media safety, money management, preparing for college by successfully completing high school, sex education and human trafficking. The older youth aged 17 to 21 participate in more detailed trainings focused on college, technical and trade school success, credit reporting, household management, permanency pact, sexual safety, NYTD, internet safety, health and fitness, and Medicaid to 26. All youth in the System of Care can participate in state and county trainings. ILP age youth in our protective service caseloads are encouraged to participate in ILP activities, but there are no financial incentives offered for their participation. Unlike many states, Alabama allows youth to remain in foster care until they reach age 21. There are no additional supports specific to those young people outside of existing services detailed in policy. However, services are intensified to promote a smooth transition into adulthood concurrent with a concentrated focus on the need for each youth to be connected to a caring and capable adult. Each year, we hold an Annual Celebration of Scholars designed to recognize youth graduating high school or completing their GED. This Celebration promotes ongoing educational supports and opportunities for youth post-high school. On May 4, 2019, 76

graduated seniors were honored in the program that included a speech from an emancipated youth. Youth were encouraged to set educational goals and recognize their ability to reach their dreams.

Providing personal and emotional supports to young people exiting care due to their age through mentors and promoting positive interactions continues to be a focus. True permanent connections developed through safe interactions and potential reunification with biological families, the use of the Permanency Pact, the development of host families through our partnership with Alabama Reach and the development and enhancement of foster and adoptive homes to serve older youth are strategies we will continue to employ to ensure that our older youth have the best possible opportunities to achieve legal permanency.   Alabama has developed ongoing partnership with 13 non-profit agencies that serve out of care foster youth. These partnerships allow continued supports to youth who have aged out of care.

Our Children's Aid Society partners developed, and distributed toolkits geared toward the varying stages of youth development and shared them at DREAM Council meetings and other locations based upon staff requests. Our Finance Division ensures, through monthly monitoring, that no more than 30 percent of our allotted Federal CFCIP funds are expended for room and board for youth who have left foster care after 18 and have not yet attained 21 years of age. Young people are made aware at the time of discharge that they are still eligible for services and supports post-foster care.

Alabama offered foster care to youth up to age 21 prior to the national Title IV-E foster care extension. There are provisions regarding school attendance or employment in our current policy in order to access Title IV-E funding. Young people may remain in foster care continuously past their 18th birthday without re-entering care through request and signature. They remain eligible for all services and supports until they reach age 21. Youth who have left foster care after attaining 16 years of age continue to be eligible for and participate in our adoption subsidy and kinship guardianship supports. Additionally, youth who exit foster care at age fourteen to adoption or kinship guardianship are eligible to participate in the State's Fostering Hope Scholarship.

Young people reside in all levels and types of foster care placements post 18, ranging from traditional foster homes to Independent Living apartments and college dorms. We are working diligently to offer services and supports and foster home placements for young people so that they can remain in foster care in their home counties as needed. There are programs, supports, services and placements available to assist all special needs populations to include substance using or addicted youth, pregnant and parenting young people, and those with mental health needs. We are working with a community provider to develop a facility or facilities to address the special placement needs of those young people who have been victims of sex trafficking. We have a partnership with our Adult Services and Mental Health communities to ensure that our young people with developmental disabilities receive the services needed as they transition to adulthood.

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

Alabama Reach
The Reach Program is currently housed at the University of Alabama with support from the University. Alabama Reach provides group sessions, access to host families, year-round dorm access, financial support, training, and volunteer opportunities for any youth identifying themselves as current or former foster youth. The program supports all foster care youth at the University of Alabama and at Shelton State in Tuscaloosa. We conducted preliminary program meetings with Alabama State University in Montgomery. That program successfully launched in Fall 2014 through that university's Social Work Department. Reach provides group sessions for foster youth on the campus of Alabama State University on a limited basis. It is their goal to serve all foster youth in the two- and four-year colleges and technical and training schools in the area. Alabama Reach will continue to work with the Department to expand their programs to other colleges and universities in the State. During the 2019-2020 school year, Alabama Reach have provided support and services to 14 current and former foster youth at the University of Alabama.

Fostering Hope
The Fostering Hope Bill passed in April 2015. Since the passage of the scholarship bill, 627 young people across the

state have participated. It has provided funding to cover tuition and required fees to young people attending over 40 in-state two- and four-year colleges, universities and certificate programs. The scholarship provides tuition and required fees for all youth in foster care at the time they graduate high school and all youth adopted at age 14 and older. An additional $3.5 million was allocated for the 2018-2019 school year. The recipients eligible has increased to young people exiting foster care after age 14 to kinship care. The bill also provides for DHR staff who act as mentors to youth in college. The Fostering Hope Mentors are required to meet with each young person face to face at least one time per semester to ensure that they are meeting educational requirements, are having their emotional and physical needs met, and are linked to appropriate services and supports on their campuses. The Mentors further serve as a liaison for the Department with the universities, should our young people experience difficulties. The Mentors work closely with county staff, if participants remain in foster care. Our ETV contract with Foster Care to Success was expanded to include young people applying for Fostering Hope. This facilitates streamlining the process and maximizing the funding available for our young people. The application is accessed on the same web portal.

Kids to Love / KTech
Kids to Love provides services to foster youth and families throughout the state. The services range from providing Christmas gifts to providing training, education and housing support for former foster youth. KTech is a 16 week training course for young people exiting care due to their age. Upon completion, the young people are Siemens certified and have earned six credits toward a two-year college certification in automotive technology. They may also go to work for the automotive industry with the Siemens certification. Kids To Love supported 48 current and former foster youth and those adopted from foster care through their college scholarship program. They have provided support to the Department promoting sibling visitation through Camp Hope (note – Camp Hope is included under Item 10). Those services were also expanded this year to provide one on one contact for children available for adoption and their potential adoptive parent(s).

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

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

Data on Youth Over the Age of 18
As of March 31, 2019, 504 of our young people remained in care past age 18 years old. This number has increased over the last year as there has been an emphasis tied to the roll out of the Alabama Transition Plan to encourage older youth to remain in care and receive ongoing IL services. As stated in the current APSR, they reside in every type of placement from traditional foster home to college dorm rooms and apartments. All young people are eligible to receive training and employment support. Young people all over the state have access to local employment services and receive training to develop and increase their skills with employment and career preparation. All youth exiting foster care are eligible to receive the $1000 aftercare payment and services and supports three months post their exit from foster care to ensure smooth transitions.   All counties are trained to provide older youth with ILP services and 20 of our counties have staff designated to provide intensive ILP services. Per the current information received, our 18 to 21-year-old youth reside in every type of placement setting available ranging from traditional foster homes to their own apartments. Twenty-tree percent of our young people over 18 reside in traditional and Therapeutic Foster Care settings. Young people, without regard to age, receive the placement setting services deemed most appropriate by their ISP teams.

FY2019

Placement Type	18	19	20	TOTAL 18-20
Adoptive	1	0	0	1
Basic Group	10	2	1	13
Basic Institution	6	2	0	8
Related Foster Family Home	2	0	0	2

Hospital	0	0	0	0
Independent Living	8	19	25	52
Intensive Group	4	1	0	5
Intensive Institution	31	13	7	51
Juvenile Incarceration	4	0	0	4
Moderate Group	8	0	0	8
Moderate Institution	20	5	0	25
Mothers and Infants	8	5	1	14
MRDD/MH/ MR Facility	12	6	16	34
Nursing Home	0	1	0	1
Other	3	5	2	10
Out of State Treatment Program	1	1	0	2
Own Home	5	5	7	17
Post-Secondary Education Setting	5	12	2	19
Psychiatric Hospital	2	1	0	3
Related Home	16	5	1	22
Runaway	30	12	3	45
Specialized Placement	2	1	1	4
TFC	25	6	5	36
Traditional Foster Care	55	16	13	84
Transitional Living	20	13	6	39
Youth - Sexual Predatory Behaviors	5	0	0	5
	283	131	90	504

Credit Reports and Health Care Proxies

Credit reports are requested by county staff each year upon each youth's 14th birthday, per PL-113-183. The results are shared with the young person and documentation of the results is recorded in their files. Social workers, county directors, foster parents and vendor/service providers have been advised at the Annual Permanency Conference, the Annual ILP Networking Conference, at meetings with the ACCA and FFTA groups. during ILP Regional Consultation and at the annual AFAPA Conference of the new provisions regarding the credit reporting and documenting efforts to resolve any issues on the youth's credit reports. Youth are also provided training regarding the importance of maintaining good credit and responsible fiscal management. The youth were trained regarding how to achieve and maintain good credit and had opportunity to request their own credit reports during the 2016-2019 Camp Life I & II Camps, summer youth conferences. Health care proxies are a new area of focus for the Department. They are encouraged with youth who have not identified permanency resources to speak on their behalf, should they become incapacitated. Individualized consultation regarding this matter will continue to be provided to staff.

Determining Eligibility of Benefits

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

Participation in National Evaluations

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

Education and Training Vouchers Program

The Alabama Department of Human Resources uses a vendor/provider who is experienced in providing ETV student support service. The vendor provides an electronic application platform. The Department verifies eligibility. The vendor works with the eligible youth and their respective colleges and universities to assess and confirm the cost of attendance. The vendor is selected through the Request for Proposal process and ensures that methodology to avoid duplication and overpayment of federally provided and assisted funding. The ETV vendor is required per contract to

maintain a database related to individual and cumulative data related to an annual, unduplicated count and qualitative roster of ETV recipients

Youth are supported with CFCIP monies allotted for Education and Training Vouchers through our contract with Foster Care to Success. The Department worked with Foster Care to Success through September 30, 2018 and then began again January 1, 2019. From October 1, 2018 through December 31, 2018, the Alabama Educational Assistance contract was awarded to the West Anniston Foundation. The West Anniston Foundation had been tasked to ensure that the total amount of educational assistance to youth does not exceed the total cost of school attendance. A web portal is maintained which our youth and their caregivers, university officials and state office staff can access 24 hours a day, seven days a week. The youth apply online, the information is verified by our office, they submit all required documentation related to their institution and are awarded ETV funds based on their need. Our contract provider delivers comprehensive support to include care packages, school supplies, and equipment. Our youth are required to check in with an identified staff member once monthly to report their progress. There were 164 youth participating in FY2019. The data collected by Foster Care to Success and the West Anniston Foundation assists us in improving the provision of services to our youth. Current data shows that college and technical school graduation is an area of needed concern and focus. Our number of freshmen enrolling far outnumbers our seniors near completion. We will work with our partners at the State Department of Education, the National Social Work Enrichment Program, Alabama Reach, and NSORO and our Fostering Hope Mentors to improve our college completion success rate through better preparation for college and additional supportive services while participating in post-secondary education. Staff has been advised at all trainings to have their youth as early as their junior year in high school to complete the ASVAB. In our consultations moving forward, the focus moving forward will be improved permanent connections and support and increased financial support through tuition waiver. The Fostering Hope Scholarship legislation with the additional staff we have hired is having a positive impact on college success. Since the legislation past**,** we have had 11 students receive associate degrees, 16 receive bachelor's degrees, 1 phlebotomy ink training and 7 certifications in Mechatronics. We have worked closely with colleges and universities to ensure college success for our young people. When providing counties with funds for their ILP services, each are reminded that Appropriations Law precludes the use of Chafee funds to supplement the $5,000 per-year ceiling for a youth in the Chafee Educational and Training Voucher (ETV) program.

Alabama's Youth participating in the Program received an average of $3357 per year. There are **195** current and former foster Youth participating in the program, attending 52 colleges, universities, training and technical schools. Chafee funds may be used for activities that are outside the scope of an institution's definition of "cost of attendance," and are not covered by the ETV program. Funds are also available for the Poarch Band of Creek Indians Tribe if they have youth in custody. In order to address the low completion/graduation rate, we are working in partnership with our ETV provider, Foster Care to Success, the Alabama Reach Project the National Social Work Enrichment Program, the Alabama National Guard, Kids to Love, KTech, The Alabama Department of Education, Career Coaches, Counselors and the Department of Labor to develop strategies to improve matriculation. Current and former foster and adopted youth began receiving funds to cover the cost of college tuition and all required fees in the fall of 2017. All youth who graduate while in foster care or were adopted from Alabama's foster care system at age 14 or older are eligible to receive the college assistance up to age 26.

CFCIP Training
We will continue to provide comprehensive, innovative and relevant training to our youth, providers, county and state staff, foster parents, judges and interested community stakeholders. We will conduct annual networking opportunities for ILP staff, providers and community stakeholders. We will continue to provide regional trainings to the county related to Independent Living policy and procedures and NYTD. We will provide online trainings as deemed appropriate using our LETS training system. We will improve our capacity to provide training upon request to counties and community stakeholders as staffing allows. Youth will be provided annual leadership and ILP training. Youth will participate in national conferences annually and in monthly trainings around the state.

The ILP Networking Conference for 2019 was held Guntersville State Park, April 1-3, 2019. ILP Partners, County ILP staff convened in order to strengthen services with a focus on developing our new workforce. This year's them was "Back to Basic" with a focus on connecting with young people to promote positive outcomes for our older youth. Staff was provided training by Alabama Works, Youth Towers, Children's Aid Society, our Fostering Hope Mentors, Job Corps, Second Shift Alabama, and Alabama Foster and Adoptive Parents Association focus one holistic development of our youth via appropriate case and future planning. The Annual ILP Networking Training, reinforced by statewide ILP Framework Training and staff and partner participation in our Monthly DREAM Council meetings, DREAM Council Leadership training have positively enhanced our service model. Our young people and those tasked to provided services to them have several opportunities to enhance their support network, obtain useful and portable skills and strengthen their support networks. For 2020, we conducted virtual training for staff, providers and IL partners through Children's Aid Society. Topics centered around preparing older youth for life after foster care, dealing with the developing youth brain and

educational assistance for youth post-high school.

Consultation with Tribes
We consult on a regular basis with our one Federally recognized Tribe, the Poarch Band of Creek Indians. Our DREAM Ambassadors spent a day on the reservation and presented training to the young tribal members. It is our goal to expand this partnership by planning an annual convening of our youth leaders and tribal youth leaders. The DREAM Ambassadors will participate in a second full day convening session with Tribal youth in 2020, to include a regional DREAM Council meeting for area foster youth. The Tribe is an active partner in our Child Welfare Collaborative Initiative (CWCI) with full access to all information regarding services and supports available to young people. There are no restrictions regarding the Tribal members accessing any benefits or services available to all other youth in the state.

CFCIP Program Improvement Efforts
Our plan will continue to involve youth. Our Youth Leaders (DREAM Ambassadors) meet once monthly during the school year and participate in camps, leadership trainings and state and local conferences annually. They set and develop goals based on information received from youth during their monthly meetings which occur in a different county each month. They provide training to their peers at their monthly meetings and serve as junior camp counselors for their peers at the summer camps/conferences. They develop strategies related to their goals and consult with ILP staff and our Children's Aid Society partners to effect the change that they would like to see. Our focus on the youth voice will continue and will be enhanced by more leadership and training opportunities related to working with the Legislature and effective youth advocacy. Youth serve as Pages in our State Legislature for a week each year. A DREAM Ambassador participates as their representative each year. They use this opportunity to both represent their peers and to share their experiences in Foster care. This has been very well-received by our state lawmakers and we will continue to support this opportunity. As is typically the case, having the voice of an actual youth in person resonates with leaders and has been helpful in garnering global support for children in care.

Strengthening our partnership with our young people has been a focus in our effort to improve services and support to their peers in foster care and those who are transitioning. Our DREAM Ambassadors have received leadership training and support and have crafted and led this year's DREAM Council meetings. Our DREAM Ambassadors are also participating in Quality Service Reviews, meeting with their peers to prepare them for the stakeholder interviews and facilitating the collection of consumer surveys. Our DREAM Ambassadors have participated as presenters at the Daniel Memorial Conference over the last three years. Their presentations have centered around providing supports to other foster youth and challenging adult advocates.

Older Youth Input – See also under ITEM 31, Collaboration with Stakeholders

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

1. Help youth transition to self-sufficiency:
The number of foster youths in care 18 years and older has slightly decreased in the last year to 499 (down .04%). This change does not seem to be affected by any noticeable trends. We continue to see an increase in the percentage of young people completing high school and transitioning to college, training programs and work. We have worked diligently to establish a partnership with the Alabama National Guard. The partnership has raised the young people's awareness of careers, increase mentorship opportunities and increase the opportunities for positive permanent connections available through the armed forces. Staff, youth, foster parents, our Quality Assurance Committee and CWCI Team have all been provided information and have provided input regarding services and supports to our older youth, through dual degree program and vocational programs available at high schools across the State, training opportunities available through partnerships with Kids to Love and local employment agencies. During the fiscal year, the Program has worked to improve self-sufficiency outcomes through expanded collaboration with the Alabama National Guard, the implementation of the Fostering Hope Scholarship and partnerships with community partners, such as Casey Family Programs and Foster Care 2 Success to develop Communities of Hope to serve the youth beyond foster care.

All of our new partners have worked with us throughout the year, participating in all of our DREAM Ambassador meeting across the State. They have provided training at our Supervisors Conferences and our Strategic Planning Meeting and our ILP Networking Conference. The **2019** ILP Networking Conference was held April 1-3, 2019 at the Lake Guntersville State Park and focused on connected services and resources to help improve transitions for our older youth."

 The training provided encouraged continued partnerships with the Alabama National Guard, Job Corps, Alabama Department of Labor, Kids to Love, Camp Hope and the Alabama Department of Education.

We will provide training to the young people regarding the Reasonable and Prudent Parent Standard and continue to provide periodic review and monitoring through the NYTD data collection, case review and special studies. Our DREAM Ambassadors will continue to the trained to educate youth regarding their right while in foster care and have worked on a Foster Child Bill of right for the 2017-2018 service year.

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

FY2017 (as of 3/31/2017)	12.46%
FY2018 (as of 3/31/2018)	10.24%
FY2019 (as of 3/31/2019	9.66%
FY2020 (as of 03/31/2020)	9.2%

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

2. Help youth receive the education, training, and services necessary to obtain employment:
See chart below. The program's goal is to help students attend, succeed, and graduate from post-secondary schools, ready to enter the workforce (Source Foster Care to Success). Alabama had 180 graduated high school in 2018, 161 graduated in 2019, and 142 in 2020. We continue our efforts to review and support post- high school participation in vocational and educational opportunities available has been improved. Annually we requested that each county report future plans related to each youth. Those reports were reviewed, and counties were advised related to educational and vocational opportunities to be shared with youth who had no post-high school plans.

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

Awarded	Total ETV's	Returning Students	Number of New Students
2017-2018 School Year	180	98	82
2018-2019 School Year*	190	102	88
2019-2020 School Year	195	87	108

NSEP (National Social Work Enrichment Program) is an initiative to engage youth around education and career opportunities through a six-week program in which youth stay on campus at a local university and attend workshops, do community work and experience and learn about campus life in preparation for career choices with a specific focus around social work. Since 2010, NSEP has graduated 230 participants. NSEP has had eight former participants graduate college and several others currently attending. The Alabama Educational Assistance program is a comprehensive student support system developed to help youth attend and succeed in post-secondary education. The program recognizes that funding to attend school must be coupled with the consistent and specific help and guidance that young people need to navigate the college experience and mature into confident, well-rounded young adults.

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

Toolkits
All AL ETV students receive Academic Success and Career Planning materials throughout the semester. The materials are posted on FosterU, and links are sent to students weekly via email and text messages.   Students leaving foster care may not understand the college culture, so the information was developed to help them make informed decisions. Topics include money management and understanding financial aid, student loans, time management, health and nutrition, etc. New Material may be written as needed or adopted from other sources to be relevant for foster youth; the purpose of the information is to fill knowledge gaps and help them progress toward earning a credential and being and independent youth adult.

Provide personal and emotional support to youth exiting care through mentors and the promotion of interactions with dedicated adults: Alabama Department of Human Resources in the past has provided personal and emotional support through mentors and the promotion of interactions with dedicated adults. Currently the State does not have a mentor program. The Program has instead shifted to a combination of services and service models which

will improve permanency outcomes and foster long-term success. The current model involves empowering youth to identify, enhance and improve relationships and their permanent connections. Mentors are strongly encouraged. Though we continue to seek mentors for all youth in our care, natural mentorships have yielded the best results. We will continue to work with our ILP partners to develop innovative means by which to match our young people with mentors of their choosing; as an effort to have them develop natural supports.

Attending and making academic progress towards completing a degree or certificate is the goal of the AL ETV Program. To help students progress academically, Foster Care 2 Success developed its Academic Success Program (ASP) so educational Mentors can provide targeted and specific academic and career guidance to students. The tiered program was developed to meet the needs of all students by recognizing that they range from struggling with basics to academically gifted, are incoming freshmen, through graduating seniors. ASP offers students mentors who provide moral support and consistently focus on the students' academic goals, progress and success. Students receive resources based on their individual profile, including: parenting, test-taking, time management, career planning, employment readiness, access of on-campus resources, and others. By reviewing each student's academic transcript, ASP identifies those who are failing classes or are in remedial classes and works with them throughout the semester to help them develop the skills and means to pass and progress academically. Our Foster Hope Mentors meet with our college youth to assess their strengths and needs based on their performance and progress in college. They attend ISPs as needed to assist county staff in providing support to young people. The meet with college advisors and provide necessary supports to promote academic success. Our Fostering Hope Mentors have participated in our monthly DREAM Council Meetings, ILP Networking, Permanency and Supervisors Conferences in order to provide training to staff, supervisors and community partner agencies. The addition of this Team has led to increased secondary education interest and participation. The FH Mentors have participated in individual and group completion of the FAFSA and coordinated and supported ASVAB testing. They have also coordinated and supported services to young people seeking to begin military service and to participate in the KTech program supported by Kids to Love.
As of 2020 there were a total of 27 college graduates who have received ETV funding. Students who attended state, public institutions also benefitted from the receipt of Fostering Hope Funds. The total number of youths who received Fostering Hope funds for 2019-2020 school year were 201. 98 were returning youth and 103 were first time recipients.

5. Provide financial, housing, counseling, employment, education, and other appropriate support and services to former foster care recipients between 18 and 21 years of age to complement their own efforts to achieve self-sufficiency and to assure that program participants recognize and accept their personal responsibility for preparing for and then making the transition into adulthood: Youth of all ages are entitled to receive age-appropriate services, including opportunities to learn Independent Living skills and receive unique services as determined by the child and family planning team. Youth may stay in care by State of Alabama law until their 21st birthday. Aftercare assistance is available to youth who leave care between their 18th and 21st birthday in the form of financial assistance or services. Alabama provides each youth exiting the foster care system with a one-time stipend of $1,000.00 for startup costs. Aftercare financial assistance and support services continue to be available to youth who leave the system prior to their 21st birthday. For youth who leave care on or after their 18th birthday, policy allows for the youth to re-enter foster care if the need arises. If the youth needs to re-enter foster care or remain in his own home, financial, housing, counseling, employment, education and other appropriate support and services are also to be provided as needed until the 21st birthday. Room and board payments are available for youth who choose to remain in care after their 18th birthday or for those who leave care after their 18th birthday on a case-by-case basis. County staff must make such requests to their State ILP Specialist to ensure no more than 30% of the State funds are used for room and board. Room and board funds may be used to assist with dorm room deposits or to make limited payments on rent when a plan is in place to ensure the youth will continue to have housing available after the assistance is no longer available. Though total number of youths in foster care has increased 8% since the same reporting period last year, the number of 14 to 21-year-old youth in our foster care system also continues to increase, but just slightly by .01%. Permanency outcome data will continue to be closely monitored. New partnerships in the form of Second Shift Alabama and Youth Towers and our expanding relationship with Kids to Love and Alabama Reach have yielded positive results for youth as they transition while in care and upon their exits. These programs offer emergency housing, job training, job referrals, internships and facilitate housing referrals, link current and former foster youth to community services and supports and provide hard services to our young people.

6. Make available vouchers for education and training, including postsecondary education, to youth who have exited foster care due to their age: See chart under #3, page 65.

7. Provide services to youth who, after attaining 16 years of age, have left foster care for kinship guardianship or adoption. What is available to this population involves financial subsidies to the family as well as eligibility for ETV to provide educational support for youth to access post-secondary education. Our education services were expanded in February 2018 to include the availability of the Fostering Hope Scholarship to children who exit to kinship at age 14 or

older. The adoptive parents and caretaker become responsible for the youth upon exit from care. Services provided by our Alabama Pre and Post Adoptive Services Program are also available to these young people free of charge. Youth and their families may also participate in the free family support services provided by our extensive network of Family Service Centers. Foster youth who have exited foster care to adoption after age fourteen are now eligible for our Fostering Hope Scholarship, which provides eligibility up to age 26. The Alabama Foster and Adoptive Parents Association offers scholarship opportunities for young people exiting foster care. There are also supportive services offered to these youth by BigHouse Foundation, Kids to Love, Youth Tours., Alabama Department of Commerce, Alabama Department of Labor (Alabama Works), the Alabama National Guard, JobCorps, the National Social Work Enrichment Program, Nsoro, the and Positive Movement.

NEW CFCIP PROGRAM PURPOSE FOR 2016 APSR:
8. Ensure children who are likely to remain in foster care until 18 years of age have regular, ongoing opportunities to engage in age or developmentally appropriate activities as defined in section 475(11) of the Act. We will continue to provide supportive services to those youth likely to remain in foster care until age 21. We will work with all stakeholders, community providers, AFAPA and foster youth to develop policy to encourage participation in age and developmentally appropriate activities. The number of foster youths aged 14-21 has increased 8% from the same reporting period in 2015. As of April 1, 2020, our older youth, age 18 and older, represent 26% of our overall ILP population. This is a 2% decrease from our previous numbers. There have been no changes in the percentage of young people 18 and older choosing to remain in foster care. Young people who choose to remain in foster care past age 18 experience that process without interruption in services or supports and reside in placements ranging from traditional foster homes to college dormitories. These young people are strongly encouraged to take advantage of education, training and vocational opportunities available to them while encouraging their participation in their transition planning. Staff, youth, foster parents, the Department's Quality Assurance Committee and CWCI Team have all been provided information and have provided input regarding services and supports to our older youth. During the fiscal year, the Program has worked to improve self-sufficiency outcomes through expanded collaboration and strengthen partnerships with HUD, Youth Towers and Second Shift Alabama to assist youth who are homeless or need housing supports post-foster care. Through the newly established Foster Youth to Independence program, Alabama is working with 38 youth with housing needs and has established housing through area PHA's for 5 prior foster youth.   Ongoing expanded partnership information is listed in the section above. In November 2018, the Division implemented aged based consultations with the county offices which included all youth in care age 18 to 20. These consultations continue quarterly to include all foster youth aged 17 years and older.

FIVE-YEAR PLAN: 2020– 2024, OBJECTIVES
Alabama will continue to deliver specialized services and supports to those youth in our care age 14-21, based on their individualized strengths, needs and their goals. The Department will continue to expand opportunities of Positive Youth Development by expanding opportunities for more of our youth to serve in leadership roles in our DREAM Council, renewed emphasis on the development of count- based Youth Advisory Councils and supporting youth related to their extra-curricular activities. During the previous reporting period, the Department has realized success with regard to improved permanency outcomes with regard to our older youth; most prominently noted in the record number of adoptions completed in FY2018 of 90 older youth. We can also note that permanency for these youth overall, marked notable increases during the reporting period. We also demonstrated our efforts to decrease the number of young people with an APPLA permanency goal and reduce our older youth long-stayers, or youth in care for 5 years or more; both those goals were incrementally improved. It is our goal during the upcoming reporting period to improve upon these numbers and the promote a more consistent service array statewide. The Department's has a renewed focus related to our 18 to 20-year-old youth, with the implementation or more gradual transitions. As state previously, we began a process of review all youth age 18 to 20 with our county staff to identify trends and provide individual supports to our older youth. This process will continue, with an emphasis on the use of our new transition planning tools, participating in relevant training opportunities related to brain development and enhancing our peer to peer relationships through creating additional opportunities for our youth to participate in national conferences and meetings. Having competent and capable adults in the lives of our young people is paramount in their overall success. We will continue to work with our partners to develop natural mentor opportunities for youth. We have experienced some success with our Alabama Reach and Kids to Love partnerships but will continue to explore more innovative opportunities to have our young people have mentoring experiences with adults whom they have chosen through their natural connections. Information is readily accessible to our young people in the form or our ilconnect website and links added to our partner website to which they have 24-hour access.

OBJECTIVE:
Independent Living services will be provided to all youth ages 14-21. Services will be tailored to meet the need of our older youth with a focus on strengthening their life-long connections, supporting their educational and

vocational goals, as the means by which to successfully transition into adulthood. All Youth, who are currently in the planning responsibility of the Public Child Welfare system, will receive the services and supports needed to become successful interdependent adults.

<u>OBJECTIVE</u>
The Independent Living Program will conduct, coordinate, and provide consultation and training for all county social workers with ILP responsibilities, community providers, transitional and Independent Living providers, congregate care providers, foster parents and Federally recognized Tribes and community stakeholders to develop programs to promote successful outcomes for youth.

<u>OBJECTIVE</u>
The Office of Foster Care and Independent Living will work to expand support to counties in building capacity to understand and serve older youth needs through funds available through Chafee.
The Office of Foster Care/ILP will launch, as a follow-up to the new ILP Framework, an ILP Transition Plan to be used in conjunction with the Individualized service plan, to appropriately assess and plan with our ISP team, services and supports meant to meet the specific needs of the young people we serve. We will also continue monitoring those assessments and plans by conducting monthly conference call consultations to improve the inconsistencies noted in the most recent review.

<u>OBJECTIVE</u>
Safely Continue to reduce the number of Youth who have APPLA as a permanency goal. The number of youths 14 to 21 with an APPLA permanency goal has decreased from a high of 842 at the end of FY14 to a low of 568 at the end of FY2019, representing a 32.5% decrease since FY14 and a 5.1% decrease since the last year. Our overall percentage of youth in foster care with this permanency goal is at a low of 9% as of September 30, 2019. As stated above, the number of older youths in foster care has increasing in that same time period from 1741 in FY2014 to 1864 at the end of FY2019, marking a 6.5% increase. However, the number of older youths in foster care has decrease incrementally by 1% yearly, while positive permanency outcomes have increase with a steady improvement in the number of those youth returning home, being place with relatives, exiting to kinship and being adopted. In FY2018 Alabama had a record number of 710 adoptions completed; 90 of those were young people 14 to 20; more than double the number or the previous fiscal year.

<u>OBJECTIVE</u>
An emerging area of concern are those young people exiting care in runaway status. We will continue our efforts to comply with the provisions of PL113-183 with regarding to reporting to law enforcement and the National Missing and Exploited Children per policy requirements in an effort to continue to reduce potential sex trafficking victims and additional poor outcomes for our young people.

FY	2014	2015	2016	2017	2018	2019
Discharge Reason						
Adoption	60	60	48	41	90	89
Adult Custodial Care	14	4	2	5	4	6
Child Aged Out	57	59	57	46	53	65
Custody Awarded to Another Agency	17	15	22	20	24	26
DYS Commitment	5	9	9	6	14	12
Emancipation	166	140	114	151	134	154
Kinship Guardianship	5	5	3	2	7	11
MH Commitment	1	1	3	3	4	5
Other	15	4	5	6	7	7
Relative Placement	149	170	193	217	201	225
Return to Parent	236	262	224	268	275	296
Runaway	25	35	23	28	24	22
	750	**764**	**703**	**793**	**837**	**918**

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

Each Year our DREAM Ambassadors and potential Ambassadors participate in leadership training. This year's training was held January 3-5, 2020, At this annual training, our DREAM ambassadors develop goals and strategies for their year's work at the monthly meetings, our annual Graduation Celebration, and their participation in state and national conferences. This year's training included a national advocate from Action Ohio who had been a key participant in the passing of the Foster Youth to Independence Program. Youth were trained on advocacy and made plans to explore options for developing a statewide mentorship program and implement statewide automobile insurance options for IL teens. Each month our teens train their peers around the state on policy, ISP participation, Fostering Hope, NYTD requirements court participation and the importance developing support networks. This peer to peer training model has also had a positive impact on our youth's permanency outcomes.

The DREAM Council will receive and provide leadership training to their peers on a monthly and annual basis. The State ILP staff will assist Children's Aid Society, (ILP partners) with providing relevant and appropriate content for our www.ILConnect.org. This website will provide pertinent information and helpful tips for teens regarding foster care policy, educational and vocational information, scholarship opportunities, peer achievements, information regarding camps and conferences, NYTD portal, policy relevant to foster parents, Independent Living and transitional living providers, congregate care providers and the community at large. The site is regularly updated. This site has proven extremely helpful during the Covid-19 pandemic in connecting and keeping our youth informed of services and information. The social media avenues used have extended to Facebook and Instagram. Information listed has included career training, assistance with mental health needs and an ongoing information stream. Our peer to peer training model has yielded success. Youth have been empowered through training and advocacy to participate in ISPs and Judicial proceedings. There has been a shift in the content of the Ilconnect website. Youth input has been gathered and youth driven content is being provided quarterly content. Youth input is also crucial with regard to the NYTD requirements moving forward. Youth input will be key in the re-design of our NYTD website as is described in the NYTD PIP. They will be featured in the introduction to the re-design and their input will be an included improvement to the current provision and delivery of NYTD related services.

OBJECTIVE
Improve educational outcomes for ILP Youth partnering with our education systems to provide additional supports and services.

As indicated above the State has invested in our children's educational success and it has resulted in very positive results. We are continuing to develop our partnership with the Department of Education but have made significant progress related to our work with ESSA; developing protocols in each county with each school district to ensure smooth transitions from county system to county system. The Foster Care Program Manager serves as a point of contact in concert with her counterpart with that Department of Education, if the county office and school district are not able to come to a resolution. With regard to higher education, our Fostering Hope Mentors, Alabama Reach, Alabama Works (Department of Labor) Kids to Love, Second Shift Alabama and BigHouse Foundation partners join us in supporting our older youth as the tackle college and careers. More than 28 of our young people have received degrees and certification and are moving forward in their careers as a result. We will continue focus on positive educational outcomes for our older foster youth in out of home care. The Children's Aid Society, NSEP, NSORO and Alabama Reach, Alabama Department of Education, Alabama Works , the Alabama National Guard, Kids to Love, BigHouse Foundation and Second Shift Alabama Programs have all worked to promote higher education, increase interest in trade and technical schools, and dual enrollment in high schools. The Kids to Love Foundation, which has focused on positive foster youth outcomes, has also expanded their services to include intensive job training and placement services exclusively for former foster youth. KTech has provided training to three former foster youth, all of whom successfully completed the program and were employed within 22 days of completion. The Fostering Hope Scholarship was implemented Fall 2016, with all eligible current and former foster and adoptive youth receiving scholarships to cover the cost of their tuition and fees to any state, public two- or four-year institutions. Registration for the program began May 2016. Eligible young people began submission of applications through our Foster Care 2 Success website on July 1, 2016. As of May 2019, over 624 young people have participated in the scholarship program. There have been more than 20 young people to complete bachelors, associates and Mechatronics degrees and certifications.

OBJECTIVE
The Department will enhance its system to track youth exiting care due to age from the System of Care in order to meet National Youth in Transition Data requirements to monitor outcomes for youth transitioning out of

care. Enhanced aftercare services will be available to all teens eligible and served for participating in the ILP Program.
As stated above, Alabama Program Improvement Plan related to the August 2017 NYTD Review was approved July 31, 2018. We have submitted two updates since that time; one was been approved, the Program is awaiting approval of the second submission, as of this writing. The Program is working closely with the FACTS Functional staff and FACTS Developers to enhance the current NYTD Data tracking system to more accurately report NYTD data per current PIP requirements. We are awaiting feedback from the Children's Bureau as of this writing, related to our most recent PIP updates, Submitted March 26, 2019. The Division submitted additional changes requested on June 8, 2019.

OBJECTIVE
The Department considers all children as "Alabama's Children" without regard to race or culture.
The Department continues to strengthen services to Indian youth who reside on reservations and need access to benefits and services under the Chafee Foster Care Independence Program. Families and tribes are included in the ISP for the child when the Department is working with Indian youth living off the reservation and Independent Living services are being provided. Indian youth living off the reservation have access to services and benefits under the Chafee Foster Care Independence Act as would any other child. The Department will collaborate with all tribal entities located in Alabama to provide information and obtain input in the support of Indian youth and their families. See also under Item 38.2, "The Department's goals in regard to work with the Poarch Band of Creek Indian Tribe and other Federally recognized tribes located outside the state", which is located in the report section of the APSR. As of this writing, there are no ILP age youth in foster care with the Poarch Creek Band of Indians.

Impact of COVID-19
There are no material changes to the program design related to COVID-19 at this time. The state and county offices are providing virtual and in person training, services and support to youth statewide. At the beginning of the pandemic, we advised our ILP supervised independent partners/providers to suspend collecting whatever portion of the rent that was required for our young people, as most of them lost job or were given decreased work hours during the crisis. If young people were living independently in placements supervised by the workers, they too were given rental relief. Eligible former foster youth statewide who needed financial assistance related to food and shelter were provided such on a case by case basis. Information regarding financial and supportive services was shared via email and on all of our social media platforms. FYI applications and assistance were provided to eligible young people. No training activities were added.

ASSESSMENT OF PROGRESS

STRENGTHS	CHALLENGES
1. Permanency roundtables have been introduced and trained in all 67 counties.	1. Although the number of caseworker visits with children in the home is within the national standard, we are uncertain of the quality of those visits.
2. Kinship-Guardianship legislation is now in effect. The number of children and providers receiving kinship guardianship assistance has increased annually. Facilitating an even greater increase is being explored with assistance from the Court Improvement Program and Casey Family Programs.	2. Counties continue to underuse the permanency goal of Kinship-Guardianship.
3. Training has been provided at Permanency Conferences, Supervisory Conferences, Judicial Summits, County Director Forums and the Education/Court/Child Welfare Summit.	3. When it is in the best interest of siblings to be separated, the Agency needs to continually assess the need for on-going separation.
4. See the chart below that provides data currently available on caseworker visits (see item 14).	4. Services need to be put in place that address the need for the separation
5. When children on the Adoption No Identified Resource (ANIR) waiting list are part of the Wendy's Wonderful Kids or other Child-specific recruitment, and a part of separated sibling groups, the recruiters focus efforts on visits and connections between sibs as an assessment and recruitment strategy.	5. While FACTS has the capability to track sibling visits, the fields on the FACTS screen are not being consistently documented by users. The Department needs to strengthen, clarify and better monitor FACTS data entry for this area of policy and practice as well as incorporate into county training.
6. When children on the ANIR waiting list are part of a sibling group, adoption planning and placement efforts focus on reuniting these children in adoptive placements. There have been some instances where large sib groups separated in FC placements have been placed together for adoption.	6. Alabama's Kinship Guardianship numbers are significantly lower on a percentage-basis than other states in the region.

7. Camp Hope is a new program providing an opportunity for separated siblings to connect and bond with one another**.** 8. A state-funded KG option is now available for youth/kin that are not IV-E eligible. Legislation effective 06/01/18 removes a barrier for concluding KG agreements. 9. We are currently tracking caseworker visits with parents/family.	

DESCRIPTION OF CURRENT / PLANNED ACTIVITIES FOR IMPROVEMENT

GOAL:
State DHR will conduct statewide trainings on the Alabama Practice Model and Best Practices that focuses on safety, well-being, permanency, least restrictive placements, and maintaining connections, which would enhance the ability for the child welfare workforce in efforts to preserve connections.

Strategies:
1. County workers and supervisors will attend statewide trainings conducted by State DHR, which will be evidenced by documentation.
2. Supervisors will have monthly staffing's with workers, coaching and modeling best practices.
3. State DHR will send monthly ERD Reports regarding all safety, permanency, and well-being rates.
4. Yearly surveys will be sent to clients and families regarding their satisfaction of maintaining connections.
5. State DHR will continue to educate counties regarding Kinship Guardianship and provide necessary training.

PIP and APSR
See also under PO 1. Embedded within PIP activities are those that relate to PO 2 items. Within the permanency reviews that are conducted at the local level, the teams will examine areas such as visits with of children in foster care with parents/siblings, sibling placements, and the status of identifying maternal and paternal relatives. In enhancing the relationships between the local DHR offices and their respective court systems, quality of court reports relative identification, and parent/foster parent feelings of inclusion in decision-making and problem solving, will all be included in the local evaluation.

The actions listed above will, in conjunction with PIP actions, help maintain a focus on the key permanency issues. For further information, please see Alabama's approved PIP.

Well-Being Outcome 1   **Families have enhanced capacity to provide for children's needs**
AL Baseline, R3 WB1 Determination: Not in Substantial Conformity (10.29%)

See Appendix 5 for measurement data on all 18 items.

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

OSRI Data Measures
- AL Baseline, R3:   16.18%
- 5 Year Goal: 30%
- Interim Goals:

FY 2020	18%	Actual	20.6%	16.2%	11.8%
FY 2021	20%				
FY 2022	22%				
FY 2023	25%				
FY 2024	30%				

| Item 13. Child/family involvement in case planning |

OSRI Data Measures
- AL Baseline, R3:   19.70%
- 5 Year Goal: 50%
- Interim Goals:

FY 2020	30%	Actual	25%	29%	20%
FY 2021	35%				
FY 2022	40%				
FY 2023	45%				
FY 2024	50%				

Note: The time frame covered by MP3 was 11/01/19 – 04/30/20, and what PIP implementation did occur, took place on/after 01/20/20. Also, the PIP implementation sites were reviewed prior to 1/20/20, so no implementation of PIP activities had occurred prior to OSRI's being conducted in those sites. Thus, while we did see improvement and meet or pass our goal in periods 1 & 2 prior to PIP implementation, we hope to see sustained improvement as the PIP activities are implemented.

| Item 14. Worker visits with child: |

OSRI Data Measures
- AL Baseline, R3:   60.29%
- 5 Year Goal: 90%
- Interim Goals:

FY 2020	70%	Actual	48.5%	45.6%	51.5%
FY 2021	75%				
FY 2022	80%				
FY 2023	85%				
FY 2024	90%				

| Item 15. Worker visits with parents |

OSRI Data Measures
- AL Baseline, R3:   15.00%
- 5 Year Goal: 50%
- Interim Goals:

FY 2020	18%	Actual	19.3%	17.2%	11.5%
FY 2021	23%				
FY 2022	30%				
FY 2023	40%				
FY 2024	50%				

Item 12
The data suggest that the State has not been successful with this outcome. This has prompted statewide discussion on what is hindering progress and what strategies can be implemented to overcome practice barriers.

- The information that was collected shows the need for staff to better understand the Individualized Service Planning (ISP) process, and how, if implemented as directed in policy, the ISP process could have a positive impact on families.

- New staff, as well as staff turnover, have had a major impact on carrying out service needs, and follow through in terms of worker management of the ISP process. Birth parents and foster parents express frustration with workers who are not able to manage all the tasks associated with their position, especially the new workers.

- The random record reviews that have been conducted by QCWP Specialists found that county staff generally know the families they serve and the needs of those families. Also, workers have been implementing strategies to address those needs; however, thorough and timely documentation of these services and work is limited.

- In OSRI completed in Measure Period 3 (Nov 2019 to April 2020), have also identified families are not actively involved in the case planning process. Item 13 was rated 20% strength and items 14, 51.47%, and 15, 11.48%, indicate workers are not having quality visits with children and parents to engage and fully assess their needs.

- ISPs are not consistently providing completion dates for service provision, resulting in some services not being secured in a timely manner.

- It should be noted that new initiatives related to the ISP, as well as the Comprehensive Family Assessment (CFA), have been undertaken and implemented in 2017 and 2018 and 2019 that are anticipated to strengthen the work the Department does with children, families, and stakeholders. OQCWP has recently updated CFA /ISP training to support the counties in strengthen case assessment and case planning for families and children. The plan is to implement the training in the Districts across the state.

CFSR Findings:
In the R3, CFSR, Item 12 was rated as Strength in 23% of the 40 foster care cases and 24% of the 25 in-home services cases.

Sub-Item 12A. Needs Assessment and Services to Children
- Alabama received an overall rating of Area Needing Improvement for Item 12A because 69% of the 65 cases were rated as a Strength.
- Item 12A was rated as a Strength in 70% of the 40 foster care cases and 68% of the 25 in-home services cases.

Sub-Item 12B. Needs Assessment and Services to Parents
- Alabama received an overall rating of Area Needing Improvement for Item 12B because 25% of the 57 applicable cases were rated as a Strength.
- Item 12B was rated as a Strength in 22% of the 32 applicable foster care cases and 28% of the 25 in-home services cases.
- In 45% of the 56 applicable cases, the agency made concerted efforts both to assess and address the needs of mothers.
- In 21% of the 39 applicable cases, the agency made concerted efforts both to assess and address the needs of fathers.

Sub-Item 12C. Needs Assessment and Services to Foster Parents
- Alabama received an overall rating of Area Needing Improvement for Item 12C because 57% of the 37 applicable foster care cases were rated as a Strength.

Alabama's lowest performing outcome was families' enhanced capacity to provide for their children's needs:
- Case reviews 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.
- The Children's Bureau encourages 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.

The following were also noted in the CFSR:
- Alabama has implemented the Comprehensive Child and Family Assessment as well as a new individual service plan process and a new initial caseworker training curriculum.
- DHR has also fostered collaborative partnerships with both internal and external stakeholders.
- The Children's Bureau encourages 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.

Item 13
Based on District reviews and random record reviews, reviewers have found the following issues to be prevalent in case work and contributing to this area needing improvement.
- Lack of engagement with family members, particularly fathers (whether present or absent);
- Lack of preparation of family members for ISP meetings;
- Families not understanding the purpose of the ISP, or that they have been in attendance at an ISP meeting (such as when they are held after a court hearing, or "informal" ISPs between just worker and mom, as two examples);
- ISPs not serving as true planning meetings – families told what to do rather than being actively involved in planning;
- Worker turnover affecting engagement and involvement of family members in case planning.

CFSR Findings:
Item 13 was rated as a Strength in 31% of the 36 applicable foster care cases and 36% of the 25 in-home services cases.
- In 71% of the 45 applicable cases, the agency made concerted efforts to involve child(ren) in case planning.
- In 57% of the 56 applicable cases, the agency made concerted efforts to involve mothers in case planning.
- In 25% of the 32 applicable cases, the agency made concerted efforts to involve fathers in case planning.

In the CFSR, 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.
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.

Item 14. Caseworker Visits With Child
In OSRI completed in Measure Period 3 (Nov 2019 to April 2020), it was identified caseworker visits are typically happening on monthly basis and at times more often. Although children and families report caseworker visits are happening, the visits are not consistently serving to assess the needs and required services of the child. Concerning item 14, the agency performed at 51.47% strengths and for item 15, the agency performed at only 11.48% strength. The scope and purpose of the visits cannot always be gleamed from the documentation to determine if well-being of the child or parents were assessed. The OSRIs have also identified that caseworker visits with children are not always private and individual, but in a group setting with other family members. It should be noted that Alabama calculates caseworker visit data on a month by month basis vs. the Federal method, i.e. calculating all 12 months of a fiscal year. The Department captures caseworker visits using FACTS. Workers are required to register their contacts with children in out-of-home care every month. The information captured on FACTS relative to children in out-of-home care is used to report information to HHS/ACF in the AFCARS report. Alabama chose to use a sampling methodology when reporting Federal caseworker visit data for FY2008 – FY2014. The Children's Bureau provided a sample of children from the AFCARS submissions from which calculations are determined. Beginning in FY2015 and continuing for FY2016, the calculations were based on our total applicable foster child population taken from our AFCARS Submissions. A Caseworker Visit Report is submitted each year. The data are as follows:

Caseworker Visits With Child				
	Measure 1 Percentage of Worker to Child Visits		Measure 2 Percentage of Visits Occurring in the Home	
	Target	Actual	Target	Actual
FY2007 Baseline		59%		68%
FY2008		46%		89%
FY2009		58%		88%
FY2010		65%		94%
FY2011	90%	78%	Over 50%	96%
FY2012	90%	95%	Over 50%	97%
FY2013	90%	97%	Over 50%	98%
FY2014	90%	96%	Over 50%	99%
FY2015	95%	96%	Over 50%	99%
FY2016	95%	95%	Over 50%	99%
FY2017	95%	95%	Over 50%	99%
FY 2018	95%	97%	Over 50%	100%
FY 2019	95%	97%	Over 50%	100%

Alabama standards for Meaningful Caseworker Visits include children in foster care, homes of relatives, emergency shelters, residential facilities, childcare institutions and pre-adoptive homes as well as children in ICPC placements.

Caseworker Visits continue to be made each month and are scheduled and unannounced visits to the child's living environment. Some visits include exploration of goals and examination of any changes. Caseworkers continue to contact children and families through telephone calls. Visits to children in other settings may occur to provide opportunities for private discussions.

Visits to parents and caretakers may also occur in other settings for the same reason, however these types of visits in no way take the place of the required face to face in home monthly visits. When the goal is reunification, the workers continue to visit parents and caretakers monthly where they live. Worker visits are more common with the mother of the children or from the parent the child was removed from. The OSRIs have identified that there is a significant difference in caseworker visits with the fathers of the children.

Use of Caseworker Visit (CW) Funds (See also Training Plan, Checklists)
In the State's Training Plan, which has been submitted, further details are provided on the initiatives listed below, with the exception of item twelve (12), which is related to equipment purchased to enhance the training of child welfare staff.

Tools of Choice Parenting Program
The Tools of Choice Parenting Program is designed to help strengthen the parent-child relationship in order to preserve or reunify families or help the child to be accepted into a permanent living situation. The program is offered in six areas of the state. All areas are served by a state specialist employed by the Department. There are five, three-hour classes in each session. Biological, foster and adoptive parents and other caregivers are taught behavior management tools. Classes are also provided for DHR staff. The parents/ caregivers/staff learn how to focus on the child's desirable behaviors by modeling the behaviors they would like to see more often and motivating the child to do those by reinforcing the desirable behaviors. After the parents/caregivers learn the tools, they are then observed using the skills in their homes. There are three to five in-home sessions for each family. The Specialists work very closely with each parent/caregiver so that the skills are mastered while using them with their own children. The outcomes of the original research have been published and demonstrated as contributing to increased safety, permanency and case closure. The program is regularly offered to caseworkers to directly support the families they serve and refer to the program as well as improve case practice decision making. See Training Checklist in the Alabama 2020-2024 CFSP, Training Plan.

Judicial Child Welfare Summit

Judicial child welfare summits are planned across FYs 2020-2024. This was a collaborative meeting between AOC and DHR, with Casey Family Programs also being involved. Topics at the December 2019 summit included: review of permanency data; education around PIP content; timely achievement of permanency; parental engagement; and relative identification, among other topics.

The 2018 and 2019 summits were successful. 55 of 67 counties participated in the 2019 Summit. Topics presented included kinship guardianship, engaging fathers, hearing form our foster youth, a review of statewide data and team time to more fully explore local data, trauma informed practice and other areas. There is another Summit planned for October of 2020 where tentative plans include a focus on areas such as ICPC, Planning for continuous services to children and families (we feel this is a needed discussion around what we learned from our response during COVID 19) and other areas.

iCAN County Teams

iCAN county teams are now meeting in 22 counties involving DHR/Court staff. The iCAN meeting is a collaboration between juvenile judges and child welfare staff that is designed to identify and address barriers to safety and permanency. Caseworkers have expressed that they feel that their voice is heard and that the court system is now their partner. With less stress in the court system, caseworkers are more likely to stay with DHR. In addition to our 22 active teams we were in the process of planning our first district lunch and learn for all counties – judges, DHR director and their core team, when COVID 19 began and we are on hold. Caseworker visit funds are used in travel reimbursement.

iCAN Advisory Committee

See above on iCAN County Teams.

Research suggests that with a permanency goal of reunification, regular visitation should be encouraged; families need to be supported before, during and after visits; and attachment relationships should be supported between children, foster parents, and biological parents. Results from Child and Family Services Review Round 2 indicate a positive relationship between how well the continuity of family relationships and connections are preserved for children (Permanency Outcome 2) and the permanency and stability they have in their living situations (Permanency Outcome 1). Meaningful visits are purposeful interactions between caseworkers and children, youth parents, and resource persons that reflect engagement and contribute to assessment and case planning processes. Children in the Department's care and responsibility must be seen by their social worker monthly in the foster home/related home, pre-adoptive home or facility where they live or more often if directed in the ISP. When the permanency plan is reunification, workers shall visit parents/primary caregivers of children in out-of-home care on a monthly basis <u>and</u> where the parent/primary caregiver lives. In order to form a more accurate assessment of the family's environment, visits to parents or primary caregivers are to be unannounced in most situations. Families may be seen in additional settings as directed by the ISP, but these contacts do not take the place of the monthly in-person visit to the parents' home. Child welfare workers must visit with the providers at the providers' location at least once a month. Caseworker visit funds are used in travel reimbursement.

Meaningful Caseworker Visit (MCWV) Training

See MCWV Training Checklist in Training Plan for a description of this training activity.

Jefferson County Family Wellness Court

SDHR contributes 202,216.00 to the Jefferson County Family Wellness Court. Of that amount: 136,748.00 is targeted for Personnel Costs; the rest is earmarked for miscellaneous expenses to include: travel, training, supplies/printing; Retreats; Bus Passes, and "Indirect Costs". The Program serves parents with Substance Use Disorder, who have either lost their children or at risk of having them removed. The Program provides Case management Services, Peer Recovery Supports, and Substance Abuse Assessment /Intervention.

CFSR Findings:

In the R3, CFSR, Item 14 was rated as a Strength in 80% of the 40 foster care cases and 68% of the 25 in-home services cases.

Item 15

The primary focus of caseworkers is to work with the child and caregiver, and to have meaningful caseworker visits each month. The following appears to be contributing to this area needing improvement.

- Lack of understanding of importance of in-home visits with parents to assess the safety, permanency and well-being. There is also a lack of reviewing the ISP with the parents on visits to review the case plan for progress or lack of progress;
- Lack of engagement with family members, particularly fathers, as noted under item 13;
- Lack of documentation of visits – even when visits occur, they are not being documented adequately;

- Time management issues and caseload sizes may be additional barriers.
- Meaningful caseworker visit training was provided at Supervisor Training sessions in 2019.

CFSR Findings:
- Item 15 was rated as a Strength in 19% of the 32 applicable foster care cases and 28% of the 25 in-home services cases.
- In 39% of the 56 applicable cases, the agency made concerted efforts to ensure that both the frequency and quality of caseworker visitation with mothers were sufficient.
- In 22% of the 32 applicable cases, the agency made concerted efforts to ensure that both the frequency and quality of caseworker visitation with fathers were sufficient.

Board Certified Behavior Analyst in the Behavioral Services Unit continue services within the Quality Assurance Division relative to work with parents. Their supports include individual consultation with families to assess the need for behavioral services, helping the parents manage the child's behavior in the home, and conducting a five-week parenting training for the parents. Their services show success as documented through the Tools of Choice Parenting Program outcomes. These classes are provided to any caregiver of a child involved with the Department of Human resources to include relative, biological parents, foster parents, and adoptive parents. Parents learn seven core skills to appropriately manage the behavior of a child who has experienced trauma.

ASSESSMENT OF PROGRESS

STRENGTHS	CHALLENGES
• See under items 12-15.	• See under items 12-15.

DESCRIPTION OF CURRENT / PLANNED ACTIVITIES FOR IMPROVEMENT

GOAL:
The Department will develop Comprehensive Family Assessments that lead to the development of family plans that better instruct case participants of the achievement of the desired goals.

Strategies:
- The Quality CW Practice Specialists will continue to conduct ongoing peer reviews and onsite reviews in the counties, including the review of CFAs, and will provide feedback to county supervisors around enhancing and strengthening assessments. The QCWP specialists will continue work with county supervisors and staff around engagement, which will improve their ability to gather needed information to fully assess the families' strengths, needs, functioning, safety, etc. QCWP specialist offer Family Engagement training, as well as CFA/ISP training to assist caseworkers in strengthening assessments and case planning for children and families.

- Training initiatives will also be developed and implemented.

GOAL:
The Department will ensure the increased efforts to involve parents, caregivers and age appropriate children in the ISP process.

Strategies:
- The Quality CW Practice Specialists will continue to conduct ongoing peer reviews and onsite reviews in the county, including the review of ISPs, and will provide feedback to county supervisors around enhancing and strengthening the ISP process. Training initiatives will also be developed and implemented. OQCWP has plans to implement statewide training on CFAs/ISPs. This training will be implemented in all nine Districts, Future plans to conduct the district trainings for CFA/ISP have not been determine by SQA due to COVID.

GOAL:
The Department will increase the frequency and quality of visits between caseworker to child, worker to both parents which leads to better permanency outcomes for children.

Strategies:
- Quality CW Practice Specialists will continue to conduct Meaningful Caseworker Visit training in the counties to provide instruction and guidance around the purpose, content, and documentation of visits. This training will be implemented in

all nine Districts. Future plans to conduct the district trainings for Meaningful Caseworker visits have not been determine by SQA due to COVID.

- QCWP staff will continue to conduct ongoing peer and onsite reviews in the county, including the review of caseworker visits with all parties, and will provide feedback to county supervisors/staff around enhancing the quality of visits.

GOAL:
The Office of Foster Care will provide support, program specific policy implementation and county improvement plan assistance to each county across the State of Alabama.

Strategy:
The Office of Foster Care staff will make quarterly visits to each assigned county to discuss and provide implementation strategies for:
- Barriers to timely permanency;
- Foster parent recruitment activities/ follow-up plans;
- Kinship Guardianship case assessment;
- Permanency trends and regular case reviews;
- Staff permanency training needs.

PIP and APSR
For a reference to PIP content, see under Safety Outcome 2. Included in the activities cited there are those designed to improve practice regarding practice issues related to WBO 1. Additionally, Alabama's approved PIP has a supervisory goal, that includes four strategies and twenty-nine activities, some of which focus on WBO 1 practice areas. Finally, the PIP has a CQI goal (two strategies and seven activities) that also include a focus on improving WBO 1 practice areas. Emphasizing case consultation, coaching strategies, comprehensive assessments, and CQI feedback loops, are all designed to promote the enhancement of the WBO items. These along with the CFSP/APSR goals will help keep family engagement, the ISP process, and meaningful caseworker visits, central to the work being done with children and families

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

AL Baseline, R3 WB2 Determination: Not in Substantial Conformity (57.45%)

See Appendix 5 for measurement data on all 18 items.

Item 16. Educational needs of child

OSRI Data Measures
- AL Baseline, R3:   57.45%
- 5 Year Goal: 90%
- Interim Goals:

FY 2020	60%	Actual	63%	64.4%	63.6%
FY 2021	65%				
FY 2022	74%				
FY 2023	83%				
FY 2024	90%				

ASSESSMENT OF PROGRESS / DATA   **WELL-BEING OUTCOME 2**

The assessment of educational needs for children continues through record reviews and child-specific directives and consultation conducted by the OQCWP. Workers are prompted to know the child's grade level and reading level, and to monitor their progress through the ISP. Cases with outstanding examples of advocacy are highlighted such as ISP's held jointly with IEP's, holding ISP's at school to encourage more education participation, and communication with teachers through emails and telephone calls. This is encouraged through every opportunity for more consistency across the state. QCWP random reviews find that workers are involved in the educational outcomes for children. Workers are aware of the child's reading level, grades and any difficulties the child may be encountering.

Workers are found to be involved in IEP's and other school meetings. The educational needs of children were being assessed and met. In the cases reviewed were educational needs of the children were not being met, contributing factors were lack of engagement with the school, lack of advocacy when a need is identified and lack of referral for services of children under school age to ensure developmental progress. For FC cases the majority of the IEPs are attended by caseworkers. In CPS cases caseworker don't always assess the educational needs to children in caseloads.

So far in the Nov. 2019 – April 2020 measurement period 3 using the OSRI, because the tool rates different timeframes, we have identified that a lack of assessing the education needs at the onset of cases, children not receiving needed educational services timely and the agency is at times slow to advocate for the educational needs of children once the need is identified.

In terms of the data, the 2020 interim goal for WB2 (of 60%) was achieved, and that there was consistency in so doing as seen in the three measures of 63%, 64.4 % and 63.6%. The strengths and challenges continue to remain with feedback given through the OSRI and QCWP record reviews to meet the educational needs of children.

Every Student Success Act (ESSA)

The Department continues its collaboration with the State Department of Education regarding all ESSA matters. Office of Foster Care Program Manager continues to serve as the liaison for ESSA case concerns or inquires. A collaborative State DHR and State Board of Education training was provided at the Annual Doing What Matters Conference regarding important McKinney-Vento Act/ Foster Care definitions, concepts and provisions. ESSA training was also provided at the 2019 MEGA Conference which highlighted the importance of ISP cooperation, cost for shared transportation as well as any upcoming revisions in Local Education Agency-LEA plans.

Written Foster Care Plans continue to be a good resource between our County Offices and LEA's as evidenced by the equitable resolutions that have been made. Specific case challenges brought to State Office's attention were successfully resolved with additional imparting and exchanging of information by all parties involved. Revised policies to remove barriers to school enrollment overall has been successful. Those limited cases regarding dispute resolutions were shared with our legal department and written appeals were executed.

We continue our work with our LEA's on the importance of our Fostering Hope Scholarship. Fliers were made available at all trainings as well as during our quarterly State Department of Education Special Education/ESSA meetings.   The Department of Education was provided an updated list of all DHR County office ESSA point of contacts as well as an updated LEA point of contact list placed on the I-DHR policy page.

CFSR Findings:
Item 16 was rated as a Strength in 81% of the 32 applicable foster care cases and 33% of the 3 applicable in-home services cases.

ASSESSMENT OF PROGRESS

STRENGTHS	CHALLENGES
• The Department has an established protocol for ESSA (Every Student Succeed Act) in every county. • We saw IEPs in records, appropriate services in place and for the most part advocating by the agency for special education testing or to ensure children's educational needs were met in some cases. Some of the strengths identified in the OSRI reviews have been speech therapy being provided, physical therapy being provided to address motor skills, IEPs completed and copies in the case file, testing provided, worker's aware of child's grade, and tutoring services be provided -11-1/19 – 4/30/20) • The timeliness of school registration continues to improve for foster youth improved and was not delayed. • Educational resources such as school transportation services is being utilized to assist the Department in counties with the implementation of the ESSA protocol. (not just in larger counties) • The Department has started to see increased improvement in educational outcomes for foster youth across the state of Alabama. • Observation of non-school age children to assess developmental progress • Contact and engagement with education personnel • Needed testing requested • Assessment of children's educational progress • Educational needs addressed in case plan • Appropriate services to meet educational needs provided (special education, speech services, tutorial services, etc.). • Copies of grade reports and IEPs obtained and maintained in case file.	• In 2019, the department began using the OSRI. Because this tool rates different timeframes, we have identified that the assessment of education needs is lacking at the onset of cases. Children also are not receiving needed educational services timely and the agency is at times slow to advocate for the educational needs of children once the need is identified. • Ensuring that DHR staff, foster parents and providers are trained effectively on the ESSA protocol. (Continues to be a challenge – not being done) • High turnover has had a tremendous impact on the number of staff that has been trained on the ESSA protocol. • Update – Some good work being done in this area – Some evidence of Rural counties is working well with LEAs Local Education Agencies. • The lack of availability of case workers, foster parents and other providers who can provide mandatory transportation to/ from school in smaller counties. (some progress in this area – evidence of county offices paying foster parents' mileage to assist in school transportation). • A foster youth loses 4 months of education with every move, which has a dramatic effect on grade and reading levels due to these multiple placement disruptions. • Young people have issues transferring from one system to another due to such issues as multiple school systems being on block /semester systems and not having the ability to accommodate foster youth educational needs. • On-site schools at residential facilities have educational programs that offer high school credits that are not easily transferrable or recognized by other public-school systems. • Failure to assess children's educational needs • Lack of engagement with teacher or daycare provider to gain insight into children's' developmental/educational needs • Not addressing educational needs in the comprehensive family assessment • Failure to provide appropriate services to meet identified educational needs

DESCRIPTION OF CURRENT / PLANNED ACTIVITIES FOR IMPROVEMENT

GOAL:
The Department will increase the access to educational services to meet the needs of the children under DHR's care and supervision.

Strategies:
1. Workers will ensure they receive all educational information (i.e., standardized testing results, IEP, etc.) pertaining to a child in foster care upon withdrawal and present the information to the new school at the time of enrollment. This will be documented in the narrative and entered in FACTS in the education screen. Educational staff will be invited to all ISP's. Staff will continue to provide absentee ISP forms to educational staff when they are unable to attend.

2. The Quality Child Welfare Practice Specialists will continue to conduct ongoing peer reviews and onsite reviews in the counties, including the review of educational well-being and whether educational needs of children are being met. They will specifically review whether educational services are being implemented/initiated in a timely manner when a child's placement changes, that grade and reading levels are documented in the record and, where deficiencies are noted, that appropriate services are being provided to the child. They will also review whether educational personnel are being invited to the ISPs/being provided absentee forms when unable to attend. The specialists will provide feedback to the county supervisors around their findings. This continues to occur.

3. The Quality Child Welfare Practice Specialists will conduct Meaningful Caseworker Visit training in the counties. This training will include, among other areas, the assessment of educational needs during caseworker visits with families. (OQCWP will provide MCWV training in Districts once Covid-19 allows)

4. Training for supervisors and workers around the CFA/ISP process will be facilitated in districts by the Quality Child Welfare Practice Specialists. This training will include a focus on the assessment of children's educational needs, as well as the provision of services through the ISP process to meet those needs and will include an emphasis on ensuring that children's educational needs are met in a timely manner and that there is no gap in services during a change in placement or case transition.

   OQCWP has developed CFA/ISP training for supervisors and caseworkers. The plan is to facilitate the training in districts. The training will include a focus on the assessment of children's safety and well-being to include an assessment of health/medical and mental/behavioral health needs, as well as the provision of services through the ISP process. The OQCWP will determine how this training needs to be delivered to the districts due to covid-19.

GOAL:
State DHR will request that counties assess the educational needs of children at the onset of cases to ensure that children receive needed educational services timely.

Strategies:
1. Assist rural counties in developing needed resources to support the ESSA protocol for foster youth.
2. Develop a system that tracks the data of whether the ESSA protocol is improving the educational outcomes of foster youth in Alabama. This has not yet been initiated.
3. During the 2024 reporting period, we will redistribute the ESSA administrative letter and provide any training as needed per county request.
4. We will request copies of all ESSA protocol from every county to be submitted by December 21, 2019. (this was completed and will be done annually/December 2020).

PIP and APSR
For a reference to PIP content, see under Safety Outcome 2. Included in the activities cited there are those designed to improve practice regarding practice issues related to WBO 2. For example, the supervisory tool and review protocol, that serves as a guide for case managers and supervisors, includes the examination of educational needs of children. Additionally, Alabama's approved PIP has a supervisory goal, that includes four strategies and twenty-nine activities, which be inclusive of WBO 2 practice areas. Finally, the PIP has a CQI goal (two strategies and seven activities) that also include a focus on improving WBO 2 practice areas. For more information on the specific activities, see Alabama's approved PIP.

Additionally, in order to overcome challenges regarding ESSA training, the department will develop an ESSA stakeholder group to include designees from State Office training, AFAPA and DHR core providers. State DHR ESSA Liaison will also collaborate with State Dept of Education's ESSA liaison to be a part of this group. This group should be established and have its initial meeting in the Fall of 2020. The members of this group will be responsible for ongoing training and updates to ESSA.

WELL-BEING OUTCOME 3:   **Children receive services to meet their physical/mental health needs**
AL Baseline, R3 WB2 Determination: Not in Substantial Conformity (33.87%)

See Appendix 5 for measurement data on all 18 items.

Item 17. Physical Health of Child

OSRI Data Measures
- AL Baseline, R3:   46.55%
- 5 Year Goal: 90%
- Interim Goals:

FY 2020	60%	Actual	47.4%	46.4%	45.5%
FY 2021	70%				
FY 2022	80%				
FY 2023	85%				
FY 2024	90%				

Item 18. Mental/Behavioral Health of Child

OSRI Data Measures
- AL Baseline, R3:   40.00%
- 5 Year Goal: 85%
- Interim Goals:

FY 2020	50%	Actual	32.4%	29.4%	43.8%
FY 2021	55%				
FY 2022	65%				
FY 2023	75%				
FY 2024	85%				

ASSESSMENT OF PROGRESS / DATA   WELL-BEING OUTCOME 3

Item 17
Proper focus on the physical health and well-being of our children and families is stressed by Specialists across Family Services and the Quality Assurance Division. As part of the CQI process the OQCWP completes a random record review in selected counties.

The OQCWP random reviews reveal a focus on EPSDT screenings, and insuring each child is screened within the appropriate amount of time and updated. Workers are aware of the child's pediatrician and the current health status of the child. Blue cards were found in medical files, and medical files were typically found in good order. In the OSRI reviews completed in districts across the state identified that the physical health needs of children were being met.

EPSDT screenings are being completed timely and maintained in case records. Counties have access to pediatricians, dentist and optometrists to meet the physical needs of children. Any specialized physical needs of children, such as surgery or ongoing medical conditions, are met through appropriate provision of services. ORSI. During measurement period 3 (Nov. 2019 – April 2020) the district OSRI findings revealed that typically caseworkers are not adequately assessing benefits and signs effect of children's medications.

There is also a need to assess routine dental care, especially in younger children. During the period of Nov. 2019 to April 2020 this was rated as a strength in 45.45% of the cases reviewed.

CFSR Findings:
Item 17 was rated as a Strength in 58% of the 40 foster care cases and 100% of the 2 applicable in-home services cases.

Item 18
State staff review hundreds of cases and have greatly supported improving the behavioral health of children in our custody and those at risk. The Behavioral Specialists continue to provide significant support to counties in assisting them to meet the mental health needs of our children.

A behavioral services unit has been developed within State DHR, and there is a Program Manager with six (6) behavior analysts strategically placed throughout the State. The random record reviews conducted by OQCWP staff, continue to provide counties with assessment of progress in meeting the physical and mental health needs of our children and families.

The Program Manager with Behavioral Services/QA Division, Family Services Foster Care Specialists, and a retired state employee work to address the emotional needs of children in congregate care, and what is necessary to step a given foster child down into a less restrictive environment.

They also assess and review medication logs for children in congregate care and make appropriate recommendations to the APMRT/ Alabama Psychiatric Medication Review Team. Fifty-three (53) in intensive level congregate care settings 23% have returned to relative/parents and 20% have been stepped down to a lesser restrictive environment.

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

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

- QCWP staff training county staff on the ISP process. OQCWP will provide CFA/ISP training in districts in the future.

- One element of support in regard to meeting our children's emotional needs is an expectation that the counties monitor their medications including, but not limited to, psychotropic medication.

  This includes the dosage and the effects that these medications have on our children. Additionally, ISP's are required to reflect an assessment of the child's emotional needs and the referral to appropriate mental health or other services if indicated.

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

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

Based on OSRI's and random record reviews, the following factors continue to contribute to this being an area needing improvement:
- Lack of engagement and assessment of needs;

- Lack of monitoring for progress and measuring for effective outcomes;

- Providers not sending progress notes;

- Reliance on community mental health services; in rural communities, mental health centers may not have appropriate staff or inadequate number of staff to meet the needs of the child. Staff turnover in rural counties may have also cause the delay or interruption of services;

- Delays or disruptions in service provision. See Above.   Some delays in service provision are due to lack of resources or implementation of the ISP. Some ISPs also lack status dates informing the family and/or provider when a service is to begin.

CFSR Findings:
Item 18 was rated as a Strength in 54% of the 26 foster care cases and 53% of the 17 applicable in-home services cases.

STRENGTHS	CHALLENGES
- Screenings provided. - Dental exams and cleanings being provided timely - Workers' awareness of children's medications and side effects. - Follow up with caregivers to assess the effects of medication on children. - Medication logs being kept by providers and caregivers. - Immunizations current and up to date. - Assessment of children's behavioral issues. - Obtaining professional assessments when needed. - Discussion of behavior or mental health concerns with caregivers. - OSRI and QCWP record reviews gives feedback in this area. The ORSI monitors progress and the QCWP has an updated the record review tool to be able to give more specific feedback in the area of children's health to include dental exams, as well as benefits and side effect of the children's medications. SDHR/QA Division held a statewide Resource Development meeting in the Fall of 2019 to address the need for resource development in counties statewide. SDHR/QA Division is assisting the PIP implementation counties in developing their *Resource Development* plans which are addressing some of the challenges listed.	- Need for assessment of dental needs and referrals for dental screening. - Dental care not provided during the PUR. - Lack of follow up with providers to address specific medical conditions. - Failure to provide assistance with transportation to medical appointments. - Late EPSDTs. - Failure to keep and follow up on medication logs. and medication effectiveness. - Foster parents not provided information on child's medical background or current history. - Failure to ensure that caregivers are able to access needed treatment for children. - Failure to address documented mental health diagnoses. - Failure to provide appropriate services to meet identified needs. - Lack of follow up with providers to ensure service effectiveness. - No assessment of trauma, grief or loss. - Lack of follow through with providers regarding medication administration, logs, and effectiveness. - Statewide we experienced an inability to get routine and preventative health care such as physicals, dental exams, eye exams, etc., due to COVID. We will continue to assess and become current as providers are reopening. - The barriers to the challenges seem to be caseworker turnover. QCWP has training in Comprehensive Family Assessments (CFAs) which addresses the need to assess these areas, as well as Meaningful Caseworker Visits Training to ensure that caseworkers know that these areas need to be addressed during home visits with families. This training has been completed in some counties already, with a plan to roll this training out statewide via district trainings. This will be completed virtually. This will help ensure that all new case workers/social workers will receive the needed information and training around the importance of assessing these areas. It will also provide a refresher for experienced workers and supervisors.

DESCRIPTION OF CURRENT / PLANNED ACTIVITIES FOR IMPROVEMENT

GOAL:
The Department will increase the access to Physical, Dental, Vision, Mental and Behavioral Health services to meet the needs of the children under DHR's care and supervision

Strategies
1. SDHR has revised the 10-day Foster Care Medical Form to be utilized for all children in foster care. SDHR will ensure counties request and receive all prior medical records for children in foster care from birth to current.

2. SDHR will require all counties to provide yearly documentation in FACTS of health and well visit screenings. All other screenings will be provided on an as needed basis per individualized needs that will be implemented through the ISP and documented when stated goals are met.

3. DHR will explore developing tools to be used by front line workers to gather the physical/dental history of children during the initial assessment. As of the 2021 APSR submission the updated foster care medical form is now also being used to track dental appointments.

4. SDHR Office of Foster Care, in conjunction with the Behavioral Analysts, will continue to conduct round-table type case reviews for foster children in congregate care facilities/programs to ensure engagement and assessment by county workers and program staff. SDHR will provide additional residential visit guidelines to be utilized by county workers for their monthly caseworker visits. From 2019 – February 2020, 53 cases staffed at 8 intensive facilities by SDHR OFC, Behavioral Analyst, county staff, and program staff.

5. The Quality Child Welfare Practice Specialists will continue to conduct ongoing peer reviews and onsite reviews in the counties, including the review of children's physical & emotional well-being and whether their needs are being met in these areas. They will specifically review whether medical records, including the Foster Care Medical Forms are being obtained and are in the record, as well as whether needed services are being provided to address both physical and emotional behavioral issues. Also, draft content on medication logs has been developed and awaiting approval for inclusion in the QCWP review tool. The specialists will provide feedback to the county supervisors around their findings.

6. The Quality Child Welfare Practice Specialists will conduct Meaningful Caseworker Visit training in the counties. This training will include, among other areas, the assessment of children's physical and emotional well-being during caseworker visits with families.

7. Training for supervisors and workers around the CFA/ISP process will be facilitated in districts by the Quality Child Welfare Practice Specialists. This training will include a focus on the assessment of children's physical health/medical and mental/behavioral health needs and the provision of services through the ISP process to meet identified needs. This has not yet occurred.

GOAL:
The Department will decrease the delays or disruption in service provision.

Strategy:
Counties will explore additional ways to build positive relationships with community partners, by including them in DHR training events and/or quarterly meetings.

PIP and APSR
As of the Children's Bureau's approval of the 2020 CFSP, strategies to improve well-being were outlined not only in the CFSP but also in Alabama's PIP. As highlighted in the PIP, district-level training will include attention to physical/dental health, along with mental/behavioral health. Developing strategies to overcome barriers that staff have with completing thorough assessments, should also promote physical and emotional well-being of children.

Promoting the timely on-boarding of new staff, developing/implementing meaningful on-the-job training activities/supports for staff, implementing a case consultation model, adopting a coaching model for supervisors, and ensuring that feedback loops are in place, will all be done with the aim of enhancing the physical/mental outcomes being experienced by the children/families with whom the Department is involved.

While we believed these strategies can be achieved within the two-year time frame of the PIP, there were other, longer range strategies outlined in the CFSP, as we believed these would take more time to achieve (see the goals/activities noted above for items 17 and 18.

For further PIP details, see Alabama's approved PIP, which is located on DHR's website (under Directory, then see Child and Family Services Review).

Systemic Factor:	Statewide Information System
CFSR, R3:	Not in Substantial Conformity

Item 19. State is operating a statewide information system

CFSR, R3:	**ANI**

ASSESSMENT OF PROGRESS / DATA

Alabama implemented an automated child welfare information system, known as Family, Adult and Child Tracking System (FACTS) statewide in January 2009.   FACTS is a standardized, comprehensive way to manage Child Welfare information. Its objectives are to: improve outcomes for children, adults and families; improve practice; strengthen management, decision-making and reporting as well as provide accurate and timely case information. FACTS is available to all child welfare caseworkers, supervisors, managers and administrators statewide. The system is fully operational and available at all times, except during periods of routine maintenance.

During periods of maintenance when FACTS is not available for data entry, users are able to utilize FACTS Downtime to search FACTS for child abuse and neglect history, access child removal's status, demographic characteristics, location, and permanency goals. FACTS has the capability to capture and report information about each child's removal status, demographic characteristics, location, and permanency goals and is easily accessible in FACTS at any given time. The worker assigned to the case is responsible for all data entry into FACTS. Supervisors have access to cases assigned to workers that they supervisor and they are able to enter and update any information as it relates to the case and the four key data areas (Status, demographic, characteristics, location and goals). FACTS is time sensitive and documents creation dates and times. These dates are used to check for timely entry.

Two independent ACCESS data bases are maintained. The Child Death Database captures all child deaths reported per policy to the state office. The Quality Assurance Database captures all county and state quality service review data. Queries from this system provide qualitative data measures.

Strengths

- FACTS does not present any barriers to entering this information. Any Inaccuracies in reports generated from FACTS are typically the result of typographical errors by users or late data entry into the system. The system has the capability to comply with Federal reporting requirements.

- Federal submission from FACTS includes yearly NCANDS submissions and Federal Caseworker Visits Reports, and bi-annual AFCARS and NYTD submissions. FACTS captures and reports all AFCARS-required foster care and adoption data elements.

- An AFCARS review in April 2011 resulted in an AFCARS Improvement Plan that continues. Management and statistical reports are produced for all program areas and are available to all FACTS users. Ad hoc report capability has been achieved to provide weekly AFCARS data for foster care and finalized adoptions.

- Multiple queries have been developed to address data needs within the Agency and to assist stakeholder and Agency partners with data requests, such as the Administrative Office of Courts, State Department of Education, Department of Public Health, Drug Court Assessments, The Alabama State Legislature, Alabama Network of Advocacy Centers, Alabama District Attorneys Association, VOICES (Alabama Kids Count) and Casey Family Programs initiatives. Monthly Data is also provided to support the work of the Statewide System Reform Project, which strives to expand and improve Family Drug Courts.

- Over the last year, FACTS staff have worked diligently with state and county personnel to enhance the system to make it more user friendly, as well as capture data important for analysis, federal reporting, and to meet requirements of new federal laws. Some of these changes are:

- FACTS was enhanced to capture data related to Public Law 118-183 in several ways. There were fields added to capture the receipt and explanation of credit reports, driver's license information, and health and Medical records. Values were added to the pick list to capture allegations of sex trafficking in a Prevention assessment and Investigation and to show a reason for removal related to sex trafficking. Another addition to FACTS as a result of this law was the ability to capture a primary successor guardian in Kinship Guardianship situations. This enables workers to establish a primary successor guardian and other successor guardians in the event the original kinship guardian cannot fulfill the duties as guardian. An additional enhancement related to PL 113-183 around capturing and reporting missing and

exploited children to NCMEC and local law enforcement went to production and release notes distributed to the users in January 2019. The enhancement provided for new fields on the Intake & Referral, Referral and Client/General Information Screens. These fields allow users to document when (a) a child is missing or on runaway status; (b) when the National Center for Missing & Exploited Children are notified of the child's missing/runaway status; and (c) with other agencies/entities are notified of the child's missing/runaway status. The enhancement also requires users to accurately document missing/runaway status changes in the Placement module before the Missing & Runaway fields can be completed.

FACTS staff have completed phase 1 of the NEICE interface. This interface allows DHR to submit ICPC requests and responses online instead of through the mail. Phase 1 consisted of creating an interface with NEICE to receive information from other states to Alabama. With this, ICPC specialists have to manually input data from the NEICE System into FACTS and from FACTS into the NEICE system. Phase II of the NEICE enhancement was delayed and in the interim the Department applied for and was awarded a grant that will provide resource to finish a bi-directional interface with NEICE. The developer was identified, and he began work in February 2020. Modifications are currently being made to FACTS to provide for functionality that is currently missing (e.g., transmittal form), but will be needed in order to submit and receive cases through this bidirectional interface. Staff from Tetras are providing both business and technical support to FACTS Functional and Development staff through a MOU with APHSA (American Public Human Services Association).

- Additions to our interface with Medicaid have been completed as a result of ACA. We now send information to Medicaid regarding children age 18-26 discharged from foster care so that these clients can automatically continue to receive Medicaid after leaving DHR custody. A policy change regarding timeframes for completing of CA/N Investigations and Prevention Assessments was implemented and changes to FACTS were completed as a result. The required completion timeframe deceased from 90 days to 60 days and the FACTS Referral Module was modified to reflect this new policy. Reports on the statewide reports system were also modified to correctly report on timeliness given the new assessment completion timeframes.

- FACTS staff continue to work on the Mobility App so that users can enter data when they are not in the office. Over the past year, DHR has been in the process of replacing desktop PCs with Tablets for workers in Family and Children's services. These tablets give more flexibility to workers as they can take them in the field with them. As a result of this, we have developed a mobility app that is in direct line with FACTS.

Specific Screens from the Investigation/Assessment module have been created within the app that can be completed by workers in the field allowing them to complete pieces of work within the CA/N or Prevention Assessment without having to be in the office. The screens that have been developed are client demographics, narrative, allegation, and collateral.   Workers will have the ability to check out up to 5 referrals, complete their field work and complete the data entry without having to come back to the office.

Also, the Mobility App can take pictures and these pictures can be included in the child abuse and neglect assessments. Initially, plans were to use a scanning app that workers would use to have forms signed, scanned, and included in the child abuse and neglect assessment. Rather than a scanning app, forms now have a section in the app and can be opened as fillable adobe forms, filled out, signed and saved while in the field and then imported into the file cabinet in FACTS after the worker is back on the network and the referral is checked back in.   All information entered into the app will automatically be transferred to FACTS through a synchronization (check-in) process as workers dock their tablets in the normal course of their workday.

- The FACTS Mobility app was trained to four pilot counties in September 2018 and the application was rolled out to these counties in October 2018. Functional and QC Staff have monitored the performance of the mobility app and have continued to work with the developer (under contract with Auburn University at Montgomery) to make enhancements to the application. Contract renewal issues led to delays in rolling out to the second set of counties.   Round two roll out counties were identified in December 2018 and training was provided in January 2019. During the training episodes issues with the camera, taking and checking in photographs and other features were identified. Functional and QC staff have been working with the developer to correct these issues and rolled the FACTS Mobile app out to the nine counties in round two in mid-May 2019.   "Keeping Children Connected: Using Technology to Connect to Resources" was a breakout session at a February 2019 Prevention Conference. During this breakout session an overview of use of the tablets and the mobility app were provided to approximately 275 workers and supervisors. During FY 2019, four groups of counties were trained on use of the FACTS Mobility (FM) app. Three of these groups are currently using the production version of FM. We have trained 36 (of 67) counties. The production version of FM has not yet been put on the tablets of the found five (5) counites because delays in the latest production version and delays in securing a

renewed service agreement. A new maintenance agreement has been secured and will go through September 30, 2020. It will provide for maintenance support as well as enhancements to the application.

A FACTS enhancement around making specific fields mandatory is planned for the coming months. This enhancement will add elements to FACTS that will enhance our AFCARS reporting and general data collection. Business rules were written for this enhancement that will enable FACTS to require data entry in specific fields across FACTS that are currently not being completed as accurately and timely as needed. This will encompass Referral, Case, and Provider modules, fields where Adoption information is entered into the case, court hearing/Judicial Reviews, and provider demographic information are some of the areas where mandatory fields will be added. During FY 2018 two phases of Mandatory Fields Enhancements were completed and a third is in development. Changes were made to FACTS in an effort to improve the quality of AFCARS submission specific to Adoption Family Structure. The following fields were made mandatory and the provider record cannot be approved until all of these have been entered: year of birth, gender, marital status, race, ethnicity and language for each head of household member. Phase II made changes to the adoption module and will made dates in the adoption process in the adoption module mandatory. Phase III focuses on the provider module, specifically recording items in the Minimum Standards for approving foster and adoptive parents.

- An enhancement to the Kinship Guardianship module in FACTS was also completed and in production in August of 2018. The enhancement allows DHR to create kinship guardianship relationships and authorize subsidy for non IVE eligible children.

- An enhancement to the Adoption Module to ensure IVE payments are being made according to the adoption agreement was put into production August of 2018. DHR had seen a drop in the IVE Adoption Penetration Rate and a change to FACTS was made to ensure users are completing the IVE Adoption Subsidy screens as required. Completing these screens is necessary for all

- An enhancement to the Case Plan and CFA in FACTS was completed and in production in January 2019. Recent changes in the procedures for workers around developing both of these pieces of work have been made which will allow workers to put quality time towards gathering information for a comprehensive assessment and to develop the family case plan. The FACTS Case Plan screens and CFA screens have been changed to accommodate this. The screens have been modified to capture only data needed to report the pieces of work and provide specific information around the ISP meeting.

- An enhancement to the Client General Information Screen and the Meeting Scheduled screen was completed February 2018 to accommodate the new CAPTA guidelines in developing a plan of safe care for infants where there was an indicated report of positive for drugs at birth/drug withdrawal.

- An enhancement to the home removal screen>Conditions of removal field has been completed. A list of Specific drug types has been added that will allow workers to document the specific type of drug(s) involved in the removal of a child from the home. This enhancement will allow DHR to track the specific substance involved for children who were removed because of substance abuse.

- FACTS staff have completed an enhancement to the FACTS application so that services provided to ILP youth and the youth's activities toward independence can accurately be reported to NYTD. These changes include streamlining the documentation of the services, activities, and outcomes so that these are easily documented by the worker. This enhancement went to production January 2020. Development is in process to make changes to the NYTD survey Website. These changes are a result of the NYTD review and subsequent PIP. After the changes to the NYTD website are complete, there will be one more enhancement to allow users to document services provided to the youth whose case is no longer active.

- The state has made a number of enhancements to the FACTS system to capture data for new reporting requirements for both AFCARS and NCANDS. These updates have included adding fields to obtain data regarding sex trafficking victims, creating more detailed substance abuse allegation types, and required fields for Plans of Safe Care documentation.

- The state also reviews regularly run reports and queries to identify areas in need of attention and to measure progress toward county and statewide goals. Family Services staff and FACTS staff worked collaboratively to create or modify 71 reports to ensure those reports were pulling information accurately are were useful to staff and managers across the state. These reports are available on the State's Electronic Reports Distribution System (ERD). They are run at

regularly scheduled intervals and most of the reports are available to all staff statewide. Some reports are program or state office specific and are only available to the appropriate managers.

- The Office of Data Analysis works with counties to ensure that reports and queries are utilized to ensure that timely, accurate and complete data are entered into FACTS. Alabama's 19A AFCARS submission was submitted with no reported elements out of compliance in May 2019.

- Policy provides instruction and guidance on the quality of submissions and timeframes for data entry into FACTS.

- To ensure accuracy, narrative entries should be reviewed by the worker's supervisor in FACTS monthly. Placements are validated by the supervisor monthly and ISPs and CFAs are reviewed and approved in FACTS by the supervisor as often as they are completed and submitted by the worker. FACTS is also capable of issuing alerts manually entered by the worker or supervisor. Once alerts are set up, workers and supervisors are alerted to make timely updates to Medicaid, ISPs, CFAs, court information etc. This information is also available on reports that are generated from FACTS and housed on Alabama's Electronic Report Distribution (ERD) system. Accuracy is further assessed via monthly queries generated from FACTS. The Office of Data Analysis sends via monthly email to the counties, children entering care the last twelve (12) months, permanency achievement for the last twelve (12) months and missing placement queries. Counties review and make corrections/ updates in FACTS as needed. In an effort to reduce reliance on queries, Alabama is currently making enhancements to reports generated via FACTS to capture data that is currently being gathered via queries.

  The accuracy of FACTS information is examined through analysis of various reports and queries. Careful review by Office of Data Analysis staff provides opportunities for any discrepancies to be discovered. Further analysis by individual counties allows for an additional review of accuracy. When an issue is reported, the report or query is examined to see what was not pulled correctly and adjustments are made to ensure accuracy. FACTS Programmers have corrected many of the data extraction issues noted in the AFCARS PIP. They continue to work toward addressing all of them. Additionally, FACTS users are required to verify the completeness and accuracy of the AFCARS data they have entered each month via an AFCARS report that is generated on the State's reports system.

  Although, information is collected regarding the physical location of children in care on the FACTS system, there is currently not an accurate report running to capture that specific information. A report is being developed to provide a statewide summary for the physical location of each placement. However, FACTS does generate several reports that indicate the foster child's placement type, e.g. foster home, childcare institution, group home, etc.

  Some examples of FACTS functionality that provides status, characteristics, placement location, and permanency goals are provided in the charts that follow. Data provided in these charts was taken from two reports that run monthly on the state's reports application. This application is available to all workers, supervisors, and managers statewide.

  Data is pulled from the information that county workers and supervisors' input into FACTS. The accuracy of this information is examined through analysis of various reports and queries. Careful review by Office of Data Analysis staff provides opportunities for any discrepancies to be discovered. Further analysis by individual counties allows for an additional review of accuracy. When an issue is reported, the report or query is examined to see what was not pulled correctly and adjustments are made to ensure accuracy. FACTS Programmers have corrected many of the data extraction issues noted in the AFCARS PIP. They continue to work toward addressing all of them.

  Additionally, FACTS users are required to verify the completeness and accuracy of the AFCARS data they have entered each month via an AFCARS report that is generated on the State's reports system. Some examples of FACTS functionality that provides status, characteristics, placement location, and permanency goals are provided in the charts below. Data provided in these charts was taken from two reports that run monthly on the state's reports application (the FC050 and FC085). This application is ava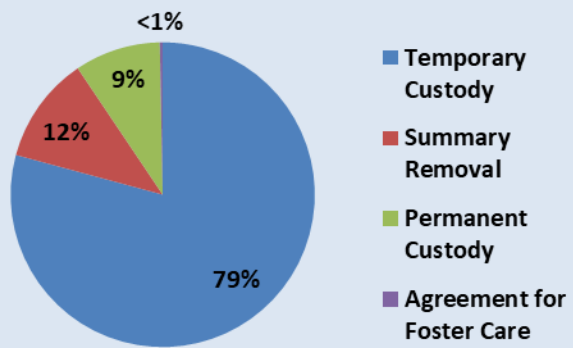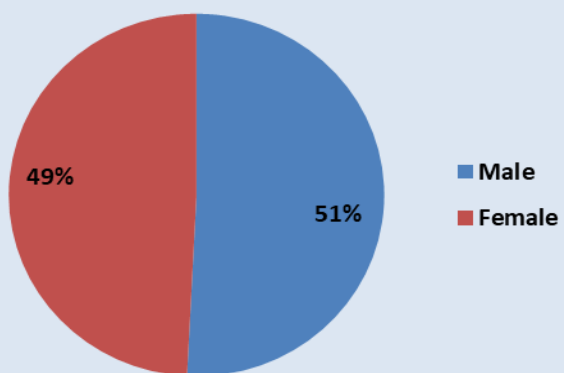ilable to all workers, supervisors, and managers statewide. Although, information is collected regarding the physical location of children in care on the FACTS system, there is currently not an accurate report running to capture that specific information. A report is being developed to provide a statewide summary for the physical location of each placement. However, FACTS does generate several reports that indicate the foster child's placement type, e.g. foster home, childcare institution, group home, etc.

Custody Status of Children in Foster Care as of 9/30/19

- Temporary Custody — 79%
- Summary Removal — 12%
- Permanent Custody — 9%
- Agreement for Foster Care — <1%

Gender of Children in Foster Care as of 9/30/19

- Male — 51%
- Female — 49%

Current Placement Setting of Children in Foster Care as of 9/30/19

- Foster Family Home
- Institution
- Group Home
- Foster Family Related Home
- Adoptive Home
- Runaway
- Supervised ILP

70%, 12%, 7%, 5%, 3%, 2%, 1%
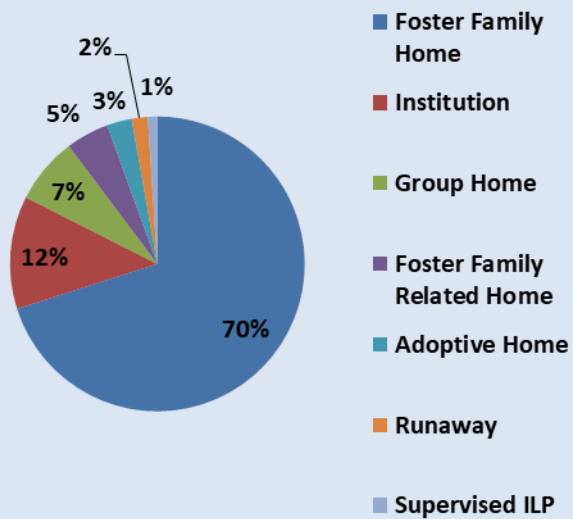
Hispanic Origin of Children in Foster Care as of 9/30/19

- Yes
- No
- Unknown

6%, 5%, 89%

Race of Children in Foster Care as of 9/30/19

- White: 60%
- Black/African American: 35%
- Two or More Races: 5%
- Unable to Determine: <1%
- American Indian or Alaska Native: <1%
- <1%
- <1%
- <1%
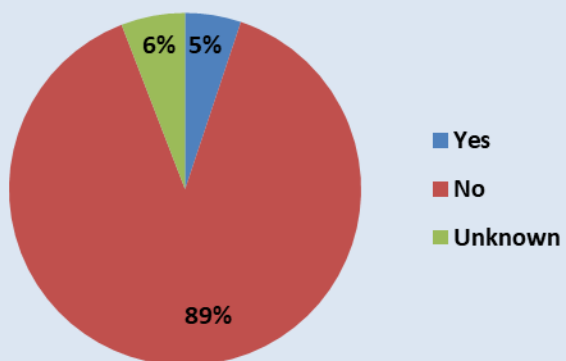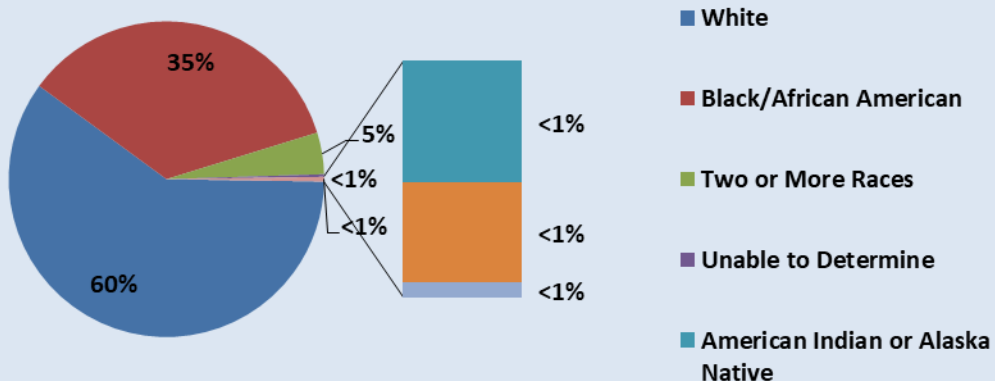
Permanency Goals for children in care on 9/30/19

Goal	Percentage
Return to Parent	39.17%
Adoption by Current Foster Parent	14.42%
Permanent Relative Custody	13.36%
Adoption No Placement	12.25%
Another Planned Permanency Living Arrangement	9.13%
Not Yet Established	4.65%
Kinship Guardianship	4.03%
Remain with Parent	1.61%
Adult Custodial Care	1.38%
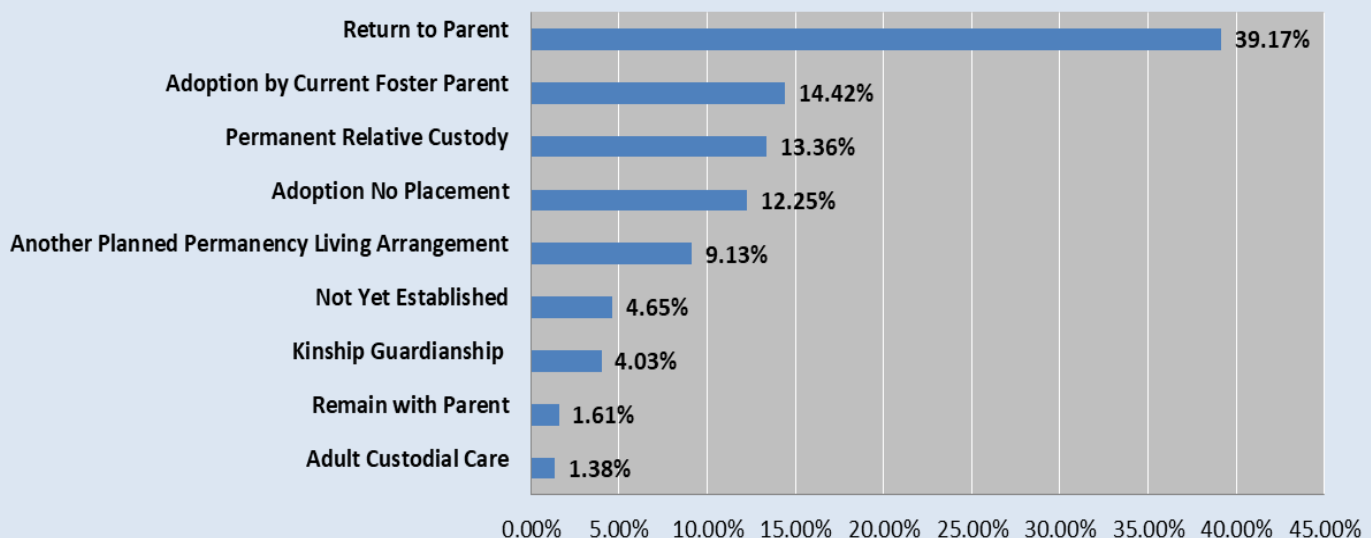
CFSR Findings

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, and placement 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. Stakeholders said that the quality of the information depended on caseworker data entry. Stakeholders also said that monthly reports generated from Alabama's Electronic Report Distribution (ERD) system, sourced from FACTS, do not contain real-time information to assure that the status, demographics, location, and placement goals for children in foster care are readily available.

ASSESSMENT OF PROGRESS

STRENGTHS	CHALLENGES
• See page 89 ff	Challenges include the availability of real time data that is accessible to managers statewide and ensuring that FACTS users understand the usefulness and importance of data elements as they relate to ensuring timely, accurate and complete data reporting.

DESCRIPTION OF CURRENT / PLANNED ACTIVITIES FOR IMPROVEMENT

GOAL:
Improve Data Quality

Strategies:
- Complete implementation of the AFCARS Improvement Plan through enhancements to FACTS, extraction program updates and data quality improvement steps. **2020 Update:** All steps of the AFCARS Improvement Plan have been completed and are awaiting final approval by the Children's Bureau.

  NCANDS Mapping Work Group will assess and improve data quality for all 154 data elements. Work began on this in FY2014 and continues into FY2017. The NCANDS Mapping work group collaborated to review and improve NCANDS reporting over the past five years. A summary of the work completed is below:

- Added elements 147-150;
- Reviewed and updated when necessary logic for elements 1-36;
- Corrected 85 validation rules concerning the post service fields;
- Corrected validation rules for elements 126-144 concerning perpetrator information;
- Updated element 34 (Mal Death Field) to comply with new rule 34-3;
- Corrected element 7 calculations with investigation start date;
- Corrected elements 15-19 concerning secondary ethnicity codes;
- Added required updates regarding Sex Trafficking to elements 26,28,30, and 32;
- Added new elements 151 and 152;
- Corrected element 150 concerning dispatch dates affecting post service errors.

2020 Update - Summary of NCANDS work since last update:
- Added new race mapping to our Asian and Native Hawaiian children's race fields for elements 16 & 18.
- Added new race mapping to our Asian and Native Hawaiian perpetrator's race fields for elements 95, 97, 114, 116, 133, and 135.
- Re-mapped our aging calculations for perpetrator age that were mapping ages of older perpetrators. Elements 92, 111, 130.
- Updated mapping for caretaker risk factor to look at FACTS child vulnerability screen for alcohol and drug risk. Elements 35, 36, 151, 152.
- Updated mapping for caretaker risk factors to also look at FACTS family risk assessment screen for alcohol, drug, intellectual disability, emotionally disturbed, hearing impaired, learning disability, physical disability, and other medical condition risks. Elements 44-51.
****
- Continue FACTS system enhancements identified in the SACWIS Assessment Review.

- Regional Training for FACTS users with emphases on data quality. Training began in June 2015 and continued to April 2016 to provide training to workers in every county. **2020 Update**: FACTS training is a part of STEP training.

- Prioritize and improve key management statistical reports for enhancement. Office of Data Analysis will continue advocacy for staff dedicated to management and statistical report development. The FACTS Reports Project was formulated to correct or enhance all known reports with issues of concern. In addition, new reports were created to provide needed data for inclusion in the Statewide Assessment for the CFSR. Work to correct and or develop reports began in April 2017 and continues.

- Continue to present useful information regarding Management and Statistical Reports at Supervisors Conferences. The goal is to improve the accuracy, completeness and timely entry of data that affects data reporting as these are the identified barriers to data quality.

- 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, Placement Stability, Caseworker visits, and Timely Documentation of caseworker visits. This is also highlighted in the PIP, under Goal 5, Strategy 1.

2020 Update:
We are in process now of developing a series of child welfare dashboards that will allow for real time data (from the day before) to be stored and accessed by county and state staff for several data points. This will be not only real time but interactive.–The first phase of dashboards to be rolled out will be comprised of CPS actions/activities and will assist managers in monitoring, reviewing and summarizing such data. District training sessions were conducted in the time frame of 11/5/19 – 11/20/19 and 1/07/20-2/26/20. During these sessions the three activities listed below (related to FACTS and ERD reporting) were discussed. Supervisors were encouraged to meet regularly with workers to discuss cases and address steps to move forward. Also, supervisors/workers were encouraged to utilize all available ERD reports.

1. Supervisors will meet with their workers monthly to staff cases and review the permanency/concurrent plan and ISP's, which will be evidenced by appropriate documentation in FACTS.
2. State DHR Office of Data Analysis provides monthly ERD Reports to counties that list the current permanency and concurrent plans of clients on their caseload.
3. State DHR have made monthly ERD Reports to counties that list all data regarding ISP's.

In comparing FC ISP data before and after these sessions, the following is observed:

Session of 11/5/19 – 11/20/19
October 2019, Timely FC Initial ISP: 93.63%
October 2019, Timely FC ISP reviews: 90.64%
April 2020, Timely FC Initial ISP: 97.72%
April 2020, Timely FC ISP review: 95.84%

Session of 1/07/20-2/26/20
December 2019, Timely FC Initial ISP: 94.29%
December 2019, FC ISP review: 90.93%
June 2020, Timely FC Initial ISP: 97.50%
June 2020, Timely FC ISP review: 96.01%

In comparing CPS ISP data before and after these sessions, the following is observed:

Session of 11/5/19 – 11/20/19
October 2019, Timely CPS Initial ISP: 96.73%
October 2019, Timely CPS ISP reviews: 88.23%
April 2020, Timely CPS Initial ISP: 98.19%
April 2020, Timely CPS ISP review: 92.69%

Session of 1/07/20-2/26/20
December 2019, Timely CPS Initial ISP: 96.59%
December 2019, CPS ISP review: 88.63%
June 2020, Timely CPS Initial ISP: 98.24%
June 2020, Timely CPS ISP review: 92.47%

PIP and APSR
Goal 4, Strategy 2, and Goal 5, Strategy 1, of Alabama's approved PIP, have content designed to improve the functionality of the Statewide Information System. For APSR activities, see the content provided above.

Data Dashboard and Virtual Meetings
The CW Dashboards under currently under development. A roll out date has yet been identified. Ultimately, they will be made available to all 67 counties. A project is underway to create a real-time dashboard system that will eventually be available statewide. ERD provides point in time data – twice per month typically- however, we can query point in time data an any time. The dashboards being developed will consist of data from the day before at all times. Completing visits virtually was an option made available in response to Covid-19 concerns. Face to face visits remain an option for visits that could be done so in keeping with recommended social distancing and other safety guidelines. Initially, the hope was that in person meetings could resume fairly quickly. As the pandemic continued, we realized that other options would be needed, and we took steps to locate virtual platforms that could be utilized by both state and county staff. We now have various options, including Go to Meeting and Zoom. We just received the Zoom lines we purchased within the past couple of weeks.

Item 20. Process ensuring written case plan is developed jointly with child's parents
CFSR, R3: ANI

ASSESSMENT OF PROGRESS / DATA

Child/family involvement in case planning

OSRI Data Measures for Item 13
- AL Baseline, R3: 19.70%
- 5 Year Goal: 50%
- Interim Goals:

FY 2020	30%	Actual: 25%	29%	20%
FY 2021	35%			
FY 2022	40%			
FY 2023	45%			
FY 2024	50%			

The statewide QUANTITATIVE data shown below is point in time monthly:
For the end of FY 19, the average of the combined baselines for overall timeliness (initial ISPs & ISP reviews) = 90%
For the end of FY 18, the average of the combined baselines for overall timeliness (initial ISPs & ISP reviews) = 90%
For the end of FY 17, the average of the combined baselines for overall timeliness (initial ISPs & ISP reviews) = 90%

Source FC 375A (FC) FMSV 010A
(CPS)

FY2019	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Avg
FC-Initial	95.17	94.81	95.85	96.32	96.23	96.84	96.87	95.38	94.92	94.88	94.51	94.79	95.55
CPS-Initial	95.78	95.38	95.66	95.84	96.13	96.22	97.01	79.35	97.42	97.14	96.91	96.86	94.98
FY Avg Initials													**95.26**
FC-Review	90.80	89.72	90.78	92.11	91.11	92.68	92.62	92.10	90.68	90.97	90.44	90.46	91.21
CPS-Review	85.88	84.61	86.18	85.71	86.51	87.79	89.29	87.49	87.58	88.73	97.35	88.72	87.99

Strengths

- The quantitative data indicates that case review requirements are being met at the 90th per centile on average.

- At the same time, the Department has created new (quantitative) reports and modified existing reports to better capture required data elements including the most recent case plan review dates. The reports are available to staff and managers statewide on the electronic reports system (ERD).

- Cases are methodically reviewed as a result of Alabama's CQI District Reviews. District Reviews are completed twice each year with a total of 136 OSRIs completed. However, other cases are reviewed through the course of work in the Office of Quality Child Welfare Practice in particular. These Specialists work in assigned counties, often with the task of review of child welfare cases.

- Qualitative Data is also collected by the Office of Quality Assurance by conducting stakeholder Interviews annually in all 67 counties. The local QA committee assists State QA in completing the stakeholder interviews. The stakeholder interviews are based upon the 18 OSRI items and 18 systemic factor items.

- In addition to review and feedback from Family Services, the Division of Field Administration has frequent contact with County Directors and their upper management to review data; spreadsheets; actual case plans and reviews; and assess strengths and needs around practice relative to timely reviews and other important issues.

- The Office of Quality Child Welfare Practice (OQCWP) has provided support around the ISP process in all 67 counties. The OQCWP also has a training curriculum around the ISP process that has been provided to all counties in the State. QCWP strives to teach the following process. The ISP process begins with engagement of the family, ongoing gathering of information throughout the assessment, and preparation for the family, stakeholders and community partners going into the actual ISP meeting. A strength-based approach is taught to assess, intervene and serve families. By promoting both protective capacities and protective factors, the Department can best ensure child safety and promote child well-being. The outcome areas to be addressed are safety, permanency, stability, attachments, visitation, contacts, crisis planning, contingency planning, concurrent permanency plans, well-being, educational needs, health needs, emotional needs, and independent living skills for youth 14 and older.

Barriers to a functional ISP process include:
- A lack of staff engagement with parents, including absent fathers and extended families (both maternal and paternal).
- Workers are not consistently making efforts to engage with resistant parents.
- The need for staff to better understand the Individual Service Planning ISP) process, and how, if implemented as directed in policy, the ISP process could have a positive impact on families.
- New staff, as well as staff turnover, has had a major impact on carrying out service needs, and follow through in terms of worker management of the ISP process. Birth parents and foster parents express frustration with workers who are not able to manage all the tasks associated with their position, especially the new workers.
- OSRI Item 13 identified the agency had limited or no concerted efforts to engage parents and age appropriate children in the case planning process. In some cases where parents were involved in the process, they reported they did not feel their voice was being heard. Of the 68 OSRIs completed from August 2019 to end of January 2020, 29% were found to be identified as a strength. It should be noted that new initiatives related to the ISP, as well as the Comprehensive Family Assessment (CFA), have been undertaken that are anticipated will help strengthen the work the Department does with children, families, and stakeholders.

CFSR Findings
Case review data provided in the statewide assessment showed that the state is not effectively ensuring that parents are engaged in the development of case plans; in 2015 through 2017, slightly more than half of parents were engaged in developing their written case plans. Stakeholders confirmed that parental involvement in case plan development varies across the state. Although the state has implemented a new Individualized Service Plan process, the process is not yet occurring statewide.

DESCRIPTION OF CURRENT / PLANNED ACTIVITIES FOR IMPROVEMENT
The state has implemented a new Individualized Service Plan form which was released to the counties through a series of meetings statewide. Those meetings were used as an opportunity to remind county Directors and Supervisors of key components of the Case Plan process to include prior preparation work, engagement of family member and need to obtain information from all vested stakeholders.

Goals moving forward will be to provide training and support to staff around two areas:
1.) First, efforts will increase around identifying and engaging fathers and relatives at all times during case involvement. Use of technology such as searches through various data bases is one way in which information regarding all known relatives will be located and contact expedited. Another way in which this will be supported will be through statewide trainings on data collection during intake, investigation and case planning stages of case involvement.

2.) A second goal is to improve the process and documentation of progress made toward completion of case plans. Through systematic reviews of cases, one on one support and modeling with supervisors and training of front line staff, we will target use of the case plan as a review tool during home visits as a way to keep families engaged in the process and also what type of documentation is needed to sufficiently record these efforts.

2020 Update: Quality Child Welfare Practice can assist with both goals through QCWP record reviews; feedback is given on involving fathers in case activity, and in ISP case planning meetings. There is feedback provided on involving relatives or pertinent stakeholders in the ISP process as well. The QCWP Specialists plans to have District Trainings on CFAs/ISPs and Meaningful Caseworker Visits once COVID-19 allows. QCWP Specialists provides Family Engagement training to counties.

Item 21. Periodic administrative / judicial review
CFSR, R3:   ANI

ASSESSMENT OF PROGRESS / DATA
In stakeholder interviews conducted annually by the office of Quality Assurance and county QA committees, internal and external stakeholders reported a good working relationship between the Department and the court system. Judicial reviews were generally paper reviews, which occurred between the judge and the Department. There were concerns that Judicial Reviews were not consistently occurring timely. It was also learned that some permanency hearings were delayed due to continuances and some TPR hearings were delayed due to parents not being served timely.

- Data available from AFCARS provides the following insight on the timeliness of required reviews:
  1. 2018A AFCARS File reflected that 88% of children in foster care had a timely court review
  2. 2018B AFCARS File reflected that 90% of children in foster care had a timely court review
  3. 2019A AFCARS File reflected that 93% of children in foster care had a timely court review
  4. 2019B AFCARS File reflected that 93.7% of children in foster care had a timely court review
  5. 2020A AFCARS File reflected that 91.81% of children in foster care had a timely court review

A review of the Department's staffing provides several potential indicators for lack of consistency in the timeliness of court reviews. New staff, as well as staff turnover, has had a major impact on carrying out service needs, and follow through in terms of worker management of assigned youth in the foster care system. Although worker turnover fluctuates significantly, rates as high as 36.3% have been noted. See below for the separation – turnover rate for child welfare workers for fiscal years 2018 and 2019:

- Fiscal Year 2018: 35.79%
- Fiscal Year 2019: 36.30%

However, the County DHR Director turnover has slowed down over the past couple of years – see below:
- FY17: 16.30%
- FY18: 11.67%
- FY19: 4.75%
- FY20 (through May): 3.05%

- This creates issues involving training relevant to court responsibilities as well as training on data input and management within the Department's data management system (FACTS).

- There has been a slight decrease (1.2%) in the number of children/youths in care – October 2018 (6395) and October 2019 (6318).

- While quantitatively hearings/reviews are occurring at frequencies approaching low to mid 80th percentile, qualitatively, stakeholders continue to voice concerns over inclusion of the foster youth with meaningful participation in the hearing process. This extends to foster parents who go to hearings but are not asked to give input consistently across the state or be allowed in the court. For many reasons, hearings may also be continued which directly impacts timeliness.

CFSR Findings
Information in the statewide assessment described inconsistent practices in the process for holding periodic reviews across the state. In some jurisdictions, there are formal court hearings. In other jurisdictions, a paper review occurs as the judge reviews and signs off on submitted documentation. Stakeholders confirmed that timely periodic reviews do not occur across all jurisdictions. Barriers to timely periodic reviews include an increase in the number of children entering foster care and high staff turnover.

DESCRIPTION OF CURRENT / PLANNED ACTIVITIES FOR IMPROVEMENT
There is currently a data sharing agreement in place between Alabama State Department of Resources and Alabama Administrative Office of Courts. This agreement allows for the tracking and sharing of information related to which children/cases have not experienced timely reviews in court. Through this data we can focus efforts in the counties where there are systemic issues. There is an ongoing Judicial/Child Welfare Initiative between DHR and the courts. iCAN is one part of that larger initiative and has expanded to include 22 counties. Monthly work being done in those counties allows for a method of checks and balances to address any issues such as these.   Judicial Child Welfare Summit was held in December of 2019. This was the first to include invitations to the County Directors and Family Court Judges in all 67 counties.

Item 22. Process ensuring permanency hearings

CFSR, R3:   STRENGTH

ASSESSMENT OF PROGRESS / DATA

- In stakeholder interviews conducted annually by the office of Quality Assurance and county QA committees, there were internal and external stakeholders that reported a good working relationship between the department and the court system. Permanency hearings were generally full hearings with testimony taken.
- In the foster care cases with completed OSRIs, there were examples of permanency hearings and judicial reviews were generally being held timely.
- Some courts schedule six-month hearings at the conclusion of the current hearing. If county staff files to get on the docket, it can be late. Hearings can be postponed or continued, and it is strictly up to the local judge's discretion. There is a court tracking screen available on the FACTS system for workers to enter court-related data.

TIME TO PERMANENCY HEARINGS

* Population = Children who entered care on or after 10/1/2010
and were subsequently discharged.

Home Removal to Initial Permanency Hearing	FY11	FY12	FY13	FY14	FY15	FY16 thru Q3	FY17	FY18	FY19
Average # of Days	141	244	312	283	529	477	366	352	358
Median # of Days	123	269	344	323	381	364	344	345	347
% of Timely Hearings	100%	78%	65%	72%	42%	51%	64%	67%	64%
% of Untimely Hearings	0%	22%	35%	28%	58%	49%	36%	33%	36%
% children > 365 days with no hearing documented	N/A	33%	28%	21%	52%	17%	16%	14%	16%

Initial Permanency Hearing to 1st Subsequent Hearing	FY11	FY12	FY13	FY14	FY15	FY 2016 thru Q3	FY17	FY18	FY19
Average # of Days	86	160	232	253	109	216	228	264	270
Median # of Days	89	155	200	258	92	182	189	297	259
% of Timely Hearings	100%	97%	72%	84%	83%	65%	66%	61%	77%
% of Untimely Hearings	N/A	3%	28%	16%	17%	35%	34%	39%	23%
% children who should have had a subsequent hearing, but did not	N/A	6%	16%	19%	81%	49%	52%	17%	13%

1st Subsequent Hearing to 2nd Subsequent Hearing	FY11	FY12	FY13	FY14	FY15	FY16 thru Q3	FY17	FY18	FY19
Average # of Days	27	123	166	214	85	142	194	239	246
Median # of Days	27	98	173	175	85	154	182	209	206
% of Timely Hearings	100%	97%	97%	86%	96%	85%	76%	84%	82%

% of Untimely Hearings	0%	3%	3%	14%	4%	15%	24%	16%	18%
% children who should have had a subsequent hearing, but did not	0%	5%	8%	21%	84%	75%	32%	15%	13%

2nd Subsequent Hearing to 3rd Subsequent Hearing	FY11	FY12	FY13	FY14	FY15	FY16 thru Q3	FY17	FY18	FY19
Average # of Days	N/A	136	118	202	58	134	171	194	198
Median # of Days	N/A	111	91	112	62	119	164	176	169
% of Timely Hearings	N/A	100%	100%	82%	100%	87%	98%	90%	88%
% of Untimely Hearings	N/A	0%	0%	18%	0%	13%	2%	10%	12%
% children who should have had a subsequent hearing, but did not	N/A	0%	11%	24%	82%	80%	34%	63%	15%

3rd Subsequent Hearing to 4th Subsequent Hearing	FY11	FY12	FY13	FY14	FY15	FY16 thru Q3	FY17	FY18	FY19
Average # of Days	N/A	130	182	110	19	111	151	154	194
Median # of Days	N/A	161	175	98	14	91	119	127	172
% of Timely Hearings	N/A	100%	100%	100%	100%	100%	99%	95%	85%
% of Untimely Hearings	N/A	0%	0%	0%	0%	0%	1%	5%	15%
% children who should have had a subsequent hearing, but did not	N/A	0%	15%	26%	0%	57%	52%	0%	0%
Source: Query 12101-AOC Query on Permanency Hearings-Located on J: FACTS-Data-Court Improvement Program Folder									

CFSR Findings

Information collected during interviews with stakeholders indicated that permanency hearings are occurring no later than 12 months from the date the child entered foster care and no less frequently than every 12 months thereafter for all children in foster care throughout the state. Permanency hearings are routinely scheduled at the disposition hearing and Guardian Ad Litem attorneys track when hearings are due. Stakeholders also said that in some cases the hearings are held earlier than the 12-month time frame.

DESCRIPTION OF CURRENT / PLANNED ACTIVITIES FOR IMPROVEMENT
See response to Item 21.

Item 23. Process ensuring TPR proceedings

CFSR, R3:   ANI

ASSESSMENT OF PROGRESS / DATA

Data tracking conducted regarding compliance with federal provisions to ensure that the filing of termination of parental rights (TPR) has not been particularly effective. The Administrative Office of Courts (AOC) office has provided some general data on FYs 2017 & 2018 TPR petitions that are reflected below:

FY2017 TPR Petitions	Median Days	Average Days
Original Dependency Disposition Date to TPR Petition File Date	**418**	**513.5**
TPR Petition Date to TPR Disposition Date	**120**	**137.4**
FY2018 TPR Petitions*	**Median Days**	**Average Days**
Original Dependency Disposition Date to TPR Petition File Date*	**419**	**462**
TPR Petition Date to TPR Disposition Date*	**133**	**137**
Original Dependency Disposition Date to TPR Petition File Date	**455**	**411**
TPR Petition Date to TPR Disposition Date	**158**	**143**

* added to the CFSP after Children's Bureau approval of the report.

Alabama law requires the Termination of Parental Rights (TPR) trial to be completed within 90 days after perfection of service of a TPR petition and for a trial judge to enter a final order within 30 days of the completion of the trial. As part of the Court Improvement Program, as noted in the chart above for FY 2017, AOC has tracked the median and average number of days from the dates the original dependency cases were disposed to the dates the TPR petitions were filed as well as the median and average number of days from the dates the TPR petitions were filed to the dates the TPR cases were disposed. Although data is not available to track if TPR trials are completed within 90 days of perfection of service of the TPR petition, it appears that the median number of days between the dates the TPR petitions were filed to the dates the TPR cases were disposed is 120 days.

"The ADPT 90 report is available statewide on the states electronic distribution system (ERD). The report is designed to track TPR fining dates, TPR hearing dates, TPR disposition dates, adoption filing dates, and adoption finalization dates. In addition to this report, Family Services partners with the Administrative Office of Courts (AOC) to exchange data via queries to look at permanency activity timeframes. The Office of Data Analysis also pulls data related to permanency time frames and makes this data available to appropriate Agency Managers."

CFSR Findings

Information in the statewide assessment indicated that the filing of TPR proceedings does not occur in a consistent manner across the state. Data provided from the Administrative Office of Courts does not support that TPR occurs timely in accordance with required provisions.

DESCRIPTION OF CURRENT / PLANNED ACTIVITIES FOR IMPROVEMENT

The data exchange between DHR and AOC also includes case and county specific information regarding the length of time between filing of TPR and the date of the TPR hearing. This again helps us strategically approach individual counties with the need to assess local barriers and develop a plan to improve. Children & Family Services is currently working on the development of several trainings to be conducted for all child welfare staff statewide. One portion of this training will focus on case planning/concurrent planning to include timelines around filing of TPR petitions where appropriate. Target date to begin this portion of the training will be Spring of 2020. This training was not able to be completed due to COVID19. Training will continue as soon as possible. This will also be a topic for our annual permanency conferences during the next five years.

Item 24. Process ensuring notification of / right to be heard in legal proceedings

CFSR, R3:   ANI

ASSESSMENT OF PROGRESS / DATA
Contributing factors addressing qualitative as well as quantitative concerns include**:**

- Cross – agency lack of clarity on responsibilities for notification. Existing policies indicate that county child welfare staff is responsible for providing this notification <u>or ensuring</u> that it is provided by the juvenile court staff. Policy addresses that the courts are responsible for sending out all summonses related to initial dependency hearings, but summonses only go out for adjudicatory - phase hearings, not all hearings.

- While the item also stresses that notification indicates that those being notified have a right to be heard in any review or hearing held with respect to the child, this practice is not uniform across the state and varies from jurisdiction to jurisdiction. This continues to be a training issue.

- Finally, with staff turnover that includes the County Director level, there is no knowledge readily available that can address the status of the local court/DHR protocols on notifications. Update: County director turnover rates have decreased.

CFSR Findings
Information in the statewide assessment showed that caregivers are neither routinely notified of reviews and court hearings regarding children in their care nor afforded their right to be heard in the proceedings. The state does not have a standard process statewide to ensure caregivers are notified of hearings and their right to be heard. Stakeholders confirmed that jurisdictions vary on whether caregivers are allowed to remain in the courtroom or able to offer information during hearings.

DESCRIPTION OF CURRENT / PLANNED ACTIVITIES FOR IMPROVEMENT
The need to engage with families, identify kin early in the case process, place with kin whenever safely possible are all areas that will be included in ongoing work with our judicial partners to include iCAN teamwork, Judicial Child Welfare trainings and other venues.

PIP and APSR
Goal 3 of Alabama's approved PIP has content designed to improve the functionality of the Case Review System.

ASSESSMENT OF PROGRESS

STRENGTHS	CHALLENGES
• See under Items 20-24.	• See under Items 20-24.

Systemic Factor: **Quality Assurance System/Continuous Quality Improvement**
CFSR, R3:   Not in Substantial Conformity

Item 25. Statewide operation of a quality assurance system
CFSR, R3:   ANI

ASSESSMENT OF PROGRESS / DATA
FY   Total # of OSRIs completed by State QA Review Teams: foster care (FC); ongoing services within the home (CPS)

	TOTAL OSRIs	FC	CPS
2019	92	59	33

In February 2019, State QA begin doing District CFSR utilizing the federal Onsite Review Instrument.   As of March 31, 2020, 68 OSRIs have been completed during FY 2020.

Item Assessment
The QA system monitors, evaluates and provides feedback to the Department on the performance of the overall System of Care and whether services provided are of sufficient intensity, scope and quality to meet the individual needs of children and their families. In addition to examining and assessing the 18 items of the Federal Onsite Review Instrument and the 18 federal systemic factor items, the QA system identifies areas of need and recommends corrective actions necessary to improve services, capacity, outcomes and conformity with Federal, State and Department program requirements. It also confirms strengths, identifies successful strategies, and recommends ways in which effective practice and/or system performance can be replicated and/or improved through the county improvement plan process. QA Specialist and county QA committee members complete stakeholder interviews annually in all 67 counties to assess the stakeholder perception of the agency's performance in safety, permanency, well-being and the 18 federal systemic factors. The QA/CQI system has been implemented statewide. Every county has completed a county self-assessment utilizing the 36 federal items and have identified priority areas to address in their county improvement plan. See also under I Foundational Administrative Record and ending section on: Continuous Quality Improvement Through Partnership with the Office of Quality Child Welfare Practice.

I. Foundational Administrative Structure
It is important for States to have strong administrative oversight to ensure that their CQI system is functioning effectively and consistently, and is adhering to the process established by the agency's leadership. A functioning CQI system will ensure that:
- The State applies the CQI process consistently across the State and the single State agency has oversight and authority over the implementation of the CQI system; there is a systemic approach to review, modify, and implement any validated CQI process.
- The State establishes written and consistent CQI standards and requirements for the State, counties, and any other public agencies operating title IV-E programs on behalf of the State, as well as any private agencies with case management responsibilities.
- There is an approved training process for CQI staff, including any contractor or stakeholder staff conducting CQI activities.
- There are written policies, procedures, and practices for the CQI process even when the State contracts out any portion of the CQI process.
- There is evidence of capacity and resources to sustain an ongoing CQI process, including designated CQI staff or CQI contractor staff.

Identify those aspects of quality data collection that are perceived as STRENGTHS:
- The Office of Quality Assurance completes 68 OSRIs every 6 months in the 10 districts of Alabama. Each district is reviewed twice within a 12-month period for a total of 136 OSRIs total. All OSRIs are entered into the federal Online Monitoring System in the Alabama CQI site. Data from the OSRIs is used to evaluate the state's performance on a county level, a district level and state level. The findings of each district review are shared with the counties within the district and the findings are used to develop the counties' County Improvement Plan.
- Each county has a local QA Committee that completes QSRs throughout the year. Depending on the size of the county, the committee may be required to complete 8 to 24 reviews per year. (Jefferson County has 2 QA committees). Jefferson main is to complete 24 QSRs and Bessemer is to complete 12 for a total of 36). Once QSRs are completed by the local committees, the QSRs are debriefed by the local committees and then submitted to the state office. The QA specialist provides oversight of the QSRs and may request additional information or corrections be added to the

QSRs. Once agreement has been reached, the QSRs are entered into the database. The local QSRs are also utilized in the county self-assessment as supports for the indicators of best practice.
- There is a formalized state QA structure in place in the form of veteran, state QA staff (Program Manager and six QA specialist staff) and a State QA Committee.
- All counties have an assigned state QA Specialist. These Specialists are available to their assigned counties to provide training to county QA coordinators and committees. QA Specialists provided numerous trainings to coordinators and committees throughout the year.
- The Child Welfare CQI process is implemented across the state by a single agency. After a District Review, the county, along with the QA specialist and practice specialist, have a County Improvement Plan (CIP) preparation meeting to identify 3 or 4 priority areas to address and to set a date for the CIP. The improvement plan consists of county staff (management and frontline staff), QA specialist, Practice specialist, selected stakeholders and the county's District Administrative Specialist (DAS) to identify specific measurable steps to address the identified priority areas. Once completed the plan is implemented and monitored by the county, QA specialist, practice specialist and DAS staff. The plan is assessed bi-annually for improvement and is modified as needed.
- There are written procedural and practice guides in place in the form of a *QA Guide, QSR Protocol Instrument, and the CFSR and PIP Instruments, Manuals and Guides located on the CFSRportal.org.*
- There is also an Office of Quality Child Welfare Practice (QCWP) which is a state office team under the Quality Assurance Division that follows up after district reviews to ensure the development and implementation of CIPs occur.
- QQCWP also has a Record Review Tool used in all counties to evaluate for systems improvement and to provide additional guidance and support.
- There is an established Office of Data Analysis.
- There is a well-established county QA structure in place across all counties in the state in the form of County QA Committees and a staff person in the position of County QA coordinator.
- The county/state QA structure is long-standing, sustainable, and adaptable to the state's changing needs.

- Process is in place whereby SDHR Leadership can receive feedback on practice/system performance as assessed by the state QA process. In addition to the CFSR District reviews completed by State QA, each county is to complete a county self-assessment biannually (May and November).   The county self-assessment includes the 36 federal items that address safety, permanency, wellbeing and the systemic factors. Each May and November the county self-assessments are filed with the state office and made available for SDHR Leadership.

- There is a CQI process in place throughout the state which provides ongoing, assessment, evaluation, interventions, and planning. After a district has a review or completes their county self-assessment, the counties, along with their QA specialist and Practice specialist, identify 3 or 4 priorities areas to address in the county's improvement plan. The plan is to be reviewed and updated every 6 months or more often if necessary.
- The State has one remaining person who completed the CQI Training Academy in 2014, the Manager, Office of Federal Coordination and Reporting.
- <u>As of June 2017</u>, the County Improvement Plan (CIP) process has been strengthened to include multiple assessment tools, integration of more individuals in the CIP process and better ways of monitoring progress.
  A plan has been developed where there is at least one annual meeting with QA coordinators, QA Chairs, and County Directors. Performance standards have already been directed that will require at least quarterly face to face contact with local QA committees by their assigned state QA state specialist. The most recent meeting was in October 2019.

Identify those aspects of the foundational administrative structure that can be STRENGTHENED:
- Providing mechanisms and opportunities for input from county staff on all CQI foundational components.
- Statewide meetings for county QA coordinators and QA committee chairpersons as well as State QA Committee members were held in <u>September 2018 and October 2019</u>. County QA systems were provided with information on revised QA forms and procedures, the Plan for Improvement, changes in training curriculum, and provided with training on the evaluation of caseworker visits. The most recent meeting was in October 2019 with the next meeting scheduled in <u>October 2020</u>**.** State QA Committee members and County QA Committee members are invited to observe district reviews by joining OSRI co-reviewers during the interviewing process and entry of findings into the OMS. In addition to the offer to observe the OSRI process, State QA Committee members and County QA Committee members are invited to attend each district debriefing that provides tentative findings of each district review. State QA Committee members are provided district review findings at each quarterly meeting.
- State QA has transitioned to using the OSRI to monitor current case practice and improvement to be better aligned with the CFSR. In addition to using the OSRI, State QA has transitioned the County Self-Assessment and annual Stakeholder Interviews from the 50 Indicators of Best Practice to the 36 federal items.
- Consistent and complete accountability for, and implementation / monitoring of, the County Improvement Plan process. One required subject of the county self-assessment is county improvement plans. Counties report on the status of their county improvement plan in each county self-assessment with review and feedback by state QA staff. The assigned

DAS is included in the feedback provided on county self-assessments. A revision has been included in the QA Guide for inclusion of county QA committees in the planning process for County Improvement Plans. QA Specialists and practice specialists attend county improvement plan meetings and can assist in the development of measures of progress and action steps respectively. Plans are in development for additional strengthening of the county improvement plan process – see June 2017 update above under STRENGTHS, as well as additional content added to the SA.

- Consistency on implementing the formalized process of how CIP plans are scheduled through the QA unit.

Recommendations:
1. Implement a way(s) in which county DHR staff / county QA committees can provide input for the CQI Assessment.
2. Examine the current guidelines for the county QA review process and implement any needed improvements.

II. Quality Data Collection
Collecting quality data, both quantitative and qualitative, from a variety of sources is the foundation of CQI systems. For data to be considered quality‖ it must be accurate, complete, timely, and consistent in definition and usage across the entire State. It is important for States to use data to identify areas of strengths and concerns, establish targeted strategies for improvement, and track progress toward desired outcomes. States that meet the quality data collection component will be able to demonstrate the ability to input, collect, and extract quality data from various sources, including the Statewide Automated Child Welfare Information System (SACWIS) or other information management systems, case reviews, and other sources of data. States will also be able to ensure that data quality is maintained as the State submits data to Federal databases or reports, such as the Adoption and Foster Care Analysis Reporting System (AFCARS), National Child Abuse and Neglect Data System (NCANDS) National Youth in Transition Database (NYTD), the Child and Family Services Plan, among others. A functioning CQI system will ensure that:

- The State's case level data shows that the instruments and ratings are completed in a way that is consistent with the instrument instructions and consistent across reviewers.
- There is a clear process that the State uses to collect and extract accurate quantitative and qualitative data, and the process is consistently and properly implemented across the entire State. The collection and extracting processes are documented, and an audit mechanism is in place to verify that the process is being followed.
- There is a clear process that the State uses to identify and resolve data quality issues and informs CB as appropriate regarding data quality issues. For example, there are processes to: identify if data are being under-/over-reported and/or not being entered into the State's information system; evaluate if data entry is reliable or unreliable, and if unreliable, why; (e.g. clarity of instructions, definitions, and/or data entry screens).
- There is a process in the State for the collection of quantitative and qualitative data that addresses key issues important to the State and demonstrates how the State is functioning on systemic factors, such as training staff and resource parents, functioning of the case review system, and service array.
- The State monitors existing federal requirements or guidelines and uses appropriate quality utilities and tools to ensure that data is accurate, including, but not limited to:
- The most recent AFCARS Assessment Review findings documents and/or AFCARS Improvement Plan (AIP), if applicable, indicates whether the State is accurately collecting, mapping, and extracting the AFCARS data in accordance with the requirements in the AFCARS regulation at 45 CFR 1355.40 and steps the State is to take to correct its AFCARS collection. This includes steps to improve the accuracy of the data through ongoing training, oversight, and incorporation into a quality assurance process.
- The most recent NCANDS data, or other safety data that impact the outcome indicators being measured, meet any CB quality guidelines.
- The most recent data profile used for the CFSR accurately reports the status of the child welfare program as indicated by data errors falling below acceptable thresholds.
- NYTD data meets the regulatory requirements at 45 CFR 1356.80 – 86 and other CB quality guidelines.

Identify those aspects of quality data collection that are perceived as STRENGTHS:
- State does monitor existing Federal data requirements through the use of appropriate data quality utilities and tools.
- State has demonstrated the priority of reporting data quality issues to the Children's Bureau.
- NYTD data has met reporting requirements established by the Children's Bureau.
- NCANDS data is close to meeting established reporting requirements.
- Some processes exist for collecting/extracting data and resolving data quality issues, and yet they vary among individual staff and units.

- Data collection / distribution has been strengthened to include distribution to all county departments through the iDHR intranet, to County Directors, and all child welfare division heads to include the Division of Field Administration.
- External stakeholders are provided data through the QA system. The QA system is so that each local QA committee (citizens review panel) should receive county data during their regularly scheduled meetings. Data is also shared through the county self-assessment process. The county self-assessment utilizes ERD data to support each indicator of best practice when appropriate. Once completed, the county self-assessment is shared with the local committee for review and comment. The State QA Committee meets on a quarterly basis and is provided statewide data for review at each meeting.
- Since January 2019, State QA has consistently used the OSRI to gather qualitative data across the state. The Office of QA has one program manager and six QA specialists that are very proficient in the use of the OSRI. Each county has a QA coordinator with access to their QA specialist for guidance and training. The QA specialists provide QSR protocol training to the county committees, who continue to use the QSR, to ensure proper use of the tool. In addition to the training, all QSRs completed by the local committees are reviewed by the state QA specialist for consistency.

Identify those aspects of quality data collection that can be STRENGTHENED:
- Continued attention to improving accuracy of, and clarification about, FACTS data (e.g. what constitutes the permanency hearing date). Specific details can be located in the Data Quality Plan section of the SACWIS Advance Planning Document (APD) update, which also addresses SACWIS Assessment Review (SAR) findings. The state continues to address the AFCARS Review findings through the AFCARS Improvement Plan Update (AIPU).
- Continued work with our Federal Partners to ensure consistency in OSRI ratings. State QA has a multi-tiered QA system in place, including federal oversight, to ensure consistency in OSRI ratings. Local QSR ratings are debriefed during County QA Committee meetings. The debriefings include other QSR reviewers to ensure consistency across reviews. Also, the amount of OSRIs for which federal oversight is provided, has been reduced by 50% over the past year.

- Process by which the collection/distribution of qualitative and quantitative information "informs" key systemic issues such as training (of staff/resource parents), policy development, adequacy of service array, etc. Existing barriers also include staff turnover creating changes in QA Coordinators. New Coordinators may not consistently share information at meetings when they are learning their position.

Recommendation:
1. Implement ways in which the feedback loop for quantitative and qualitative data can be improved/enhanced.

III. Case Record Review Data and Process
In addition to collecting and analyzing quantitative data, it is also critical that State CQI systems have an *ongoing* case review component that includes reading case files of children served by the agency under the title IV-B and IV-E plans and interviewing parties involved in the cases. Case reviews are important to provide States with an understanding of what is "behind" the safety, permanency and well-being numbers in terms of day-to-day practice in the field and how that practice is impacting child and family functioning and outcomes. A CQI system will ensure that:
- The State reviews cases of children based on a sampling universe of children statewide who are/were recently in foster care and children statewide who are/were served in their own homes. Samples should be sufficiently large enough to make statistical inferences about the population served by the State. The universe of cases reviewed will also include the title IV-B and IV-E child population directly served by the State Agency or served through title IV-E agreements (e.g. with Indian Tribes, juvenile justice, or mental health agencies).
- The sample is stratified to include a proportion of cases that reflect different age groups, permanency goals, and other considerations, such as varying geographic areas of the State, as appropriate.
- The State conducts OSRI reviews on a schedule that takes into consideration representation of the populations served by the State, including the largest metropolitan area, and the significance of other demographic and practice issues.
- Case OSRI reviews collect specific case-level data that provides context and addresses agency performance.
- Case reviews are able to detect the quality of services for the children and families served and therefore focus on the assessment and monitoring of how child and family functioning is progressing in relation to the services provided.
- Case OSRI reviews include the completion of interviews specific to each case, such as the child/youth, birth parent, caregiver, caseworker or supervisor, and as indicated, health, mental health and other service providers, educators, and guardian ad litem (or child's attorney).
- Case OSRI reviews are conducted by staff who go through a uniform and consistent training process (cfsrportal.org, e-training platform) and whom the State determines are qualified to conduct reviews, with a preference for staff and stakeholders with direct service experience.

- The process prevents reviewer conflict-of-interest and promotes third-party (unbiased) review of cases, i.e. cases are not reviewed by caseworker or supervisor responsible for cases or who had previous involvement in the cases, as well as those who may have a personal interest in the case.
- A multi-tiered QA system is in place, including federal oversight of 50% of completed OSRIs, to ensure consistency in OSRI ratings. Local QSR ratings are debriefed during County QA Committee meetings. The debriefings include other QSR reviewers to ensure consistency across reviewers.
- There is a process for conducting ad hoc/special reviews targeting specific domains when analysis and other data warrant such reviews.

Identify those aspects of quality data collection that are perceived as STRENGTHS:
- There is a QA review process that is operable at both the county and state level that includes the conducting of QSR's, whereby individual interviews are conducted with relevant stakeholders involved in the case, including the identified child/youth and family.
- At the state level a stratified sampling process is utilized for the identification of cases to be reviewed and the state QA review schedule includes varying geographic areas of the state, including the largest metropolitan area.
- The state QA review process is designed to prevent reviewer conflict-of-interest.
- There is a means by which State QA staff review and provide feedback on the QSR write-ups and ratings of practice/systemic items that are conducted by county QA committee reviewers.
- There is a data base maintained in Family Services, whereby QSR rating information conducted by county is entered.
- There is an ability to conduct ad hoc/special studies at both the county and state level.
- The state QA review process includes an assessment of the status of services to children and families, the effectiveness of monitoring, and the progress toward effective family functioning.

- Reports can be generated from the OMS ranging from statewide, regions and county. Reports can also be as specific as type of case (FC or CPS), or demographics of the child or family.

- Stakeholder Interviews are completed annually in every county using the 36 federal items. The interviews are completed in conjunction with State QA staff and local stakeholders who serve on the local QA committees. Once stakeholder. Findings of the stakeholder interviews are provided to the county management and local QA committee to be used for the completion of the County Self-Assessment and County Improvement Plan.

Identify those aspects of quality data collection that can be STRENGTHENED:
- State QA staff continue to train county QA committee members on the use of the **QSR** rating instrument. County QA committees are encouraged to debrief cases during committee meetings to promote rating reliability. State QA staff will continue to train county QA committee members in the use of the rating instrument.
- State QA is currently utilizing the cfsrportal.org's e-training platform to certify reviewers utilizing the OSRI.

Recommendation:
- See Item II, Quality Data Collection, recommendation #3.

IV. Analysis and Dissemination of Quality Data
Although most States have the ability to collect data from a variety of sources, States have varying capacities to track, organize, process, and regularly analyze information and results. A functioning CQI system will ensure that:
- The State has consistent mechanisms in place for gathering, organizing, and tracking information and results over time regarding safety, permanency, well-being outcomes and services (at the child, caseworker, office, regional and state level, as appropriate).
- The State has a defined process in place for analyzing data (both quantitative and qualitative), and the State provides training to staff and determines that they are qualified to conduct such analyses.
- The State aggregates Statewide and local data and makes it available to stakeholders for analysis.
- Agency decision makers, courts, tribes, and other stakeholders are involved in analyzing and understanding the data and in providing feedback on analysis and conclusions.
- The State translates results (trends, comparisons and findings) for use by courts, tribes, and a broad range of stakeholders, and the State disseminates results through understandable or reader-friendly reports, websites, etc.

Identify those aspects of the analysis and dissemination of data that are perceived as STRENGTHS:
- There are numerous data sets in operation across various program units and there is agency capacity to provide information on many data elements.

- All management/statistical (MS) reports available through ERD are scheduled to run on a regular basis.
- Tracking of data related to NYTD, AFCARS and NCANDS are operative (see also data collection).
- Qualitative data is maintained via a QA database, which serves as a repository for county QSR ratings.
- There is a process for analyzing and commenting upon qualitative data in the form of QSR write-ups which are provided to QA coordinators, county workers and supervisors by the local county QA committee. The local QSRs get analyzed (debriefed with the committee and then feedback provided by the QA specialist), then provided to the QA Coordinators, county director, county supervisors and county workers.
- The agency is utilizing the data tools on the OMS to aggregate data and is able to provide rating summaries on the county level, district level and state level. In addition to utilizing the tools in the OMS, the State QA Unit assesses completed OSRIs to identify trends and practice issues on a county, district, and state level.
- There is some discussion of dissemination of data through website posting and provision of data reports to staff. The Data Management Maps are being provided to the counties on a monthly basis. Counties began receiving the Data Management Maps in August 2017.

Identify those aspects of the analysis and dissemination of data that can be STRENGTHENED:
- Emphasis / training on and monitoring of, effective use of data as a child welfare management tool related to impacting outcomes of safety, permanency and well-being. In addition to the welfare management tool, the county self-assessment is based upon the 36 federal items and the assessment requires the counties to collect data and use the data to rate each item either Strength or Area Needing Improvement.
- Tracking / distribution of (qualitative/quantitative) data across regions of the state, child demographics, etc. Counties are encouraged to use the tool to collect data to be presented at management meetings. OQCWP specialist continue to work with counties on using and assessing the tool.
- Emphasis / training on and monitoring of, complete, accurate, and timely data entry by county staff.   OQCWP specialist continue to work with supervisors using their record review tool to monitor data entry of workers to ensure it is complete, accurate and timely.
- Consistent provision of information as to where to look for data outside of FACTS.
- Determining ways in which CFSR outcome data can be explained/distributed (once the R3 data sets are established).
- Consistently involving other SDHR Divisions and external stakeholders (partner agencies/groups) in meaningful discussion, analysis, and dissemination of quantitative and qualitative data. Also, the Department continues to provide data to the State QA Committee at its quarterly meetings.

Recommendation:
1. Develop a comprehensive plan for quantitative/qualitative data analysis and dissemination that includes consistent internal/external stakeholder involvement/feedback/input related to trends and findings, as well as a focus on monitoring, training, and use of data in managing for best practice outcomes and improved collaboration/system performance. The resulting plan may require incremental implementation. A tentative summary of district CFSR reviews is provided to the counties at the end of each District Reviews. The summaries, presented in PowerPoint, provide the counties in each district with the average of the district's ratings alongside the state's ongoing ratings. Once OSRIs are finalized, The Item Narrative Report is provided to the county from which the case was reviewed. The ongoing statewide ratings of each item and outcome area is provided to the State QA Committee on a quarterly basis.

V. Feedback to Stakeholders and Decision-makers and Adjustment of Programs and Process
Collecting information and analyzing results are important steps in CQI; however, *how* States use this information is a critical component to driving change within the organization and is key to improving outcomes for children and families. A functioning CQI system will ensure that:
- Results (i.e., trends, comparisons and findings) are used by agency leadership/top management, courts, tribes, entities with title IV-E agreements, and other stakeholders to help guide collaborative efforts, inform the goals and strategies of the CFSP and other State plans for federal funds such as the Court Improvement Program strategic plan, and to improve practice, services and monitor/track progress toward goals.
- Supervisors and field staff understand how results link to daily casework practices; results are used by supervisors and field staff to assess and improve practice.
- Results are used to inform training, policy, practice, community partnerships, service array (service gaps, quality, etc.), automated system development, and other supportive systems.
- The CQI process itself is adjusted as needed over time as results indicate a need for additional study, information and/or analysis.

Identify those aspects of quality data collection that are perceived as STRENGTHS:
- The County improvement plan meetings review the 36 federal items with supporting quantitative and qualitative data. The meetings are to include internal and external stakeholders and frontline staff.
  All QSRs completed by the local QA Committee provide write up with ratings and feedback with recommendations to improve practice. The State's CQI process encourages counties to include internal (frontline staff) and external stakeholders to review the county's self-assessment to develop the county improvement plan. County data and progress should be reviewed at these meetings.
- By design, there is an expectation that the bi-annual county self-assessment is to be shared with the county QA committee, and signed by the county QA committee chairperson.
- Item 19 of the 36 federal items addresses access to accurate data. As part of the County Self-Assessment, the counties are to address how they ensure accurate and timely entry of data into the FACTS system. They are also to identify any concerns.
- On a monthly basis data related to child protective services, child abuse and neglect reporting and permanency, are provided to the District Administrative Specialists (DAS), who are to reference/use the data in their work across all 67 counties. This data, along with trend data, is sent via email each month to the DASs from the Division of QA.

Identify those aspects of quality data collection that can be STRENGTHENED:
- Assessment/provision of data needs/request from the state QA review team and the Family Services Management team.
- Distribution of both quantitative and qualitative data trends, comparisons, findings, results and recommendations (from various sources) to key external and internal stakeholders in order to better inform collaboration, system performance and ongoing practice monitoring. Data on some safety and permanency indicators (e.g., CAN and Prevention assessments received and disposed, reports pending over/60 days, children in foster care, open CPS cases, etc.) is regularly provided to the State QA Committee at their quarterly meetings. The State QA Committee will continue to be afforded the opportunity to provide comment and recommendations on data information. The State QA Committee is now receiving regular updates of District reviews with rating summaries and trends identified from the completed OSRIs.

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

Continuous Quality Improvement Through Partnership with the Office of Quality Child Welfare Practice
The Office of Quality Child Welfare Practice (OQCWP), in partnership with The Office of Quality Assurance has initiated a Continuous Quality Improvement Process, with the intent of improving practice across the State and monitoring for outcomes. As part of the CQI process QCWP will complete several reviews based on county size. The OQCWP staff review 10 cases in the counties with smaller caseloads, 20 in the medium size counties, and 30 in the larger counties. Cases are reviewed across the program areas of FC, CPS and FFH cases. Family Services reviews CANs/Suspended CANs/Preventions/ and screen outs for the Safety Assessment which is one reason the number of cases reviewed was reduced. The counties that were reviewed in 2019 were counties identified as not having recent QA or QCWP review.

Review Tools:
At the time of the review, Directors and Supervisors are provided a review tool on each case reviewed. The Director/Supervisors are expected to follow through with the recommendations to ensure best case practice and child safety. The CPS and Foster Care review tool captures type of case, case name, worker/ supervisor name, child name, child age, date the case was opened, reason case opened, safety/well-being, family assessment, ISP, Education, Narrative/Contacts, ICPC, additional foster care information (MEPA, ASFA, Permanency, Connections for after-care, court hearings, placement, visitation, and siblings placed together) and the final recommendations.

- **The CA/N and Prevention Review Tool**
  Provides case name, type of case, worker/supervisor name, Intake information, preparation for initial assessment, documentation/interviews, analysis/decision making, safety, strengths and recommendations, and reviewer gives opinion if child is safe. This tool is used when working one on one with county supervisors.
- **Safety Assessments**
  During each review, Family Services conducts a Safety Assessment identify the timeliness and thoroughness of all CANs and Preventions completed during the review period. Recommendations are provided to the county at the completion of the Safety Assessment.
- **Summary/Report:**
  After every random record review a summary of the review tools is provided to the county within 30 days. The record review report identifies strengths and needs in each area of child welfare practice. The report condenses

recommendations that are provided in the review tool and how the areas of need should tie back to the County Improvement Plan.

- **67 County Improvement Plans Reviewed or Completed:**
  Directors in each county have met with a Child Welfare Practice Specialist regarding their County Improvement Plan and the key focus identified in their recent reviews. The Specialist works with the county director and supervisors to ensure the areas needing improvement are in the CIP. The CIP will be monitored for success in these key practice areas. The CIP is a working document that is not only updated after submission of the county self-assessment but will be updated when progress is made on areas needing improvement. The county and the Practice specialist identify three to four focus areas needing improvement, and work towards the improvement of those areas. Once improvement is made, the CIP can be updated to reflect progress. The county and specialist are also mindful of the strengths identified, and how practice can be built up on the foundation of those strengths. The practice specialist provides monthly support to ensure the areas needing improvement remain the focus of practice improvement. This is monitored through a working agreement developed between the county and the practice specialist.

  The evaluation and effectiveness of the CIPs are completed through routine reviews of the CIP plans by state office and county to identify improvement or ongoing needs. Otherwise, there is no data collected. The CIPs should be updated after every county self-assessment which are held every six months to monitor for progress. County staff, QA specialist, practice specialist, representation from the local QA Committee and DAS should be involved in the monitoring of the plan. The county self-assessment utilizes quantitative (ERD) and qualitative (QSR and stakeholder interviews) data to rate the Indicators of Best Practice.

- **67 Working Agreements Completed:**
  This agreement is based on a plan to improve practice and clearly identifies the role of the practice Specialist. The role of the Specialist is to participate in random record reviews, provide planned/purposeful technical assistance, and supervisor capacity building.

- **Supervisor Capacity Building:**
  The goal is to build capacity within supervisors to improve casework, ensure adherence to policy, and support retention of staff. Supervisory Management Classroom Training was provided to all Supervisors in the State and QCWP will follow through with implementation of the training. Supervisors will understand the importance of worker/supervisor conferences/working agreements, how to utilize ERD (Electronic Distribution Reports), how to review a case using the child welfare practice review tool, accountability, time management and self-care among others.

- **OQCWP Program Specialists**
  Are collecting and using data on well-being to focus on areas of need and provide support through the working agreement regarding how to best address those needs in the CIP. Child welfare practice data is collected each month based on the Electronic Report Distribution (ERD), as well as the newly developed Data Management Maps. Each practice specialist keeps a data tracking sheet for each county they support. The practice specialist compares the data from month to month and it is discussed monthly with the county supervisor and county director. The practice specialist works with the county supervisor to become proficient with reading the data, as well as understanding the data. The practice specialist also works with the county supervisor to ensure the work is meaningful to children and families. This is achieved through peer reviews, which is a review of the same case by the practice specialist and the county supervisor. The practice specialist and supervisor compare findings and recommendations are made by the practice specialist to improve case practice. The CIPs are monitored via routine reviews of the CIP plans by OQCWP and county to identify improvement or ongoing needs. The Data Management Maps and county data are considered in the CIP plans to improve practice. There is no data gathered. Random Record Reviews will be conducted in these counties and supervisor supportive work will focus on the needs identified from the reviews.

CFSR Findings

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. 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 encourages 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.

STEPS BEING TAKEN TOWARD A STATE-CONDUCTED CFSR FOR ROUND FOUR
- Step #1: The Office of Quality Assurance has discontinued using the Quality Service Review tool it has been using for the past few decades and has adopted the use of the federal OSRI tool. This is the same tool that was used in round 3 of the CFSR.
- Step #2: The Office of Quality Assurance has discontinued the county onsite review process and has replaced it with a District review model, this model allows the Office of QA to review all ten districts in the state which encompasses all 67 counties in the state of Alabama. Each district is reviewed twice a year with this model allowing for the CFSR/OSRI review of 136 cases per year.
- Step #3: All seven of the QA practice specialists assigned to the office of QA (including the manager) are trained and Certified to conduct a CFSR review of Alabama's child welfare cases, and they have been doing so since February of 2019. They are also trained and currently conducting 1st and 2nd QA for the CFSR case reviews.
- Step #4: All nine of the Quality Child Welfare Practice Specialist assigned to the office of Quality Child Welfare Practice (including the supervisor) are trained and Certified to conduct a CFSR review of Alabama's child welfare cases, and they have been doing so since January of 2019. They are also trained and currently conducting 1st and 2nd QA for the CFSR case reviews.
- Step #5: The Office of QA has initiated an annual stakeholder interviews schedule, which will allow each county to have stakeholder interviews conducted by an OQA specialist and a local QA committee member at a minimum of every 12 months. Beginning in January 2020, county stakeholder interviews are based upon the 36 federal items.
- Since initiating these steps, the QA division is confident that the state of Alabama will be well prepared to carry out a State-Conducted CFSR for Round Four.

DESCRIPTION OF CURRENT / PLANNED ACTIVITIES FOR IMPROVEMENT
- The Quality Assurance Division (QAD) has developed and enhanced 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 reviews (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 state of Alabama has a 3-layer CQI process.
- The first layer is at the State Office level: At this level, the QA division uses the results of the CFSR review and provides the findings to Children & Family Services, the Resource Management Division, Field Administration, and then all staff members of the QA Division. This Information is also shared with external stakeholder groups such as CWCI, the SQAC, and all three PIP workgroups. Once the data and findings have been collected and shared with internal and external stakeholders, the Department works in collaboration with the groups mentioned above to develop a plan to address the areas of need that have been discovered during the review process. Once plans are developed, the steps of the plans are carried out either as a pilot or on a statewide level.   After the steps have been initiated the QA Division and others evaluate the steps for success. If the steps are successful in gaining the desired results/outcomes, the Division will move and duplicate this process to further address additional needs identified in the CFSR review process.
- The second layer is at the District level: All 67 of Alabama counties are located in one of the 10 districts within the QA Division model. Each district receives a CFSR review at least twice per year. The QAD provides the tentative findings of the CFSR district reviews to each county Director in the District. This information is shared with the Children & Family Services, the Resource Management Division, Field Administration District Specialists, members of the QA Division, County staff and local district stakeholders who are on the QA Committees located within the district. Once the data and findings have been collected and shared with internal and external stakeholders, the Department works in collaboration with the groups mentioned above to develop a plan to address the areas of need that have been discovered during the review process. Once plans are developed, the steps of the plans are carried out on a district level.   After the steps have been initiated the QA Division and others in the district evaluate the steps for success. If the steps are successful in gaining the desired results/outcomes the district will move and duplicate this process to further address additional needs identified in the review process. Information from District reviews are captured in the federal OMS database and shared with the State QA Committee. Findings that are considered to be systemic are shared are with and then addressed as part of the statewide CQI process.

- The third and final layer is at the County level: All 67 counties in the state of Alabama have a local QA committee which is currently reviewing cases use the Quality Service Review (QSR), model. The case reviews are conducted by committee members who are (by the most part) local external stakeholders of the Department. Each county is provided with a minimum number of cases that must be reviewed per year. The Local QA committee provides the findings of the QSR reviews to local county Directors and to the QA Division. This information is shared with Quality Child Welfare Practice Specialist who are assigned to the county. Once data and other findings have been collected and shared with internal and external stakeholders, the county office works in collaboration with the groups mentioned above to develop a plan to address the areas of need that have been discovered during the review process. Once plans are developed, the steps of the plans are carried out on the county level.   After the steps have been initiated QA Division staff and county staff evaluate the steps for success. If the steps are successful in gaining the desired results/outcomes the county will move and duplicate this process to further address additional needs identified in the review process. Information from local county QA reviews are captured in a statewide database and shared with the State QA Committee. Findings that are considered to be systemic are shared with and then addressed as part of the statewide CQI process.

PIP Update – Improving Feedback Loops & Stakeholder Input to CFSP/APSR:
Goal 5 of Alabama's approved PIP has content designed to improve the functionality of the Quality Assurance System. Improving feedback loops is one focus of the PIP, Goal 5, as a finding of the CFSR was the need to strengthen this area of practice. At the Oct. 22nd meeting ideas were discussed on how to inform the local QA and state QA committees of Alabama's CQI process. In addition, to the county QA committees being provided an opportunity to attend the district debriefings, each district debriefing PowerPoint is provided to the counties and it is requested (within the PowerPoint) to provide the PowerPoint presentation with the county QA committees and discuss the tentative findings. Also, State QA Committee members are also invited to attend district debriefings. The State QA Committee is also provided quarterly updates of the Alabama's CFSR through reports generated by the federal Online Monitoring System (OMS).

Another strategy of Goal 5 is related to Agency Responsiveness to the Community and collaborative efforts. A key activity in this regard was broadening the membership of the State QA Committee (SQAC) and the Child Welfare Collaborative (CWCI) Team, and ensuring regular opportunities are provided to both groups to provide input to the CFSP / APSR. In these regards, Commissioner Buckner approved the addition of four individuals, two to the SQAC and two to the CWCI Team. The four new members represent SDHR – Adult Protective Services, HUD, Law Enforcement, and Medicaid. Further recommendations will be made by Children & Family Services and Quality Assurance on an annual basis. Also, an opportunity for Input to the CFSP goals was provided to the CWCI membership at the planned meeting on February 4, 2020. In addition, a conference call was conducted with both the CWCI and SQAC membership on 02/20/20.
At the State QA Committee meeting on 03/13/20, input was received on another outcome area and systemic factor. SDHR Leadership received the comments, suggestions, etc., provided by stakeholders. In future meetings of both groups input to the CFSP will be a standing agenda item. Finally, many members of both stakeholder groups participated in the Joint Planning meeting on June 4, 2020.

Joint Planning Update
On June 4, 2020, the Joint Planning was conducted with a number of stakeholders, DHR staff and federal partners participating. One of the breakout groups was one dealing with Using the Parent/Family Voice. The objective of the breakout group was to identify forums to ensure parents are provided opportunities to give input in Alabama's Child Welfare System. There was rich discussion within the breakout group in the value of hearing from the birth parents voice in caseworker visits, ISP meetings and services to parents. There was OSRI data, as well as casework trends from QCWP record reviews, presented to show that the agency needs to improve hearing the parent's voice in case practice. Some of the areas identified where the agency could expand upon hearing the parent's voice on both county and state level was recruitment of birth parents to serve on the County and State QA Committees, conduct surveys of birth parents, and conduct special studies of birth parents. There was also discussion of the State QA Committee establishing a parent subcommittee with the foster parents and birth parents serving on the State QA Committee that could process the results of birth parent surveys and special studies completed by county QA committees.

ASSESSMENT OF PROGRESS

STRENGTHS	CHALLENGES
- See under I – V.	- See under I – V.

Systemic Factor: **Training** **See also: 2020 - 2024 Alabama Training Plan & 2021 APSR Update**
CFSR, R3:   Not in Substantial Conformity

Item 26. Initial staff development and training program for staff
CFSR, R3:   ANI

ASSESSMENT OF PROGRESS / DATA
The Office of Child Welfare Training (OCWT) is located in the Quality Assurance Division and is responsible for training all new child welfare staff and new child welfare supervisors. The Department utilizes our Learning Management System (LMS), the Learning Education Training System (LETS) to track all DHR staff training. Training is tracked in LETS by individual staff person and archives by course name, status (complete/incomplete), date of completion, total time of course, score (if applicable), credits (if applicable) and certificate (if applicable).
The Office of Child Welfare Training is currently using STEP (Striving Toward Excellent Practice).

There is an online component for each module that requires the following time:
STEP: Foundations: 9 hours of independent study
STEP: Intake: 1 ½ hours of independent study
STEP: Investigation: 3 hours of independent study
STEP: Case Management: 1-hour independent study
STEP: Adoption: 2 hours independent study

The numbers of onsite days for each session are as follows:
STEP: Foundations: 5 days
STEP: Intake: 2 days
STEP: Investigation: 5 days
STEP: Case Management: 5 days
STEP: Adoption: 3 days

Staff do not need to complete the initial training before receiving cases, and no certification is provided upon completion of training. The Department believes however that STEP preservice training should be received before a full caseload is given to workers. There are CEUs that are provided for the respective training events.

Strengths of STEP
- Prerequisite work is online.

- The OCWT has included more pertinent information in preservice training related to Domestic Violence, Trauma, Engaging Fathers, and Psychotropic Medications and included this material in STEP.

- The OCWT has been working with The Child Welfare Policy and Practice Group, based in Montgomery, regarding updating the content of STEP.

- Increase in number of sessions for workers.

- Immediate placement in an upcoming class.

- Workers are being enrolled in LETS in a timely manner, in that the enrollment occurs as soon as they are hired, and they begin the training within 3 months. New workers receive independent study material as part of their training immediately upon hire and work on this online. Each county has their own county specific training programs. Many are given caseloads. Each STEP class is offered on a rotating basis throughout the year, each session comes up every other month. Staff are registered for the next available session. Depending upon when they are hired, they may go to the next classroom portion of their training within two to eight weeks. Some staff are pulled from their original class assignment for various reasons (caseload related, court related, personal or illness related).

- Workers are able to go to the sessions that are specialized to best meet their specific job duties.
  With FACTS incorporated into STEP, it enables the workers to immediately see how the work they do is captured and they do not have to go to a separate training for documentation. In terms of time spent on FACTS during training, the following breakdown provides approximate time frames: Foundations 20%, Intake, 33%, Investigation 40%, Case Management 40%, Adoption 33%.

Challenges with STEP

1. Throughout the first module of ACT I, participants were trained and viewed videos that demonstrated the use of interpersonal helping skills when working with family members. The videos were one of the many tools used in training to reinforce learning points, as well as to afford individuals the opportunity to visualize the usage of skills needed as child welfare workers. Videos are very effective method to use for training. Many people are visual learners. The videos are quite dated, and we are exploring creative options on updating the video content for STEP during CY 2020 to use with our current STEP curriculum.

2. Child welfare workers are the front line of defense, helping the children and their families who are struggling with a variety of social issues, such as poverty, drug abuse, mental illness, domestic violence, and homelessness. Their prime directive is to ensure the health and well-being of the children, protecting them when necessary, and providing services that help the families. One way to assist in ensuring that child welfare workers develop an understanding of the available services and their providers is to explore the possibility of developing a panel that includes representatives from the courts, the medical community, law enforcement, mental health, etc. The purpose of the panel would be to provide new workers the opportunity to ask questions regarding the roles and responsibilities of their respective professions.

3. Due to the onset of the current pandemic, OCWT is also exploring alternative methods of training. Since the main way of training has been in the classroom, and given the social distancing guidelines, OCWT has actively been searching for larger classrooms/venues. Since FACTS training is a component of STEP training, they are in the process of determining the logistics of seating training participants 6 feet away from each other. Other undertakings specific to current pandemic guidelines include reviewing the current STEP curricula   and determining what changes could be made in order to provide the training virtually.

STEP OJT

A key component in the process of Transfer of Learning is on-the-job training. Without follow up to training, training does not work. The pre-work in LETS and the classroom training are only two components in learning a skill. Once a person is hired, they receive their initial pre-work training through our Learning Management System LETS. These include readings and self-guided online trainings to introduce the policies, concepts, and skills necessary to be successful in their jobs. After completing their pre-work for the STEP module they are currently in (Foundations, Case Management, Intake, Investigation, Adoption), they attend the residential (classroom) training where they get the opportunity to continue to learn skills and a chance to practice and get feedback in the classroom setting.

Upon completion of training, the on-the-job component will be implemented. LETS will also be the means to distribute the On-The-Job component that can be printed and shared with their supervisor. It will consist of activities that will take the skills learned in the classroom component and give them a chance to practice in the field with supervision and feedback. It will be important that each OJT is tailored to the actual duties of each worker. The OJT guide will give suggestions for these activities and a format to capture the feedback for the skills. Some of the OJT activities will be completed prior to classroom training and others will be completed after attending classroom training. There will be no more than 3 activities for each OJT component.

After completing the OJT, the supervisor will send feedback to the training unit (through a short Survey Monkey survey) regarding what worked well and what did not. We will use this continuous feedback loop to be sure our training evolves to meet the needs for the workers and their supervisors.

Once the supervisor has assessed, through their observation and feedback, that the worker has gained the knowledge and skill level to be successful with their families, they should then be able to make a preliminary determination as to the assignment of a caseload for the worker.

DHR Supervisory Management Training.

An important quality of successful supervision is the ability to be an effective leader. Every leader can be a supervisor, but every supervisor cannot be a leader. DHR Supervisory Management Training was developed by The Policy and Practice Group to provide more information regarding leadership for Supervisors. This 4-day training will help build supervisory capacity by providing supervisors with the day to day skills needed to perform their duties including how to manage staff performance. We continue to explore new and innovative techniques to help supervisors manage their staff toward outcomes with families that provide safety, permanence and well-being.

As a part of strategies for our current PIP, we anticipate adding the following to enhance the Supervisory Management training: Please update, report on any progress, etc.

- Provide new supervisors with on-line training upon their promotion prior to attending new supervisor training to ensure a clear understanding of the Practice Model and Mission Statement.
- Enhance the On-the-Job (OJT) component of new supervisor training.
- Initiate OJT component in new worker training which, would include supervisory input/feedback.
- Upon supervisor's completion of new supervisor training, each supervisor, along with their Director, will be surveyed in three-month increments (for one year). to determine the overall effectiveness of the on-the-job training component.
- Provide supervisors with an overview of new worker training and Trauma Informed Partnering for Safety and Permanence (TIPS) to ensure they have a working knowledge of what their staff are being trained in, both on-line and in the classroom.
- Include Alabama's Mission Statement(s) and Practice Model in new supervisor curriculum.

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 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 on-the-job training. Supervisors and experienced caseworkers support them in their completion of casework duties. This practice is more common in larger jurisdictions of the state. The state does not have a mechanism for formal evaluation of the effectiveness of the initial training outside of surveys completed by the participants. Results of those surveys indicated that staff felt the training prepared them to do their jobs.

In terms of the CFSR findings the state contends, as highlighted above under "Strengths", that training begins immediately upon hire, in that new staff receive independent study material to work on upon being hired. This process was in place prior to, and during the CFSR, although it apparently was not sufficiently highlighted during the CFSR.

As a result of COVID-19, DHR has made revisions in the delivery of STEP. See the tentative virtual training schedule below for September – December 2020:

September
9/1-4	STEP Foundations
9/8-9	STEP Intake
9/10-11	STEP Intake
9/14-18	STEP Foundations
9/21-25	STEP Foundations
9/28-10/2	STEP Investigation

October
10/5-9	STEP Case Management
10/13-15	STEP Adoption
10/14-15	Supervisory Management (Week 1)
10/20-23	TIPS Leader Certification (Week 1)
10/27-30	TIPS Leader Certification (Week 2)
10/28-29	Supervisory Management (Week 2)

November
11/2-6	STEP Foundations
11/9-10	STEP Intake
11/12-13	STEP Intake
11/16-20	STEP Investigation
11/30-12/4	STEP Case Management

December
12/7-9	STEP Adoption
12/14-18	STEP Foundations
12/28-29	STEP Intake
12/30-31	STEP Intake

Information regarding the upcoming STEP Virtual training was not included previously as the schedule was developed in mid-July of this year.

Item 27. Ongoing staff development and training program for staff
      CFSR, R3:   ANI

ASSESSMENT OF PROGRESS / DATA
Requirements for ongoing training are at the Director's discretion, and directors, along with supervisors typically identify training needs for staff. Other ways the Department identifies the need for ongoing training is when the need is identified during an Onsite QA review, a Quality Service (Case) Review, or during the County Improvement Planning process. Usually when training is identified via the case review process or during the County Improvement plan the county is linked with the appropriate state office program to provide such training. Examples of the type of ongoing training include, Forensic Interview Training, ISP training, Safety Plan training, Permanency reviews, Meaningful Caseworker Contact training, Adoptions training, Medicaid Rehabilitation training, Legal training, Supervisor peer review training, and Adjunct reviewer training. In terms of the provision of training, some counties have their own contracted trainings based upon the needs they see in their counties. The Dept. also contracts with some of the Universities and National Agencies to provide ongoing training; training sessions such as: Forensic Interviewing training, Sex Trafficking, Trauma, etc. have been offered in the past. Ongoing training is also tracked through LETS. A barrier at this point is that although the above stated mechanisms are utilized and valued, the Department does not have a systematic method in place to provide ongoing training.

Strengths   **Ongoing Staff Development and Training Programs**
There is a variation of training available to new and existing staff as they move up the ladder and into more specialized areas of practice. A majority of staff training is captured on the state's Learning, Education and Learning System (LETS). Each worker has a learning history that can be reviewed by the local management team, and training can be requested through this system by both local and statewide administrators.   LETS can assist local and state leaders to determine what training staff has completed, and what elements of training are still missing. Caseworkers, with their Director's consent, may register to take ongoing training based on office or individual caseworker need.   A majority of initial training and retraining are conducted away from the staff member's work site to allow them to focus on completing the sessions without interruption. As additional training needs surface, the state has a committee of County Director (all part of the County Director's Association) who can request, advise and suggest additional and future training sessions as needed. The Office of Child Welfare Training which is under the Quality Assurance Division works with departmental leadership to develop plans what, and how new training initiatives are implemented.

It should be noted that some information related to the above content/curriculum ideas have already been added to STEP and Supervisor's Training (Engagement, Time Management, Trauma). The Department has a Substance Abuse curriculum that can be updated and delivered as part of ongoing training curricula.

Requirements for ongoing training are at the Director's discretion, and directors, along with supervisors typically identify training needs for staff. Other ways the Department identifies the need for ongoing training is when the need is identified during an Onsite QA review, a Quality Service (Case) Review, or during the County Improvement Planning process. Usually when training is identified via the case review process or during the County Improvement plan the county is linked with the appropriate state office program to provide such training. Examples of the type of ongoing training include, Forensic Interview Training, ISP training, Safety Plan training, Permanency reviews, Meaningful Caseworker Contact training, Adoptions training, Medicaid Rehabilitation training, Legal training, Supervisor peer review training, and Adjunct reviewer training.

Plans are underway to provide two ongoing trainings—Underlying Conditions and Concurrent Permanency Planning. Child welfare staff is strongly encouraged to utilize concurrent planning to facilitate a more timely achievement of permanency and stability in the event the original permanency goal cannot be achieved. Rather than pursuing one permanency goal exclusively until efforts are exhausted, the ISP Team should determine the "next best" permanency goal and a timeframe for achieving that goal in the event the primary goal cannot be achieved. Staff should actively encourage parents to assist with developing the concurrent planning goal, and parents should be made fully aware that both goals are being actively pursued. To this end, OCWT is also exploring an updated Concurrent Permanency Planning curriculum for staff.

Underlying Conditions assists child welfare staff in determining and dealing with some specific conditions in families that may increase the likelihood of child abuse and neglect. These conditions may negatively impact a parent's ability to meet his/her child's needs. Tools and techniques are presented

Simulation labs for child welfare training provide an immersive training environment that affords a realistic experience for trainees to prepare them for real-world interactions. Some of the benefits of simulation include: 1) increased transfer of

learning; 2) practice in a safe environment; 3) improved skill retention; and 4) opportunities to watch and learn from others. The Department is currently researching the prospect of implementing simulation labs regionally throughout the state.

CFSR Findings
Information in the statewide assessment showed that Alabama does not have a systematic method in place to ensure that staff receive ongoing training that addresses the skills and knowledge needed for staff to carry out their job duties.

Item 28. Foster / adoptive parent / facility staff training program
CFSR, R3:   ANI

ASSESSMENT OF PROGRESS/DATA
In 2016, the state has been training **TIPS-MAPP** - **Trauma-Informed Partnering for Safety and Permanency in the Model Approach to Partnerships in Parenting (TIPS)**.

TIPS is a mutual process built around 12 skills to be successful foster and adoptive parents. If parents are struggling with too many of the skills, they can select themselves out or can be selected out by the agency co-leader. This is county data and the state office will need to determine the best way of collecting this information.

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

Co-leader certification training is tracked through LETS and a spreadsheet. Approved foster/adoptive parents are added to FACTS. FACTS also provides fields/checklist for participation in TIPS and their on-going continuing education. Counties also maintain paper documentation of applicant's pre-service training and approved families' on-going training in their paper resource files.

All initial training and pre-service training should be documented in FACTS. The training for traditional foster homes requires thirty (30) initial hours and fifteen (15) hours of additional training over the course of a year. Therapeutic homes require forty (40) and twenty – four (24) hours respectively. For the traditional homes, the specific county resource worker is responsible for tracking all on-going training hours for foster homes approved in their county. This material is maintained in the counties to ensure that required hours are met when re-approval is necessary.

Training for therapeutic foster care providers is offered and provided by the contract agencies which provide that service. This information is verified by the licensing staff of the Department's Office of Resource Management when they re-license the TFC agencies. In either case, if a foster parent fails to get the required training hours necessary to maintain licensure, they are removed from the foster care rolls.

If approved for infants and young children, the training must include Pediatric and Infant First Aid/CPR. Documentation of current CPR certification training must be made available for review by the Department at annual and is subject to review at any time upon request.

A copy of verification that CPR Certification Training has occurred should be maintained in the provider's record by the licensing/approving agency. Other training may include but is not limited to: Child Safety Issues, including CPR and Pediatric and Infant First Aid:

- Crisis Intervention/Engaging Families
- Effects of Multiple Placements
- Cultural Sensitivity and Responsive Services
- Significance of Birth Families
- Substance Abuse
- Gang Activity
- Universal Precautions and Infection Control

Another component of the training conducted at the local level is to allow foster parents to have the responsibility of operating according to Reasonable and Prudent Parent Standards and allow children in their care to participate in age and developmentally appropriate activities. A training module for this has been developed by Family Services and is available to county staff on LETS and agency staff on the TIPS website.

Counties track the above training as part of the semi-annual and annual review. All foster providers must have proof of 15 hours of additional training. This proof is provided to the resource worker and verified prior to re-approving a foster provider for another year. This training can be provided by county staff, agency staff, online or during annual provider training session.

TIPS - Strengths
1. The Department requires successful completion of a pre-service curriculum for foster/adoptive applicants. Thus, no one is approved as a resource without completing TIPS.

2. This same curriculum is utilized by County Departments and agencies with which we contract for traditional and Therapeutic Foster Care as well as adoptive resource homes. The Department requires continuing education hours (CEU's) for both traditional and therapeutic foster families. This is monitored on per-provider basis and documentation is kept in their records and on checklist in provider module in FACTS. The Department needs to ensure that FACTS is effectively tracking the completion of CEU's by resource families.

3. This training requirement is intended to improve the skills necessary to parent children victimized by abuse and/or neglect. Resource Record Reviews are now a component of on-site reviews conducted by State QA. Resource records are reviewed as a part of the State QA Reviews.

4. The Department has a contract with the Alabama Foster and Adoptive Parent Association (AFAPA) that provides supports and services to foster/adoptive parents statewide, including training.

5. The first session of TIPS certification was initiated on 05/02/16. The TIPS curriculum is trained as it was designed because it is copyrighted. Any adjustments made to the curricula will have to be made by the Children's Alliance of Kansas; the state cannot make changes to the curriculum. The Children's Alliance is undergoing a study at this time, seeking to have it evidenced based, but the study is still ongoing. One of the selling points of bringing TIPS to Alabama, was that the Children's Alliance of Kansas said the program helped all states implementing it to get favorable ratings on the CFSR.

6. Staff and foster/adoptive parents attend the training together and build positive relationships. Participants develop an understanding of the skills required for successful application of the 12 core skills needed for approval and mutual selection process for foster and adoptive parents. TIPS is the assessment process. The family is assessed as they go through the sessions and at least 2 family consultations are held to discuss the skills related to the 12 skills.

7. CAS/APAC (post-adoption service provider) provides on-site and webinar-based training at no-cost to foster and adoptive parents.

8. Participant evaluations reflect an overall satisfaction of the TIPS Co-Leader Certification training.

9. OCWT/Department staff coordinates and partners with the various contract providers who need the training for their staff.

10. Participants develop an understanding of the skills required for successful application of the 12 core skills needed for approval and mutual selection process for foster and adoptive parents.

14. Participants learn a variety of training and facilitation skills to enhance, empower and engage prospective foster and adoptive parents' experience and appreciation for their role in the lives of children who have experienced abuse, abandonment and neglect. Information from the Children's Alliance of Kansas regarding the effectiveness of the TIPS curriculum is as follows:

- The states utilizing the PS-MAPP or TIPS Program as it was intended received the highest rating of "Strength" in their foster and adoptive parent training section. This rating was assigned because the state provides current and prospective foster and adoptive parents quality training that prepares them to effectively parent children in their care.

- It was noted that foster parents receive ongoing training, although documentation of the training is inconsistent. The medium to larger counties have foster parent associations which support the foster parents and also help to provide the needed training hours. In stakeholder interviews, foster parents often cite the children's case workers and their resource workers as necessary supports. Alabama does not have an indicator that reviews for the

effectiveness of training, however differences in foster parents understanding of children's needs have been observed since TIPS has begun. The department will explore the tracking of placement disruptions to determine if trends can be noted as/since TIPS is implemented.

TIPS - Challenges

State QA reviews indicate that some (but not all) counties have a consistent method for tracking completion of on-going training hours. The Resource Assessments identified there is no consistent way of documenting training hours from county to county.

- Not all counties consistently have trained foster/adoptive parent co-leaders for GPS.

- Due to high turnover, newer, inexperienced workers are being placed in resource worker positions in some counties. Therefore, workers are dependent on the curriculum and not real-life experience and observations for delivering information to foster/adoptive parent applicants.

- Although the current Learning Management System has the capability to register county staff for GPS Co-Leader Certification training, in its current state, it is unable to register foster/adoptive parents and contract providers, nor give them credit upon completion of the training. The State keeps an offline spreadsheet with this data to manage those who cannot be entered into our LMS. The State needs to further develop tracking mechanisms in this regard.

- OCWT must maintain certified trainers to train the TIPS Certification Training. There are several steps involved to become a certified trainer and the process takes about 1-2 years from beginning to certification. As certified trainers are lost, OCWT has to be sure to fill the gaps, in order to maintain capacity within OCWT. At this time there are only four Certified Master GPS Trainers who can certify Trainers for the Department. Once these four have retired, the State may need to contract with the Children's Alliance of Kansas to conduct the certification process.

- There is no FACTS screen that currently captures this data for state office usage. There is also no statewide plan for provision of training opportunities for the foster parents. Several counties do ongoing training for their foster parents, but this practice is not consistent across the state. The local foster parents submit their training data to the resource worker who assigns a time value to the training. Several counties have a local foster parent association which offers training to their members at various points over the year. In addition, the statewide Alabama Foster Adoptive Parents Association has an annual multi-day conference that offers quality speakers and training on a variety of topics. They will also do periodic training when requested.

- After initial training is complete and approved by the agency, in order to maintain their approval, staff and county/agency resource parents must complete 15 hours of in-service training annually and maintain a current CPR certification, or the homes approval and availability should be withdrawn/revoked. It is unclear if this transpires consistently across the state. The Department needs to ensure that accurate tracking of CEUs is occurring and that the lack of completing the annual training is being addressed in a consistent manner statewide.

- If approved for infants and young children, the training must include Pediatric and Infant First Aid/CPR. Documentation of current CPR certification training must be made available for review by the Department at annual reviews and is subject to review at any time upon request. A copy of verification that CPR Certification Training has occurred should be maintained in the provider's record by the licensing/approving agency. Resource workers are to review them to ensure licensure compliance. The Department reviews them as part of on-site State QA onsite reviews. However, the Department does not have a centralized, consistent manner in which this information can be accessed/reviewed.   The Licensing unit review at least five personnel records depending on the size of the Child Placing Agency. Records are reviewed within six months of the initial site visit and every two years during the license renewal visit.

- Other training may include but is not limited to:
  1. Child Safety Issues, including CPR and Pediatric and Infant First Aid
  2. Crisis Intervention/Engaging Families
  3. Effects of Multiple Placements
  4. Cultural Sensitivity and Responsive Services
  5. Significance of Birth Families
  6. Substance Abuse
  7. Gang Activity
  8. Universal Precautions and Infection Control

- Another component of the training conducted at the local level is to allow foster parents to have the responsibility of operating according to Reasonable and Prudent Parent Standards and allow children in their care to participate in age and developmentally appropriate activities. A training module for this has been developed by Family Services and is available to county staff on LETS and agency staff on the TIPS website. Counties track the above training as part of the semi-annual and annual review. All foster providers must have proof of 15 hours of additional training, This proof is provided to the resource worker and verified prior to re-approving a foster provider for another year. This training can be provided by county staff, agency staff, online or during annual provider training session.

The Resource Assessments identified inconsistent capturing of training hours and the counties providing it. Some counties leave it to the foster parents to locate online and some counties provide it in office. The Department needs to strengthen the attention given to the issue of supporting foster parents in completing ongoing training, ensuring that an accurate, statewide tracking system is in-place, and consistently addressing any issues resulting from failure to complete the required annual training.

CFSR Findings
In the statewide assessment, the state provided information on initial and ongoing training requirements for foster and adoptive parents and facilities staff. The state does not have a way to ensure that training requirements are met. In addition, information provided in the statewide assessment indicates that not all training materials meet continuing education training requirements. No data was provided regarding how effectively the state is able to ensure that training requirements are met for state licensed or approved facilities. 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.

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ASSESSMENT OF PROGRESS
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STRENGTHS	CHALLENGES
- See under Items 26 – 28.	- See under Items 26 – 28.

DESCRIPTION OF CURRENT / PLANNED ACTIVITIES FOR IMPROVEMENT

GOAL:
Empower, support, and enhance the capacity of the current child welfare workforce * to improve child welfare practice; facilitating continuous quality improvement. *Workforce includes department staff/caregivers/agency partners.

Strategy 1:   **The Department will review and revise the current Alabama Practice Model and implement a strategic rollout for new and experienced employees.**

Data Support for Strategy 1
A lack of engagement and assessment of needs, along with a lack of monitoring and measuring for effective outcomes were also cited by state 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 striking 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%).

- Determine/identify focus group members
- Determine/identify pilot counties

- Include principles of revamped Alabama's Practice Model in new worker curriculum.
- Institute a LETS mandatory online training for all staff that includes the Practice Model and Mission Statement.
- Develop the new Practice Model video.

2021 Update
During the Supervisors Conference in July 2020, Alabama's Practice Model was presented. Another presentation will be given at the next conference scheduled in September 2020. There currently is no timeline for the completion of the Practice Model. It is currently in the CFSP.

Strategy 2: **Implement a strategic rollout of Professional Development Plans for new and experienced staff that includes the value and importance of Alabama's Practice Model and Mission Statement(s), and the vital roles they play in the Department's work with families.**

Data Support for Strategy 2

- CFSR   Item 2 because 31 of the 65 applicable cases were rated as an ANI.
- CFSR   Item 3 because 40% of the 65 applicable cases were rated as an ANI.
- DHR QA Functional Assessment only 15% were rated a Strength in 2017 and only 12% a Strength in 2018.
- DHR QA Individualized Service Plans rated a Strength in only 10% in 2017 and only 12% in 2018.
- CFSR Item 12B because 75% of the 57 applicable cases were rated as an ANI.
- In 55% of the applicable cases concerted efforts to assess and address Mothers needs were ANI.
- In 79% of the applicable cases concerted efforts to assess and address Fathers needs were ANI.

CFSR Case Review Findings: Across items 2, 3, 12 repeatedly lack of assessment is cited.

- Determine/identify focus group members
- Determine/identify pilot counties
- Develop a workforce development trajectory that includes training for new staff (0-3) months incorporating a uniform state-wide new worker orientation protocol and revamping the county orientation processes (for new staff) to improve consistency across the state.
- Incorporate Professional Development Planning training in new worker curriculum.
- Include on-the-job training component for supervisors/new workers for each STEP curricula-STEP Foundations, STEP Intake, STEP Investigation, STEP Case Management, and STEP Adoption. NOTE: OJT is a component of Alabama's approved PIP.

Strategy 3: **Incorporate ongoing training opportunities for child welfare workforce.**

Data support for Strategy 3:

Source:	Item	Item Description	Determination
CFSR	26	Initial Staff Training	ANI
CFSR	27	Ongoing Staff Training	ANI
CFSR	28	Foster and Adoptive parent training	ANI

- Determine/identify focus group members
- Determine/identify pilot counties
- Establish sites to implement Child Welfare Simulation Labs on a regional level.
- Implement regional Learning Labs that provide mandatory on-going training (beginning with) Concurrent Permanency Planning and Underlying Conditions) for line staff.
- Develop/provide advanced training modules on specific strategies for engagement of fathers, substance abuse assessment, documentation, time management, etc.
- Enhance training of staff through a renewed focus of Alabama's Practice Model-- building empathy, genuineness, and respect for cultural identify, through utilization of simulation activities, use of panels (foster/birth parents, youth, etc.), and cross training approaches.

CFSP & PIP
In Alabama's approved PIP, Goal 4, the state plans to address the enhancement and empowerment of the current child

welfare workforce towards improving child welfare practice. This would include an enhanced on-the-job training component for new child welfare workers and supervisors. This effort would be executed in selected stage implementation counties. See Alabama's approved PIP in final form for activities. The PIP has several other aspects of workforce development on which attention will be focused, including the timely onboarding of staff, and building/enhancing supervisory capacity. Also, goals one and two have additional activities devoted to training of staff in key areas of practice related to assessment.

In the CFSP, the state will address the review/revision of the Alabama Practice Model and generate a statewide rollout for new and experienced employees. Also, Professional Development Plans for new and experienced staff will include the value and importance of the Practice Model. Ongoing training opportunities will be provided for the child welfare workforce in the form of simulation labs, regional training, and online training.

PIP Update:
In terms of onboarding of staff, the following are noted:

- From 12/01/19 – 02/29/20, eight STEP Foundations have taken place with 102 staff enrolled. All were enrolled within 10 business days of hiring date.
- From 12/01/19 – 02/29/20, 102 out of 102 staff were enrolled in STEP Foundations within 60 days of being hired.
- Staff are continuing to complete prerequisite online training specific to their area of work.
- From 12/01/19 – 02/29/20, 102 staff were originally enrolled in their next phase of training. Of those 83 were enrolled timely and completed their next STEP module. However, due to the cancellation of the STEP sessions in which they were enrolled, 19 out of 102 staff will need to be rescheduled to a later session.
  Note: From 3/16/20 to present, no staff have been trained due to the COVID-19 pandemic.
- Future PIP Strategies include developing/implementing a case consultation plan, as well as a coaching model for supervisors.
- Since the onset of COVID-19, STEP training has been suspended. Other training modalities are being considered and will be implemented in the near future.
- As a part of the PIP, a workforce development group was established. Items that needed to be completed are 1) OJT for the current Supervisory Management training; 2) a case consultation model for supervisors; and 3) a coaching model for supervisors. All three of these items are currently being worked on by members of the WFD team and will be incorporating the Desired Outcomes, Guiding Principles, and the Operational Values. A representative from the CBCS is also a part of the team providing technical assistance. The Practice Model is discussed during new worker training and will be added to the current Supervisory Management training. The Practice Model was also presented to stakeholders during the Alabama Joint Planning Meeting in June of this year. Also, Concurrent Permanency Planning and Underlying Conditions training will be offered to training participants as part of our ongoing series.

Joint Planning Meeting:
On June 4, 2020, The Alabama Joint Planning Meeting was held in a virtual format. Stakeholders participating were from a wide range of backgrounds—law enforcement, foster parent, and youth were represented, among others. The Workforce Development breakout session included: Review of the current new worker training (STEP).
- Onset of two ongoing training sessions that will be offered.
- Strengths and needs of the current workforce were discussed.
- Information about the history of the current Practice Model was presented. It was explained who the Practice Model should inform the way work is done in the field.
- Streamlining the Practice Model to be relatable to and accessible to everyone.

Program Support

The Quality Assurance Division provides technical assistance and support to all 67 counties as part of a 3 level CQI process. At the state level, once a CFSR district review has been conducted, an assessment of the 18 item areas are made, then a discussion is held with the district leadership and county directors. During those discussions, information may be rolled into each of the county's County Improvement Plan which will initiate QA division technical assistance and training, which is individualized for that district and/or county based on the needs that have been determined through the CFSR process.

The QA division also offers technical assistance following peer case reviews which are conducted by the Quality Child Welfare Practice specialist. During these reviews a strength and needs assessment is conducted based on the 50 indicators of best practice. The OQCWP also has a draft review tool (that has not yet been approved) that is more based/aligned with the 18 items. If and when needs are determined, the county will schedule a County Improvement Planning meeting at which point the Quality Child Welfare Practice specialist will provide training and/or technical assistance in conjunction with the Family Services Division specialist. At this point all QA division technical assistance and support given to the counties are provided on an as-needed basis as determined through state level, district-level, or county level case reviews.

In addition to this level of training and technical assistance, county directors, field administration, and the Family Services Division may at any time request such technical assistance and training from the QA division components.
Family Services also provides technical support to all 67 counties. Training is available on a variety of policy and practice issues at the request of county directors. In addition to county specific trainings and support, statewide trainings continue to be developed to address systemic issues impacting safety, permanency and well-being.

Staff from the Office of Quality Assurance provides periodic training to county quality assurance systems based on the needs and requests of the counties. Training is provided to new quality assurance coordinators as well as county quality assurance committee members from the duties of coordinators to the completion of QSRs. Additional technical assistance includes Specialist review of QSR write-ups and county self-assessments to provide feedback on the merits of those reporting formats as well as on practice issues as needed.

Program Specialists and program supervisors in the Office of Adoption provide training and technical assistance to counties and stakeholders in the following manner: Adoption Intake Specialist – provides telephone support to county workers, supervisors, attorneys, probate judges' offices on a variety of adoption –related tasks. The Intake Specialist also completes tasks related to the State's Putative Father Registry, the portion of the Office of Adoption's work dealing with Alabama's probate court system, e.g. Notice of Hearings, Petitions to Adopt, Receipt of Final Decrees. The Intake Specialist is also responsible for AAICAMA-related activities for families entering the state that are recipients of subsidy and need Alabama Medicaid and those departing.

Adoption Program Specialists with recruitment and/or placement responsibilities participate in ISPs, provide one-on-one technical assistance to workers and supervisors on recruitment, adoption planning and placement activities. Adoption Program Specialists provide on-site assessment of county staff's adoption skills and provides training and technical assistance where need indicates. The Adoption Program Specialists with placement responsibilities provide training and technical assistance to counties, upon request, on a variety of adoption policies and processes. The Adoption Program Specialists, Adoption Subsidy Specialist, and the Adoption Intake Specialist all participated in mandatory Child Welfare Policy Training during this reporting period. Training was provided during the statewide conference of the Alabama Foster & Adoptive Parent Association. Further, the Program Supervisor participates in select staffings to discuss best practice, appropriate matches, and other permanency issues.

Alabama, through communication with HHS's regional office, has been utilizing technical support and guidance with staff from both the Capacity Building Center for States, and the Capacity Building Center for Courts. Numerous conference calls have taken place since the Final Results meeting in December 2018, along with several onsite meetings involving one or both of the Capacity Building Centers. The purpose of these calls and meetings have been to provide comments and guidance to the Department on the development of our Program Improvement Plan (PIP). As of the submission of the 2021 APSR, a draft work plan has been developed by the CBC-S, and a conference call has occurred to discuss TA planning going forward.

In terms of collaboration with the Tribe, an Inter-Agency Agreement (IA) continues in effect, and as of the 2020 Annual Meeting, no revisions to the IA were recommended (see the Consultation & Collaboration between States and Tribes section of the APSR).

Utilizing input from PIP groups, meetings with county staff and review of programs, several statewide training opportunities have been developed or continued to address areas where improvement has been noted. Areas such as engagement, concurrent planning, implementing prevention and primary prevention programs, more effective leadership skills within our group of supervisors are examples. A second annual CPS training was scheduled for March 2020 (postponed due to Covid 19). Our annual Permanency Training was scheduled for April 2020 (postponed due to Covid 19).   We have statewide supervisor leadership training scheduled for June and July 2020. Agendas are being set with a great deal of attention to areas identified needing improvement. Work being done in this area is very much intentional with a specific vision of what needs to happen to develop and support our child welfare workforce.

In addition to training opportunities through our Training Division, there are several trainings being provided by Family and Children Services. District trainings began in fall of 2019 and continue. Trainings have been provided statewide by district as related to Safety Assessment, Foster Care, the Multi Needs Process, and Adoption Subsidy. These trainings were developed as a result of feedback from stakeholders in the PIP process as well as through internal assessment of county and staff development needs. These trainings have been well received and will continue on these topics as well as on other areas such as ILP, ICPC, Reasonable Efforts.

The framework for the evaluation of practice, the Best Practice Indicators, was revised in 2014 to be consistent with information assessed in the CFSR as well as with county director evaluations. This also resulted in a revision in the data profiles utilized in the assessment of practice. Reports providing the findings of onsite reviews are shared with the director of the county reviewed, the Deputy Commissioners for Children and Family Services and Quality Assurance, the Director of the Quality Assurance Division, and the Director, two Deputy Directors, and Program Managers for Family and Children's Services.

As of the APSR submission, the TA workplan with the CBC-S, is not yet final; however, the three draft recommendations for providing TA (from the CBC-S / CBC-C) are related to the following PIP activities: 1) Implementation of PIP safety assessment strategy; 2) Implementation of PIP workforce strategies; and, 3) CQI System development.

Also, the Family Services Division is working in partnership with Data Analysis and IT to create a Dashboard System which allows for State and County Management staff to track cases from the point of Intake through Adoption.

Systemic Factor: Service Array
CFSR, R3:   Not in Substantial Conformity

Item 29. Service array
CFSR, R3:   ANI

ASSESSMENT OF PROGRESS / DATA

Child & Family Services Continuum
Beginning on October 01, 2016, the Department (through the Resource Management Division) combined services formerly provided through Continuum of Care and FOCUS programs into a new formed program entitled, Intensive In-Home Services (IIHS). The services   are available in all 67 counties and the number of slots to serve families increased. There are currently 542 IIHS slots statewide; there were 490 slots available previously (335 in FOCUS and 155 in the Continuum). The services focus on achieving the outcome of successful permanency for children in a family setting through either family preservation or reunification programs utilizing evidenced-based programs. These programs have the flexibility to design individualized services that are family-driven and youth/child focused. Intensive In-Home Services are available to families for longer periods of time than 4- 6 weeks as previously allowed in Continuum of Care and FOCUS programs. All services are customized for delivery in the least restrictive manner. Programs are located in areas with a high concentration of families in need of services to address their safety and stability.

Service Coordination
There is a statewide ability to provide accessible and linguistically responsive services through the use of translators and interpreters, as needed for child welfare activities such as child abuse/neglect assessments and general service intake matters. However, there is a gap in the number and accessibility of direct service providers (e.g. private therapists, mental health professionals, etc.) who speak the language or dialect of children and families, which impacts the capacity to provide individualized services. In terms of general practice delivery, staff demonstrate cultural sensitivity to the diverse, primarily Hispanic, populations, as demonstrated in the QSR data provided earlier. However, the development/use of a culturally competent framework or model of practice provided through training and reinforced through ongoing supervision would better promote statewide responsiveness in this regard.

Services for children/youth are recommended through the ISP (Individualized Service Plan). The ISP team determines the needs of any child and family. The ISP team is led by the County DHR office, and in partnership with others from the community, determines which providers can best meet the child and family needs, especially when focusing on out-of-home care. The Multi-Dimensional Assessment, (MAT), is completed on children whom the County is referring to our Therapeutic Foster Care providers and moderate providers. The County DHR office provides information to the assessor. This information consists of a current psychological with the DSM Axis 1 diagnosis, and a review of behaviors occurring within the last 30 days, along with a case summarization of their needs. The Resource Management Division monitors all contract provider services. The gaps in services are determined by length of stay, discussion with counties about trends and issues they see, and reviewing data regarding placements, (regions, age, etc.). Current gaps that are seen are services for youth 17-20 who are mentally ill and behaviorally challenged, and children with a diagnosis of Autism Spectrum Disorder, (all ages) that have an IQ under 70 and have behavioral challenges in the home, as well in the community.   Services for ASD and SEBD children have been developed by Stated Mental Health and are slated to be implemented later this calendar year.

Service Decision-Making Process for Family Support Services
The Request for Proposal (RFP) is utilized for all service provisions procured in the state of Alabama unless there is an existing interagency agreement or Memorandum of Understanding (MOU) authorized by the Commissioner.   The RFP process includes a review of each proposal submitted by the potential providers and grading of each proposal by select county and state office staff. The scores are submitted to the Office of Procurement and a selection process is used to determine the awarded contracts. The sites are located where there is a high concentration of families needing services to address their safety and stability issues. While the department is successful in having, developing, or coordinating for the arrangement of services for all families, the need to have readily available, easy access to those services in all locales still must be addressed.

Further, consistency in individualizing these services also needs to be strengthened. This individualizing is related to the need to strengthen the general cadre of mental health services at the local level. This would include general staffing gaps of the local mental health agencies and increased ability to offer psychiatric consultation.

The 2019 Children's Policy Needs Assessment – Identified the following: Substance abuse remained the number one need identified across the state, with Family Engagement identified as the second greatest need statewide and Mental Health

identified as the third greatest need. 23 of the 67 (34%) counties identified all three of these needs as their priority areas. 29 counties (43%) identified two of these three needs as their priority areas. 12 counties (18%) identified one of these needs as a priority area. The 2019 Children's Policy Needs Assessment Summary notes that there was decline from 2018 to 2019 in the number of juveniles arrested for substance abuse violations and a slight decline in the number of children removed from their home due to parental drug use. However, the number of children entering foster care still rose from 2018 to 2019. The Needs Assessment Summary also noted that there was an increase to 73 inpatient beds for adults with MH needs, with 63 inpatient beds for children. It also noted that over the past three years, 187 inpatient beds were added for children, and 679 inpatient beds were added for adults. The school based mental health program has expanded to more schools across the state. This is particularly important as 37.8% of Children's Policy Councils identified that children ages 9-17 have the greatest mental health needs.

Family Support Services are selected through the Departments procurement process. A solicitation is issued publicly describing the array of services to be provided and includes the requirement for the services to be community-based. Proposals submitted in response to the solicitation are assessed by a team of evaluators for their ability to meet the requirements of the solicitation. The agencies selected to provide these services have meet the requirements and stipulations of the procurement.

PLACEMENT RESOURCES

Therapeutic Foster Care (TFC) and TFC with Enhanced Services
TFC and TFC with Enhanced Services: These providers continue to work with our counties in placing our children in need of Therapeutic Foster Care in the most appropriate settings. There are 14 providers of TFC. There are not sufficient TFC homes willing to accept and maintain older teens/young adults and children with more significant behavioral issues, so it is frequently difficult to locate stable placements for these children. An additional barrier at times is that the needed placement resource is not always in close proximity to the child's community, which impacts ongoing work with the child/family, and ultimately the timeliness of reunification.

Total Number of Children in TFC as of 03/31/20:   460

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

Congregate care placements are being monitored in several ways. The Certificate of Need from a physician and concurrence from the ISP team, along with the Resource Management Division/Office of Resource Development and Utilization Review, are all required for placement in intensive residential. Additionally, in cases where the child is 12 or younger, approval by Children & Family Services and Field Administration is needed to ensure appropriate intensive placement for a child. The Resource Management Division approves other residential placements as well as TFC placements. Family Services must also review and approve any TFC placement of a child age 5 or younger.

Residential Services
As stated with TFC, while there is a sufficient range of placement types across the state, the ready access to these resources is not consistent across the state. Services are available, but rural counties must reach out to neighboring counties or even across the state to access the services. This impacts reunification services and possible disruptions in services when the child returns to their county of origins. There are also some wait times for services due to number of beds available.

Total Number of Children in this placement type as of 3/31/20:   994

Out of State Facilities is available for youth that cannot be served in existing residential placements within the state. Some children have a diagnosis of emotional and/or physical problems of such serious nature that the foster care resources licensed or approved by the Department are not equipped to meet their needs. All appropriate resources within the state must be explored before approval will be given for referral to an out-of-state facility and this approval must come from the Director of Children & Family Services and the Deputy Commissioner, Children and Family Services.

Total Number of Children in this placement type as of 3/31/20:   7

The Mothers and Infants Programs are provided in a group living arrangement to pregnant teens or in a specialized foster home, which allows the young mother and her infant to remain in the placement after the birth of her child.

Total Number of Children in this placement type as of 3/31/20:   **17**

The Basic Residential Services are provided in a congregate care setting and the program provides an array of services for a child with mild and/or occasional emotional and/or behavioral management issues that interfere with the child's ability to function in the family, school and/or community setting in other than a residential environment. Children in this type program usually do not require constant adult supervision, have peer relations that are generally positive and respond favorably to nurturing, structured programs.

Total Number of Children in this placement type as of 3/31/20:   **123**

The Moderate Residential Care Programs are provided in a congregate setting for a child with moderate emotional and/or behavioral management problems that interfere with the child's ability to function at home, school or in the community. The children placed in a moderate level setting require 24-hour awake staff for proper supervision to prevent/respond to the inappropriate behaviors such as inability to sleep and wandering around, fighting, attempted runaway behaviors. These children require a DSM diagnosis to enter this level of care.

Total Number of Children in this placement type as of 3/31/20:   **238**

The Intensive Residential Programs are for children with a DSM Diagnosis requiring active treatment which means implementation of a professionally developed and supervised individual plan of care for individuals who have been prior approved and certified by an independent team as meeting medical necessity for this level of care. Children eligible for this program must have problems that pose a severe level of impairment to overall functioning in multiple areas.

Total Number of Children in this placement type as of 3/31/20:   **401**

The Crisis Intervention Placement services are provided in a congregate setting and provide a basic array of services in a temporary setting. This service is used in rare circumstances when more permanent planned placement services are not feasible due to extenuating circumstances such as unknown family history, disruption, or late hour coming into care.

Total Number of Children in this placement type as of 3/31/20:   **N/A**

The Rehab Intervention Service Enrichment (RISE) is for children with a DSM-V diagnosis within the range of 290-316, that have the mental and physical functional capacity to participate in the services or be identified by a mental health professional as having serious emotional, mental illness and behavioral problems and treatment from other programs was not successful due to the severity of the behaviors. The RISE Program provides a safe environment that facilitates behavioral stabilization, positive relationship building, and new learning experiences so children can be reunited with their families or moved to a less restrictive setting.

Total Number of Children in this placement type as of 3/31/20:   **30**

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

Total Number of Children in this placement type as of 3/31/20:   **76**

The Transitional and Independent Living Programs, as reflected in this section represent contract services which provide foster youth (ages 16-21) with opportunities to practice Independent Living skills in a variety of congregate settings with decreasing degrees of care and supervision. Services for Transitional Living (TLP) may be offered in a foster home or congregate setting. Individualized services are tailored for them in partnership with their ILP teams to set specific goals and steps to improve and enhance their ability to live independently in their respective communities.

Total Number of Children in this placement type as of 3/31/20:   **102**

Alabama Fatherhood Initiative
The Alabama Fatherhood Initiative (AFI) includes 20 projects statewide that are funded through a partnership with the Family Assistance and Child Support Divisions of State DHR and the Alabama Department of Child Abuse and Neglect Prevention/The Children's Trust Fund that provide a variety of services to noncustodial fathers.

The collaboration on the State level begins with funding recommendations being made by the Department of Human Resources and the Alabama Department of Child Abuse and Neglect Prevention. We work together to assess the needs of the Counties and make funding recommendations based on those needs (i.e. number of open child support cases). Together we host a mandatory annual training that provides the local projects with our requirements and expectations for the year. The Department of Child Abuse and Neglect Prevention provides oversight through a minimum of two site visits to each site to ensure programmatic compliance and monthly financial reviews. Major programmatic or financial issues are reported to DHR.

Locally, each program is required to form a network of public, private, non-profit, and faith-based organizations that work together to help non-custodial parents (mostly fathers), develop positive relationships with their children and to enhance their ability to support their children by providing counseling, education, and employment opportunities. Each program is required to maintain a positive partnership with their County DHR. Each group must meet quarterly with County DHR and representatives from child support court in the counties that receive services. Minutes from those meetings are sent to the Department of Child Abuse and Neglect Prevention for review. The local programs also report child support collection numbers and the number of individuals served monthly. All programs report monthly to Auburn University, as the evaluation component for programs funded by the Alabama Department of Child Abuse and Neglect Prevention, to ensure that outcomes are being met.

The Fatherhood Programs are funded with TANF dollars through an Interagency Agreement (MOU) between DHR and ADCANP (Children's Trust Fund). All TANF Fatherhood programs are funded through a non-competitive process. Each program focuses on (1) job development/placement and (2) parent education/support. Referrals to the program are made primarily via court order (child support court) as an alternative to incarceration. The non-custodial parent (NCP) is assessed immediately upon referral (by a case manager). The NCP must attend weekly parenting classes and job development components as directed by the case manager. These components may include, but are not limited to: Job placement, GED classes, short-term skills training, job readiness classes, job search, drug rehab, career center registration, and other adult education/training components. The goals are to help the NCP develop the skills needed to financially and emotionally support their children. Participation is mandatory. Participants are referred to the court if they fail to comply. Incarceration must include the component and assessment of the non-custodial parent's ability to pay.

Stephanie Tubbs Jones Child Welfare Services Program – Also see Outcomes/Systemic Factors & CFS-101 forms
Alabama's statewide information system, known as FACTS (Family, Adult, and Child Tracking System), is a standardized, comprehensive way of managing child welfare information. It is available to all child welfare caseworkers, supervisors, managers, and administrators statewide, and provides the opportunity for staff to manage their work in a data-informed manner. See Item 19 of the Final Report for more detail on enhancements made that have improved the system's ability to impact outcomes over the past five years. Also, Item 19 of the 2021 APSR, provides a description of current/planned activities for improvement across the next four years.

Alabama's case review system has a foundation that includes the individualized service planning (ISP) process and a strong relationship with Alabama's Administrative Office of Courts. Across the last five years, the ISP process provided a model for utilizing family input in framing goals and strategies, though QA findings reflect the importance of ongoing emphasis on engaging families and actively seeking their involvement. The relationship with AOC across the last five years has been maintained and continues to be enhanced as demonstrated by the iCAN movement in which the local juvenile court partners with the county DHR office to focus on improving permanency outcomes. See Items 20-24 of the 2021 APSR for more details the strengths and challenges of Alabama's case review system going forward, as well as Item 31, under "Alabama Judicial & Child Welfare Collaborative".

Alabama's design for children is that they have a safe return to families from which they have been removed, or be placed for adoption, within a relative/kinship home, or another planned permanent living arrangement. Over the recent years the state has seen a decline in the average # of continuous months in care (33.75 in FY13 to 17.82 in FY19) and an increase in the number of adoptions (548 in FY14 to 710 in FY18 to 731 in 2019). At the same time the timely achievement of permanency for children remains a challenge. The case review findings of the CFSR 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. While timely permanency was lacking for all approved case plan goals, it was a most significant challenge for the state to achieve timely permanency through adoption. Case reviews revealed a number of concerns affecting timely adoption, including a

lack of timely filing for termination of parental rights (TPR); court delays in docketing TPR hearings; lengthy TPR appeals; a lack of concurrent planning; delays in changing permanency goals; and in some cases, refusal of the court to hold TPR hearings. These issues contributed to a lack of timely adoption in over half of the applicable cases with this goal. <u>The timely achievement of permanency for children in care will be a focus of the state's PIP, as well as the 2020 CFSP.</u>

Alabama recognizes the importance of having preventive services that are designed to help children at risk of foster care placement remain safely with their families The Alabama child welfare system embraces the philosophy of service delivery in home-based or community-based settings, while maintaining the child in the least restrictive environment. Following an incident of maltreatment, decisions must be made if it is in the best interest of the child to remain with his/her family or to be placed in an alternate setting. If the child is to remain in his/her home, the variety of factors that precipitated the maltreatment must be sufficiently assessed to ensure child safety. When a child is kept in the home, he or she is able to maintain the sense of attachment to loved ones that allow for one's sense of identity and belonging to develop. Typically, family preservation is comprised of intensive, in-home, or wrap-around services. Family preservation can be comprised of a variety of services such as: teaching parenting skills and child development instruction; assistance with emotional well-being; financial assistance; teaching budgeting skills; crisis intervention; providing "hard services" such as payment for utilities or provision of food through the utilization of flex funding; respite care; or medical services. Family preservation can also include the follow-up care provided to a family after reunification has occurred to ensure that the family remains in-tact. At the same time, while Alabama does have a diverse cadre of in-home supports to address many issues throughout the state, the intensity of needs prompted by substance abuse pose unique challenges to the state's desire to safely maintain children within their families. In Alabama's, <u>Statewide Assessment</u>, it was noted the needs of the service array included substance abuse services, mental health services, and transportation. <u>Attention to resource development is being provided in Goal 1 of the PIP and was included as one of the four focus areas of the 2020 Joint Planning meeting.</u>

Permanency for children through the use of cross-jurisdictional resources continues to be completed. Home study requests for adoptive studies from other states are generally not completed in 60 days due to the ten-week requirement for completion of training. However, preliminary reports are requested within 60 days to meet the Federal guidelines. While there is currently no mechanism for tracking the percentage of preliminary reports received, our FACTS unit has been asked to look at ways to access this information through enhancements to the FACTS system. In terms of CFSR findings, information in the statewide assessment and collected during interviews with stakeholders indicates that the state is effectively utilizing cross-jurisdictional resources to support the permanent placement of waiting children through AdoptUSKids, Heart Gallery Alabama, and Adoption.com. However, there are concerns about the state's response to requests from other states to complete home studies in order to facilitate permanent placements in Alabama of children from those states. The state was unable to provide data demonstrating timely completion of home study requests received from other states. Attention will be given to this in Goal 3 of the PIP, as well as in one of the four breakout sessions of the <u>2020 Joint Planning meeting</u> (recruitment and retention of foster/adoptive parents). Also, the <u>Foster and Adoptive Parent Diligent Recruitment Plan (Goal 10)</u> provides an emphasis.

This grant pays for some of the staff at the DHR state office, currently there are 19 employees being charged directly to the grant. Their salary and benefits, and subsequently any travel they may do (unless there is another grant identified for it) is paid with IV-B Subpart 1.

- CPS legal services
- Professional Court Services
- Printing
- Interpreter Services
- DHR portion of the MNC Shared Services

CFSR Findings

Information in the statewide assessment and collected during interviews with stakeholders indicated that the state does not have an adequate array of services accessible to children and families statewide. Significant differences were noted between metropolitan and rural areas of the state, with greater availability of services in metropolitan areas. Gaps and waitlists were identified for substance abuse treatment for both youth and adults, transportation, timely access to mental health services, in-patient crisis stabilization services, independent living services, trauma-responsive services, and services to families providing kinship care.

CFSR, R3:   ANI

ASSESSMENT OF PROGRESS / DATA

By policy and practice all services provide are individualized based on the assessed needs of each family/ child. The process begins though the compilation of data within the Child and Family Assessment (CFA) and is presented in the Department's Individualized Service Plan (ISP). Each child and family's needs are unique, so plans are highly individualized. All participants take into consideration services available within their specific communities and in surrounding areas. Policy dictates that the Department provides services to families when they need it, at the frequency with which they need it and in a timely manner. Flex funding is made available to each county and is used to support individualized service planning. In addition to family foster homes, our agency has an array of residential services/options to be used relative to the recommendations/findings of the ISP Team.   Those services include:

- 1,164 Therapeutic Foster Care Homes
- 33   Child Care Institutions,
- 29   Group Homes
- 4   Shelters

- 32   Child placing Agencies

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

MaryLee Allen, Promoting Safe and Stable Families (see also CFS-101 forms) - Provide the following services using PSSF funds:

FAMILY PRESERVATION   IIHS contracts; Family Service Center contracts (Res. Management Div.- RMD).
FAMILY SUPPORT: Family Service Center contracts (RMD)
FAMILY REUNIFICATION: IIHS contracts (RMD)
Title IV-B (2) fund expenditures: The following services will be offered under each category in IV-B, subpart 2.

Family Preservation: Family therapy; family group decision-making; in-home support; parenting classes; intensive family intervention services; legal services; parenting time; in-home respite; drug testing; and stabilizing the family environment. **452 Families Served**

Family Support: Intensive family intervention services; high-risk infant; health education; legal services; transportation and visitation; mental health services; foster family respite; family group decision-making; foster parent training; foster parent support; youth companion; parent education; crisis intervention; drug testing; and community-based services to support and retain foster families so they can provide quality family-based settings for children in foster care**. 27136 Families**

Family Reunification: Mental health services; family**,** group and individual counseling; inpatient, residential, or outpatient substance abuse treatment services; assistance to address domestic violence; services designed to provide temporary child care and therapeutic services for families, including support groups for parents and primary caregivers; services and activities designed to facilitate access to and visitation of children by parents and siblings; and transportation to or from any of these services and activities for up to 15 months after the child returns home. **636 Families Served**

Adoption Support and Promotion

Adoption Promotion and Support Funds are used primarily to support a staff position, in Children & Family Services (Office of Adoption) assigned to provide consultation to counties. This staff person is also responsible for adoption planning and placement of children with TPR and a goal of Adoption No Identified Resource (ANIR). The contract with Children's Aid Society for the APAC (post-adoption) program continues to be funded from Adoption Promotion and Support Services. This includes an annual permanency conference which provides an opportunity for front-line workers with foster care and adoption responsibilities statewide to improve their capacity around assessing families and children and providing supports needed to achieve permanency in a timely manner. This post-adoption services contract provides counseling, adoptive family groups, an annual summer camp for children/youth that have been adopted and other post-adoption services and support to families.

Family Preservation Services
The IIHS programs deliver intensive family preservation services and re-unification services across the state and implement a nationally recognized, evidence-based model of in-home service delivery that is expected to achieve a high rate of family preservation and reunification. IIHS programs provide short term intensive in-home interventions in all 67 counties in Alabama to help alleviate situations and conditions within families where removal of children from the home is imminent or the child is returning home after placement.

Providers may serve families for six to nine months and may request extensions from SDHR if additional service time is needed. Families also receive aftercare services for 90 days and are tracked at 3, 6, 12 and 24 months. There are 12 vendors who provide IIHS Services in the State of Alabama. Every county in the state has access to these services.

Family Service Centers
The Family Service Centers are administered by the Family Preservation and Support Service (FP/SS) Programs, funded by Title IV-B, Subpart 2, "Promoting Safe and Stable Families Act". Family Service Center sites are in targeted counties/communities where there is a high concentration of families in need of services to address their safety and stability issues. Each center assesses the community and collaborates with DHR in developing programs that meet the needs of the community and focus on the prevention of Child Abuse/Neglect by providing educational services, job training, parenting, etc. Service interventions are based on the following set of beliefs about children and their families: 1) children belong with their families if they can safely live at home; 2) most parents love and want their children; 3) most maltreatment is an expression of an underlying, unmet need; 4) most people can change; 5) all children need to experience permanency in their lives; 6) when children cannot continue to live at home, they still need family and community connections.

Core services provided by Family Service Centers are based on a comprehensive assessment process that results in goals identified by the families. The goal of these services is to strengthen and empower families so they can meet the needs which led to the occurrence of child maltreatment.   Case management services are provided as a part of core services to facilitate access and follow-up. The variety of quality assurance processes in place indicates that the overwhelming majority of the Centers are meeting community needs and enabling families to become safe and stable.

The Department is working to partner with Family Service Centers around the state to train practice specialists, DHR training staff, and county staff on the Strengthening Families framework. This is a process that is in the initial phase at this point.

Juvenile Justice Transfers - Children Exiting Care to Department of Youth Services (DYS)
The following information was obtained from Alabama's statewide information system (FACTS). During FY 2019, fifteen (15) youth in DHR custody were committed to DYS. Five of these youth reentered foster care during FY2019 (discharged during FY and re-entered during FY). The average age at entry to foster care was 14.8 and at commitment age 15.6. Ages of children committed to DYS ranged from 13 to 17.

There is currently an agreement in place between DHR and DYS that includes DYS providing DHR a notice when young people are being released from DYS custody and would potentially need DHR placement assistance. The Office of Foster Care / ILP process the referrals through the State office. Eighty-five such referrals have been completed since October 1, 2019.

The Autism Spectrum Disorder (ASD) Work Group
The ASD was established pursuant to a settlement agreement among the Alabama Governor, Alabama Medicaid Agency, Alabama Department of Mental Health, Alabama Department of Human Resources, Alabama Disabilities Advocacy Program, and the Center for Public Representation. The ASD has a goal to expand intensive home-based services for Medicaid-eligible children with autism spectrum disorders in Alabama. The ASD Working Group is responsible for advising the State on the design, medical necessity criteria, program specifications, training, and implementation of Intensive Home-Based Services (IHBS) for children and youth with ASD or ASD with co-occurring IDD.   Per the settlement agreement, these services are to be available to eligible children and youth by October 1, 2018, subject to the appropriation of the required funding.

By August 1, 2018, relevant state agencies will initiate a statewide outreach and training program for providers related to the new or expanded Intensive Home-Based Services provided for children and youth with ASD. The IHBS will be available statewide, however the provider piece will probably be brought on in stages. Each state agency that will be enrolled with Medicaid as a provider will decide how providers will be selected. It will either be through the RFP process, Vendor Agreements with County DHR Offices and/or provider who will have the ability to bill directly to Medicaid.

2019 Update: The team is no longer meeting, as the draft plan was submitted. There was discussion that the team may meet one more time to see/review the final draft, but the last meeting was held in fall of 2018.

2020 Update: The team has not met since 2018.

Psychotropic Medication / Monitoring Protocol
The psychotropic medication and monitoring protocol was implemented in October 2016 in a continued effort to minimize placement moves and reliance on psychotropic medication as a behavioral control. The project began with an introductory training for seven pilot counties, as follows: Montgomery, Autauga, Elmore, Macon, Bullock, Russell, and Lee. The project expanding in FY 2018 to include Jefferson, Shelby and Chilton counties. Behavioral intervention instruction vides are available to foster care service providers and staff and referrals as being accepted from every county with regard to children whom the counties or service providers have concern. Additionally, the Team has provided consultation and support to our residential treatment facilities; reviewing case plans and assisting in designing behavior management plans to support and stabilize placements.   The Alabama Psychotropic Medication Review Team (APMRT) consists of a part-time Child Psychiatrist, a Nurse Practitioner, four Board Certified Behavioral Analysts and two graduate assistants. The APMRT Team will continue to review monthly medication data provided through a partnership with the Alabama Medicaid Agency; identify young people who are too young to be prescribed psychotropic medications, prescribed too many medications of the same or similar classes and too many medications, per set criteria. They will continue to contact the county office, share their concerns and begin consultation to decrease reliance and use and provide behavioral support as a mechanism to safely reduce use of medications, when appropriate. Additional information regarding the Team's work related to the project can be found in the Health Care Services Plan.

AdoptUsKids
AdoptUsKids is operated through the National Adoption Exchange and one of their most popular services is a web-oriented nationwide child photo listing that can be viewed by potential adoptive families all over the world. In addition to their main photo listing, AdoptUsKids maintains the state-partner pages for public and private agencies. Through this service, AdoptUsKids is featured on the Alabama DHR page. This page includes only children legally available and waiting for adoption in Alabama. In addition to photos, profiles and biographies, the site also provides a mechanism for posting video footage of the children. Alabama DHR has an agreement with Heart Gallery of Alabama to provide a link to their videos from the AdoptUsKids and DHR sites. An administrative assistant in the Office of Adoption manages the AdoptUsKids photo listing website for the State of Alabama. She is responsible for responding to inquiries, receiving and routing home studies to Adoption Specialist with placement responsibilities. She also records all inquiries of families in- state and out of state despite home study status. Adoption Specialist are responsible for reviewing home studies for initial family and child matches. The administrative assistant is responsible for updating stakeholders who aid in recruitment informed of any changes in availability status for all children with TPR and a goal of adoption.

Heart Gallery Alabama
Heart Gallery of Alabama continues to photograph new children as they become available. They also do photo and video updates annually on children previously photographed, but still waiting for adoption. Heart Gallery of Alabama (HGA) exhibit of waiting children travels the state of Alabama and is on display in various high traffic areas where potential families can learn about the available children. The Department entered into a contract with HGA in February 2012. The purpose of the contract is to provide funding for staff to respond to families that inquire about children on the HGA web site and exhibits. In FY19, they photographed 167 children. As of June 2020, they have photographed 118 children for FY20. Heart Gallery is dependent upon reports from DHR regarding goals, custody status, placements and/or finalizations for the children they photograph**.** They estimate, since the current data base was established, approximately 786 of children photographed have been placed for adoption by State Specialists, or their foster parents adopted them following a photo shoot.   In FY 2019 HGA responded to 2852 inquiries from 2023 unique individuals. So far in FY2020 they have responded 2506 inquiries from 1464 unique families**.**

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

Services for Children Adopted from Other Countries (Inter-Country Adoptions).
APAC's post-adoption services, including counseling and Adoptive Family Groups (AFG's) are open to all adoptive families. This includes families who have adopted from the foster care system as well as families that have adopted through private means. Families that have adopted domestically and internationally can receive services from APAC. The only restriction

on APAC's services is related to the post-adoption camp. Families who adopted children from private means may only participate in camp once the applications (and waiting list) for children adopted through DHR have been served

Services Related to International Adoptees
For international adoptees, Alabama Pre/Post Adoption Connections served 8 families in counseling and 3 families attended camp last year. There is not a waiting list. The families are seen by a counselor as soon as the counselor can schedule them. DHR families receive priority.

Pre and Post Adoption Services - APAC
Beginning 10/01/18, the Pre and Post Adoption Services contracts were combined into one contract and are provided by Children's Aid Society of Alabama via a program known as **Alabama Pre/Post Adoption Connections (APAC**). This allowed for some administrative savings as well as elimination of duplicative services and requirements. The pre-adoption services component provides funds for recruitment, training and completion of home studies for families interested in adopting children that meet the special needs definition. Counseling support has been expanded to include more counseling services to PRE-adoption families when a family is the identified resource for a waiting child and the child is in the home. This pre-adoption work is utilized by DHR staff, both county and state levels, to assure both child and family are well prepared for the transition into adoption. The original intent was to improve early communications within the family, increase parent confidence in parenting children with difficult behaviors, and decrease the risk of adoption disruption, and it appears this is helping when utilized. APAC is currently reviewing their ETO system to see how they can better analyze this and articulate it in a more statistical manner.

APAC is a collaborative effort between the Office of Adoption and Children's Aid Society of Alabama to promote adoption. Its specific adoption mission is to support, strengthen, and empower adoptive families. APAC post-adoption services continue to grow in visibility and use by adoptive families. Another facet of growth is in adoption placement support services that link children and families to needed services; education and support regarding therapeutic parenting skills, support through the matching and placement process, and post finalization. Family Advocates provide these services and work in partnership with APAC counselors and DHR to meet the needs of the children and families.   The Pre-Adoption service component was added in 2008 and has increasingly provided adoptive family resources for waiting children.

APAC consumers are asked for specific feedback related to the individual services they receive. This feedback is obtained by anonymous surveys for most services and direct questions and documentation of responses for others.   This information, as well as other consumer feedback is always reviewed by APAC staff regionally and statewide during staff meetings and shared with the Office of Adoption. In addition, APAC's Pre-Adoption Services team distribute surveys after families attend TIPS classes.   Many changes have been made based on consumer feedback in one or more of these forums.   Beginning with (2013), regular meetings were established between SDHR and APAC program staff to continuously monitor outcomes and review areas of concern.

For FY 19, pre-adoption component provided for the following services:
- Trauma Informed Partnering for Safety & Permanence (TIPS) Orientation Attendees   585 families
- TIPS/DT Training Attendance: 118 families
- TIPS/DT Training Completed: 93 families
- Home Study Received: 54 families
- Home Study Approved: 58 families
- Match: 49 families
- Finalization: 32 families

The post-adoption services contract provided for the following services (FY 17):
- Adoption Information & Support   405 families
- Lending library of print and video materials.   194 clients
- Educational Trainings (On-site, live webinar, and other training and conferences)   2,656 clients
  This is for parents and professionals
- Adoptive Family Advocacy (fully launched in October 2016)   59 families
- Counseling (includes a crisis hotline 24/7)   \   208 families
- Trained therapist network – available to adoption professionals and families   442 clients
- Annual Summer Camp for children/youth who have been adopted.   79 families
- Camp APAC   133 campers
- Adoptive Family Support Groups   263 families
- Special Events   179 families

General
Quantitative QA Reports from APAC noted the following services and trends regarding consumers served through the contract over the last few years.
FY18   5,357   consumers served   29,404   service units

General
Quantitative QA Reports from APAC noted the following services and trends regarding consumers served through the contract over the last few years.
FY18   4,776 consumers served   25.342 service units

A.   <u>**Information and Referral (The APAC report refers to this as Information and Support)**</u>

APAC continues to provide Information and Referral Support to anyone who desires information about adoption related issues. During FY 2019, the post-adoption team provided 1756 units of Information and Referral to 634 individuals coming from 405 families. Additional Information and Support services were provided to PRE-adoptive families, 37 units of service involving 30 consumers from 26 families).

B.   <u>**Lending Library**</u>

A Lending Library on adoption-related topics continues to be available for both foster and adoptive families and the professionals who work with this population. Books, DVDs, Videos, recorded APAC webinars, journals, E-books, and printed materials are available for loan with free mailing. Resources are available via website, phone, email, or on-site office check-outs. Consumer feedback continues to guide the resource topics and formats that APAC selects for the library. During FY 2019, 1988 resources were checked out to 194 consumers.

C.   <u>**Educational Trainings**</u>

APAC coordinates an annual "Permanency Conference" for DHR direct line child welfare workers. Approximately 200 DHR staff attend the conference each year, which draws national speakers and experts in the child welfare arena. This Permanency Conference is provided to supplement the DHR County Directors' meetings and the DHR Supervisors Conference, assuring that similar overviews and targeted trainings are provided to leadership and direct line staff, providing up to 13 professional CEUs for participants.

APAC continues to provide on-site group trainings to foster and adoptive parents, DHR staff, therapeutic and child-placing agencies, and other related organizations upon request. The "Trained Therapist Network" provides two national speaker tours each year, providing both foundational and advanced clinical information to professionals working with foster and adoptive families (see below). The more recent use of computer webinar trainings has been another successful method of educating the professional community on adoption topics.   The use of webinars has provided easier access for many clinicians (and parents) who may have otherwise faced time or travel barriers to attend an onsite workshop. Examples of APAC webinar topics have been "Bullying", "Parenting the 'Net' Generation", "The Impact of Trauma on Child Development"; "The Impact of Secondary Trauma", Stress Management; Understanding Sexualized Behaviors in Foster/Adopted Children; Sibling Rivalry; The Voice of the Adopted Child; Sleep Disturbances in Foster/Adopted Children; Lying, Cheating and Stealing ; "Holidays with our Foster and Adopted Children"; "Transracial Adoption"; "Practical Play Techniques"; "Working with Adolescents"; "Importance of Healthy Attachments"; "Family Violence and Its Impact on Foster and Adopted Children"; and more. Not including the Permanency Conference for DHR staff, 15,681 training services for 2656 individuals were provided by APAC in FY 19. 1,330 live webinar service units occurred in FY 2019.

D.   <u>**Adoptive Family Groups (AFG's), Special Events, Adoptive Family Mentoring and Support**</u>

Through the APAC contract, Adoptive Family Support Groups (AFGs) are offered throughout the state. The AFG's include activities focused on parents as well as a children's component for the adoptee and/or siblings. Each AFG has a parent support group, a children's (and/or teen) support group, as well as a childcare socialization group for younger children unable to benefit from a support group. They meet in locations and times most accessible to the families, and topics discussed are driven by parents within each group. Adoptive family groups provide educational and emotional support for adoptive family groups to reduce the risk of disruption and maintain permanency. In FY 19, AFG sessions were provided to a total of 859 adoptive family members (263 families).

One way of increasing the friendships and support gained through these relationships outside of group sessions is to provide occasional special events for these groups that will lead to increased interaction and friendships outside of the group setting. In FY19, 596 special event services were provided to 557 adoptive family members coming from a total of 179 adoptive families.

In 2013 an Adoptive Family Mentor Service was initiated as another support option for adoptive families. This service pairs an experienced adoptive parent with a newer adoptive parent who seeks individual adoptive parent phone support. Rural areas were targeted for marketing the service, since Adoptive Family Groups were not available in most of the less populated rural counties who also had fewer resources in general. We surmised that, in addition to or in lieu of support groups and counseling, some adoptive parents wish to just talk with and gain support from other adoptive parents who have walked a similar adoption path. Only a few have followed through with having an "official" mentor assigned to them for support, but the service continues to be marketed through Pre-Adoption services as well as Post services. In an effort to continue to reach adoptive families that may not be interested or able to participate in monthly AFGs, APAC created a Closed Adoptive Family Facebook Support Group in October of 2014. It is administered by an adoptive parent who posts new material at least five times a week and responds as appropriate to support parent posts. In addition, a Family Advocacy Service was initiated in an effort to further support adoptive families. (See E. Family Advocacy below)

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

E. Family Advocacy
As increasing numbers of families adopt "waiting children", it has become clear that there are additional challenges faced by these children and the families who adopt them, and that the risk of disruption is greater for "waiting children" than most of those served, stabilized, and ultimately adopted by their foster parents. To address this gap, a Family Advocate service was implemented by APAC to support APAC-prepared adoptive resources once they became approved adoptive resources. The service includes helping the family further identify their strengths and needs, gain education and confidence in areas of need, increase their support networks which include networking with other adoptive families, participate in adoptive family counseling when presented with child background summaries considered for match or times of concern after placement, connect with resources if needed to support the family/child needs, etc. The services are provided in office, in home, or as needed within the community with the family. Some families have been hesitant to take advantage of the service, but once their home is being considered as a possible match for a child (by DHR), the families are eager for this support. And when child placement occurs, the families have exhibited increased desire for more intensive support. This service was fully launched by October 2016. In FY 18, there were 1771 family advocacy service units provided to 103consumers (59 families).

As increasing numbers of families adopt "waiting children", it has become clear that there are additional challenges faced by these children and the families who adopt them. The risk of disruption is greater for "waiting children" than most of those served, stabilized, and ultimately adopted by their foster parents. To address this gap, the Adoptive Placement Support Service was implemented by APAC to support APAC-prepared adoptive resources once they are matched with a child. The service includes helping the family further identify their strengths and needs, gain education and confidence in areas of need, increase their support networks which include networking with other adoptive families, participate in adoptive family counseling when presented with child background summaries considered for match or times of concern after placement, connect with resources if needed to support the family/child needs, etc. The services are provided in office, in home, by telephone/email/teleconference or as needed within the community with the family. Some families have been hesitant to take advantage of the service, but once their home is being considered as a possible match for a child (by DHR), the families are eager for this support. And when child placement occurs, the families have exhibited increased desire for more intensive support). This service was fully launched by October 2016. In FY 18 –FY 19, there were 1771 family advocacy service units provided to 103 consumers (59 families). 2019-2020 through three quarters is: 1453 units of service for 94 clients in 61 families.

F. Counseling Services
APAC services also include a counseling component which was initiated in 2005 to help adoptive families through adjustment issues and crisis times throughout their adoption journey. Initially, adoption counseling was provided after a referral was received from the county worker, state adoption worker or self-referral by the parent. Over time, the counseling component has become more flexible. There have been instances where state adoption workers have referred families potentially matched with waiting children to counselors at APAC to review the child/sibling group's non-identifying background summary to help the potential family better understand the needs of the children and to discuss potential parenting strategies, etc. Also, the families recruited and trained through the APAC Pre-Adoption Services team are now routinely asked to participate in counseling at agreed upon stages: upon

home study approval, upon potential child match and placement, three months post placement, prior to finalization, and beyond as needed. As adoption of "waiting children" increased, it became clear that more intensive counseling services were needed to reduce the increased risks of adoption disruptions. Subsequently, in FY 13, APAC counseling services were increased to include 24/7 phone availability, more extensive in-home family services and more than just brief, short-term therapy. Many families receiving APAC Counseling could actually be considered in crisis throughout many phases of their counseling, but those are not documented as "crisis calls".

The above APAC services are available to all adoptive families in the state; however, DHR kids/families take priority. There could be a wait time, if APAC does not have anyone with space on their caseload. It should be noted that DHR is currently exploring with APAC an assurance that prompt attention will be given to children adopted from other countries.

FY 18   446 adoptive family members (218 families) received 1,144 sessions. Plus 19 individuals (10 families) received 26 crisis counseling sessions.

FY 19   389 adoptive family members (208 families) received 1,747 sessions; additionally, 16 individuals (12 families) received 35 units of crisis counseling sessions.

G. Trained Therapist Network (TTN)
The APAC contract expanded several years ago to include education of the Alabama clinical community who work with foster and adopted children and families. This service, referred to as the Trained Therapist Network, has resulted in multiple all-day workshops by well-known authors and adoption experts. The intent is for this clinical community to provide more appropriate services to adoptive family members based on their increased understanding of adoption issues. These services are free to participants, which include social workers, counselors, probation officers, residential/therapeutic providers, and other interested professionals. DHR staff also attend through slots approved for mileage support by DHR.

FY19   442 individuals attended the TTN workshops.

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

H. Annual Summer Camp
The APAC Camp service continues to provide support for children and families adopting through the DHR system. The first Camp APAC (2004) involved 50 campers, then was increased to 100 campers, and then to 140 campers in 2012. A minimum of 140 children are served each year in a four day/three-night camp that helps them better understand adoption, normalizes their adoption experience, provides lifelong friendships with other adopted youth, and also provides the adoptive parents a respite opportunity. Year after year, 98-100% of the parents with youth attending Camp APAC share that the camp experience provided life-changing positive support relative to the adoption experience. In FY 2019, 133 clients (79 families) were served through the camp.

I. Group Preparation and Selection (GPS) (Replaced by Trauma Informed Partnering for Safety, or TIPS)
Hundreds of families have now been recruited by APAC, trained in 10-week TIPS classes, had home studies prepared, and we have aided DHR adoption placement specialists for the matching of waiting children with these waiting families.   TIPS classes are 10 week, 3-hour training sessions designed to prepare families interested in adoption. The Department (see Training Section) has launched a new training for foster and adoptive parents, known as TIPS. The core curriculum is trauma-informed, but the processes remain the same relative to selection. This training program was implemented in 07/18 by APAC. Once training is completed, the families who did not "select out" are then assessed as potential adoptive family resources. The completed home studies are then submitted to the Office of Adoption for review and approval. Recruitment efforts between DHR and APAC have resulted in hundreds of new adoptive family resources and matches of children with these families. Additionally, APAC has developed and introduced an additional 4-hour training component to further assist families in developing greater skill and understanding of therapeutic parenting.

FY 18   835 inquiries on fostering/adoption were provided information
                 309 families have received APAC orientation recruitment services
                 183 individuals have attended TIPS/DT (100 families)
                  92 individuals (48 families) have been approved as adoptive resources

63 children have been matched with 48 APAC families.

49 finalizations have occurred with 32 APAC families.

FY **19**　　　　585 families have received APAC orientation recruitment services

211 individuals have attended TIPS/DT (118 families)

107 individuals (58 families) have been approved as adoptive resources

49 children have been matched with 49 APAC families.

32 finalizations have occurred with 32 APAC families.

Wendy's Wonderful Kids

The Dave Thomas Foundation for Adoption (DFTA) awards "grants" to public and private adoption agencies to hire adoption professionals who implement proactive, child-focused recruitment programs targeted exclusively on moving America's longest-waiting children from foster care into adoptive families through its signature Wendy's Wonderful Kids (WWK) program. The State of Alabama received its initial WWK grant ten years ago in 2009 and was recently awarded a 2019-2020 renewal earlier this month. The program continues to be a success as evidenced by the growing number of sibling groups and older teens being adopted through WWK's evidenced based child-focused recruitment model. There are two full-time State DHR Program Specialist's assigned to each WWK position, a North and South recruiter. The Dave Thomas Foundation grant managers completed a site visit to Alabama in October 2018. Meetings were held over two full days at the state office with the WWK Supervisor and each recruiter, reviewing each caseload to ensure fidelity to the WWK model. Overall feedback was positive for both recruiters with follow-up conversations being scheduled in the near future with Alabama's management to discuss with the foundation adding a third recruiter to the Alabama site. The chart below shows caseload recommendation as well as definitions for case status. It will also show the number of matches and finalized adoptions in each of the active project years.

Caseload size: The recommended number of children for each WWK recruiter(s) to maintain is 12-15 Active children and an average total caseload of 18 children may be on the caseload in the status types below. **Active status**:
At any given time, the recruiter should be intensively implementing the components of the child-focused recruitment model, actively recruiting for 12-15 children who are not matched with families. When a child is added to the caseload, they are initially placed in "active" status. The remaining children on the caseload may be in a less intensive phase of the recruitment process. They may not be in the active recruitment phase, but still on the worker's caseload. See the "inactive status" definition below for details. **Monitoring status**: The recruiter may also be monitoring children who need additional preparation before active recruitment is possible, children who have been matched, or children who are in pre-adoptive placements AND the recruiter has monthly contact with the child. These cases are NOT counted as part of the recommended 12-15 active caseload. **Inactive status**: A child may be considered part of the caseload, but inactive if the recruiter cannot have contact with the child during the pre-adoptive placement or active recruitment is on hold. There is room for expansion in Alabama for recruiter(s) based on the need for child specific recruitment and based on the grants ongoing success rate. WWK recruiters also have access to ACCURINT searches for youth on their caseloads. Some of those kids who have been successfully adopted would not have been if there weren't a child specific recruiter involved in those cases. There continues to be a great need for a recruiter in the Northern part of Alabama however continued negotiations with the funding entity is a prerequisite if that is to occur.

WENDY'S WONDERFUL KIDS GOALS/OUTCOMES					
Southwest Alabama			N. Central Alabama (Jefferson/surrounding)		
Project Year (Jan-Dec)	Match Goal	Match Achieved	Project Year (July-June)	Match Goal	Match Achieved
2017	16	16	2017	16	16
2018	12	16	2018	12	15
2019	8	5	2019	8	12
Total Matches Achieved, FYs 17-19=37			Total Matches Achieved, FY's 17-19 = 43		
Project Year (Jan-Dec)	Adoption Goal	Adoptions Finalized	Project Year (July-June)	Adoption Goal	Adoptions Finalized
2017	6	4	2017	6	7
2018	6	4	2018	6	11
2019	6	5	2019	6	9
TOTAL ADOPTIONS Finalized (2017-2019):	**13**		TOTAL ADOPTIONS Finalized (2017-2019):	27	

A child-specific recruitment packet has been developed that identifies the information that must be submitted to the State to ensure timely inclusion of a child into recruitment activities. With the assistance of an adoptive parent of Hispanic heritage, one of our radio public service announcements recorded in Spanish continues to be played on Spanish language radio stations through the Alabama Broadcaster's Association's Public Education Program. Our department has also printed our "Open you Heart Open your Home" posters in Spanish which are available to all county departments through our general services on-line ordering system. Through the continued work of our Wendy's Wonderful Kids recruiters, we are matching and placing children with more significant physical and developmental disabilities as well as large sibling groups.

CFSR Findings:
Information in the statewide assessment and collected during interviews with stakeholders showed that there is insufficient active engagement and ongoing consultation with key stakeholders in developing goals, objectives, and annual updates to the CFSP. Stakeholders said that although some informal engagement and collaboration occurs at the local and state levels, not all stakeholders are aware of the state's strategic planning efforts.

Services for Children Under the Age of Five
The Office of Foster Care continues to review and use the Children Under Five Receiving Services Query spreadsheets; created in January 2018, to capture all services authorized through FACTS for children under the age of five. These are not services unique to children under 5 but are the services that are available to children of all ages. The report provides data on 62 unique services and can be specifically individualized by each county or consolidated to capture statewide totals. Consultants use this information to monitor trends as well as assist counties in developing unmet needs.

Community Partner Stakeholder Group for Children Under the Age of Five (Foster Care & Receiving In-Home Services) – See also under Item 5
The 0-5 stakeholder core group recently met and came up with a new mission statement to focus on children 0-5 in foster care. The 0-5 stakeholder group will be apprised of community partners that will describe activities that the state currently provides and develop new activities for children under the age of 5 in foster care in order to achieve permanency more timely. The group will focus on how stabilization in placement will equal permanency for the child.

The group continues to focus on how stable placements equal permanency for children as well as how the use of preventive services and referrals assist in maintaining children in their foster home. These stakeholders are also concerned with improving children's social skills, emotional functioning and promoting healthy, long lasting, permanent relationships. One very important proposal that was a direct recommendation from the 0 to 5 stakeholder group, was the 2019 revision of the State's 10-day medical form. This group was instrumental in assisting State DHR with helpful questions and assessment information needed to revise the 10-day foster care medical form used for all children when they enter foster care. The group's proposed revision was adopted by the State Office and has been shared with all 67 county offices and made a part of current policy. This medical form is also discussed and reviewed during the Permanency Training that was conducted for all current workers and supervisors in the state by the Office of Foster Care.

The stakeholder group has continued this work by developing a childcare binder. This binder includes the foster child's medical and social history and will "travel" with the child throughout their time in care. The binder includes sections related to the child's life. The first section consists of the child's profile as well as a current picture and includes information on getting to know the child, things the child likes and dislikes and a list of "favorites." There are five tabs in the binder that include: family information, emergency information, physician and provider contacts, medical records, and a notes and planning section. A transition packet for foster parent-trainings, age specific behaviors, resource handouts, and a mentor list of seasoned foster parents will also be developed in the next year. This would be a packet to assist current foster parents in dealing with children in their home.

The stakeholder group will continue to review data for children 0-5 to assess the average length of time in care for this age group as well as review data for current in-home services and day care utilization.

It is the group's continued goal to decrease the number of young children entering the foster care system by enhancing current services and supports as well as developing additional services and supports for children who remain in their own home.
Current Stakeholder Members:
Office of Foster Care Consultant` LEAD
AFAPA
APAC Program Coordinator, Children's Aid
Dr. Kristie Guest, UAB and Head Start
State DHR Behavioral Analyst Program Manager
Dr. Snehal Khatri-Developmental and Behavioral Pediatrician

Jefferson County Wellness Court
Poarch Creek Indian Tribe Child Welfare Director
TFC Provider - Seraaj Family Homes
Foster and Adoptive Parent and Forgotten Initiative
APAC Family Counselor

Children & Family Services has developed partnerships with specific state level organizations who serve this particular population, such as: The Alabama Department of Child Abuse and Neglect Prevention, Early Intervention through the Department of Rehabilitative Services, and CWCI Team members.   Work continues in regard to our partnership with the State Department of Education. We now have in place data interfaces with education that allow for the sharing of vital information between our systems. The Quality Assurance process reviews the under-age five group during QSR debriefs to note psychotropic medication usage and monitoring during FY18. The OSRI that is currently being utilized monitors this for children. Children & Family Services will continue to frame its services to meet the needs of the under-age five populations by ongoing review of ISP's to ensure permanency is obtained timely. The Division will review data more frequently (quarterly) to note any significant changes in the under-age five group. Children & Family Services will continue to coordinate resources and make referrals to the following Alabama agencies that focus on the under-age five children, such as:

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

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

CFSR Findings
Information in the statewide assessment and collected during interviews with stakeholders indicates that services are not being individualized across the state. Most families are referred to the same set of services without the individualization needed to reflect the families' cultural identities or preferences. Barriers to individualization include a lack of comprehensive and accurate assessments, and a lack of use of available resources.

ASSESSMENT OF PROGRESS

Strengths	Challenges

- The Department has a contract for post adoption services that includes
   a. Information & Referral
   b. Library & training services available to both families and professionals
   c. Nationally known speakers on issues such as attachment and trauma have provided day-long seminars in various locations throughout the state through the Trained Therapist Network.
   d. Adoptive Family Groups/Post Adoption Group Meetings
   e. Camp for children/youth who have experienced adoption
   f. Adoption-competent professionals who provide counseling services.
- The Department's Behavioral Analysts provide services to adoptive parents around behavior
	- Intensive crisis intervention for family's post-adoption is typically accessed through services outside of the Department, i.e., mental health, hospitals, other services funded by Medicaid and/or private insurance. The partnership / contract DHR has with APAC is believed to actually provide a tremendous amount of post-adoption support. For example, APAC offers groups that meet throughout the state, providing education and social interaction for adoptive families. The groups are led by a therapist, and topics for discussion are chosen based on the group's interests and needs.
	- Although the Trained Therapist Network provides training, the state would like to have more adoption-competent mental health providers to utilize. See also the above comments on the APAC contract.
	- More resource families who can parent children with significant behavioral issues, in an effort to

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- management for children placed in their homes based on referrals from the State Adoption Consultants. Often, the Behavioral Analysts do prevention work with the families before the child is placed in the adoptive home. This work is done in an effort to ensure smooth transitions and long-term success/stability of placements.
- The Alabama Psychotropic Medication Review Team began providing preliminary service related to monitoring and oversight in October 2016. These services were expanded in FY 2017 to include families and youth in Jefferson County. The Team also provides services to children who are identified related to critical medication use concerns and placement challenges across the state.
- Development and Maintenance of a resource directory of adoption-competent/trained mental health professionals is part of the CAS/APAC contract (Trained Therapist Network)
- The Department supports keeping our particularly troubled children close to home or at least within the State whenever possible.
- Providers adapt their programs/services to the child's emotional, behavioral, and educational level.
- Programs are monitored for the length of stay and providers are required to routinely share a child's barriers to progress with the counties and the State Office. All youth in intensive residential placements are closely monitored, reviewed and visited by staff of the Quality Assurance Division for continued appropriateness of placement at that level of care. Feedback is provided to Children & Family Services and Resource Management Divisions so that conversations may occur with the counties, programs and families if barriers are present to permanency. Youth in a moderate level of congregate care are monitored by Children & Family Services.
- Therapeutic Foster Care providers are continuously recruiting for homes that will accept teens with behavioral issues.
- It is believed that a recently signed agreement with HUD will prove to be a tremendous housing resource for older youth as they exit care.
- When discharge notices are received, information is gathered on why the placement has disrupted. The feedback is then used to recruit homes to handle those behaviors.
- Services for children/youth are individualized by the ISP (Individualized Service Plan). The ISP team determines the needs of the child and their family.
- The ISP Team led by the County DHR Office contacts providers and determines which providers can best meet the child and family's needs, especially when focusing on Out of Home care.
- The Multi-Dimensional Assessment, (MAT), is completed on children whom the County DHR office is referring to Therapeutic Foster Care and/or moderate residential providers. The County Agency provides

    a. Lessen our dependence on congregate care facilities
    b. Achieve permanency for these children through adoption.
- Autism services have been identified as a need by our counties, the State Office Specialists, and Resource Management Staff. Through an agreement between several state agency and ADAP, Alabama Department of Mental Health has developed services specifically for individuals with an Autism Spectrum Diagnosis. These services in addition to other services such as Behavioral Analyst involvement are intended to improve services to and outcomes for these children/families.
- Service development to assist with treatment of our youth aged 17-20 who have challenges with mental illness.
- Service development for children with lower IQs (under 55). At the same time, there are services for this population that are available through the MRDD Waiver.
- The results of the provider query indicate that counties and those registering TFC providers are not fully completing the "willing to accept" information for providers (less than 25% of the Adoptive, Foster Family and Therapeutic Homes entered into FACTS include information in all of the Willingness to Accept fields). Therefore, we do not have good information about families willing/able to accept teens, children with special health care needs, sibling groups, etc.
- A lack of individualization is most prominent in the provision of services for ILP youth. The department utilizes the ILP Assessment Tool to identify areas of needs for the child; however, few of the actual needs are addressed in the ISP. The ISP typically does not address the individual needs of the child, but broadly addresses accessing ILP funding. ILP Services to youth were found to be lacking in 50% of the counties reviewed by Quality Child Welfare Practice thus far during FY 2020 Additionally, state QA has identified through both the OSRI process and Random Record Reviews completed by Quality Child Welfare Practice that concerted efforts to provide services to families to protect children in the home and prevent removal/re-entry into foster care is an area of need.
- When identified, counties are not utilizing the Resource Development staff allocation in the county to identify and craft services to meet the individualized needs.
- Services that are developmentally and/or culturally appropriate (including linguistically competent), responsive to disability and special needs, or accessed through flexible funding are examples of how the unique needs of children and families are met by the agency. However, services are not being individualized across the state. Because of lack of truly assessing families, the families individualized needs are not often identified.
- At the same time, state QA has identified a lack of individualization of services when working with

information to the assigned assessor. This information consists of a current (within the last 24 months) psychological with the DSM V Axis 1 diagnosis, and a review of their behaviors occurring within the last 30 days, along with a case summarization of their needs. • The Certificate of Need (CON) from a physician and concurrence from the ISP team, along with the Resource Management Division, and Children & Family Services and Field Administration if a child is 12 or younger, is needed to ensure appropriate intensive placement for a child/youth. • Work is moving forward on the Provider (FFH/AR) Query. Initial business rules have been developed and the query is running monthly. TIPS has been developed, which provides a training-informed curriculum for prospective resource families – see Systemic Factor of Training. • The State began collecting data on linguistically competent services offered to families in IH and FC in August 2017. The State continues to collect data on linguistically competent services provided to families served. For FY 2019, 1604 clients were provided with Language Assistance Services in the following languages: American Sign Language, Spanish, K'iche', Creole, Guatemalan, Vietnamese, Arabic, MAM, Acateco, and Haitian. • The Provider Query and accompanying reports on the State's Electronic Report Distribution System were modified in FY 2018 to better capture Foster Family and Adoptive Resource Home demographics and data. Report fields were added to reports to provide a focus around resource needs by demographic area. • an array of services identified statewide by State QA included the following: group counseling, individual counseling, drug screens, psychological evaluations, parenting classes, daycare services, early intervention, clothing, groceries, utility bill assistance, extracurricular activities and intensive in-home services.	families. For example, often the same services are provided to families without individualization to reflect the families' cultural identities or preferences. Barriers include the lack of assessment of the worker and counties lack of use of a resource developer to identify new services and modify current services to meet the needs of families. • An array of services was identified for the counties reviewed; however, substance abuse treatment was identified as a need in most counties. When substance abuse services were available, transportation presented a problem for some families. • Identified barriers (by state QA in recent years) included the following: Lack of referrals, lack of reassessment of family needs, transportation and the department not assisting families to secure services but leaving them to secure themselves. Supports to parents include counseling, in-home supports, drug treatment. Supports to foster parents include daycare, respite and caseworker visits. A major barrier to the implementation of services is transportation, primarily in rural counties. Another barrier has been the inconsistent engagement with parents to have them actively involved in receiving services.

DESCRIPTION OF CURRENT / PLANNED ACTIVITIES FOR IMPROVEMENT

GOAL:
The Department will revitalize the resource development function at both the state & county levels, with a focus on building the service array within the state.

Strategies:
• The State Office Divisions of Resource Management, Quality Assurance, and Family Services, will jointly issue a statewide survey identifiable by county director districts (to include the provider community and birth/foster/adoptive parents), as a means of identifying needed services and assessing the viability of the county resource development position.
• State Office will identify a Program Specialist, or an Office, with accompanying Results and Responsibilities, to promote and support the work of county resource developers.
• Based on the survey results (activity 1), and in coordination with the identified state Resource Development office/staff person, the "Results and Responsibilities" of the county resource development position will be drafted and distributed to County Directors.
• Initial district meetings will be conducted with County Directors and County RD staff to demonstrate SDHR Leadership's support of a viable RD county position, receive input on the draft "R & R's", and explore options for development of

county RD staff (through ongoing training, peer-to-peer consultative meetings, technical assistance to RD staff regarding crafting/enhancing the service array at the local level, etc.).

- Based on input received (see prior bullet) institute a resource development consortium, that includes training, peer-to-peer consultation, and partnerships with the provider community, which is implemented at the district level, and addresses the findings of the service array gap analysis, as well as ongoing resource development/enhancement.

PIP & CFSP

The service array is addressed both in the PIP and the CFSP. In the PIP, the strategies outlined were more immediate action items, while the items outlined in the CFSP involved longer term work and long-range planning. PIP plans call for activities take place to initiate the Resource Development work within the counties in the next two years, by developing Resource Development plans to improve capacity for services needed in their respective areas. Work was also initiated by holding a statewide Resource Development training in October 2019 for all counties, including directors and resource development staff. We also plan to address the need for crisis intervention services statewide by working to increase the availability of these services within the next two years. Over the next five years, we will be working with the counties in districts to enhance their ability to identify service gaps, develop local resources, and enhance their collaboration with community partners. While we believe that the work around resource development is critical and some aspects will begin immediately, we also recognize that some of the work involves longer range planning via the CFSP. For further updates in the area of service array, see the APSR section on **"Plan for Enacting the State's Vision.**

Changes In Services and/or Program Design

Although information on services provided over the last year are found elsewhere in the 2021 APSR, the below content provides a summary of ways in which practice enhancements were delivered to county child welfare staff.

In terms of program design, a method of providing information, having discussions, etc., took place via district training sessions. The **Office of Child Protective Services** designed and delivered District Trainings to all Districts in Alabama. The trainings covered best practice in the following areas: Safety Assessment and response; Documentation; Home Studies; Multi Needs Policy and Process; Adoptions and Subsidies. The Second Annual CPS SW Conference will be offered in August 2020. This three-day opportunity will cover sessions relating to "CPS 101" i.e. Intake; Safety Assessment and Decision Making; Prevention; Engagement of Fathers, as well as other related topics. The CFA template, utilized by frontline workers to document their assessment of vulnerable families, is being modified to include sections for: the identification and engagement of fathers; existing safety threats and their effect of protective capacities; membership in a recognized tribe.

Regional training events on permanency, concurrent planning and ISPs took place across the state as initiated in the time frame of 11/5/19 – 11/20/19 and being completed in the time frame of 1/7/20 – 2/26/20. Content related to the following activities were covered/discussed:

1. State DHR will implement trainings statewide for workers and supervisors with a focus on permanency/ concurrent planning and ISP's.
2. Supervisors will meet with their workers monthly to staff cases and review the permanency/concurrent plan and ISP's, which will be evidenced by appropriate documentation in FACTS.
3. State DHR Office of Data Analysis provides monthly ERD Reports to counties that list the current permanency and concurrent plans of clients on their caseload.
4. State DHR have made monthly ERD Reports to counties that list all data regarding ISP's.
5. County workers will invite all necessary parties to ISP's by letter, which will be evidenced by supervisor.

The trainings occurred between October 2019 and February 2020. There were approximately 1200 attendees who completed the training sessions. Covid 19 had no impact. These District trainings were ongoing in person until COVID. We have not resumed them as we believe moving these to virtual trainings will decrease the effectiveness.   We will resume the district trainings as soon as county staff return to work from the office if not before. Further, a statewide conference is planned, which will take place in one location central to all counties in the state. The sessions will take place in person, with safety precautions in place secondary to the Covid 19 pandemic. The CPS training was held in August 2020. We had 143 registered participants.

The **QA Division** will be offering / facilitating virtual district trainings beginning in September in the following areas: CFA/ISP training and Meaningful Caseworker Visit training. All districts will receive this training for frontline staff and supervisors/administrators. Additionally, virtual STEP trainings for all new hires will be offered beginning in September 2020. TIPS Certification training for staff who will teach the TIPS classes in their counties, are held in-person in Birmingham and Montgomery, and are presently occurring.

Systemic Factor: Agency Responsiveness to the Community
CFSR, R3:   Not in Substantial Conformity

Item 31. Ongoing engagement and consultation with community stakeholders
CFSR, R3:   ANI

ASSESSMENT OF PROGRESS DATA

Overview of Collaboration with Community Partners – Throughout 2021 APSR and Item 31, with Special Notation as Follows (Note – though duplicative in some ways, see also pages 177-178 for list of stakeholders):

• Heart Gallery	Page 134
• Alabama Pre/Post Adoption Connections (APAC)	Page 135-139
• Wendy's Wonderful Kids	Page 139
• Under Five Stakeholder Group	Page 140
• Alabama Children's Justice Task Force (CJTF)	Page 146
• Alabama Administrative Office of Courts/Judicial (AOC)	Pages 147 / 151
• Collaboration with Alabama Child Welfare Collaborative Initiative (CWCI)	Page 149
• Collaboration with State QA Committee (SQAC)	Page 149
• Alabama Department of Child Abuse and Neglect Prevention (ADCANP)	Page 149
• Alabama Foster & Adoptive Parent Association (AFAPA)	Page 150
• Older Youth	Page 150
• SDHR Family Assistance Division	Page 152
• Collaboration with the Tribe	Pages 153-160
• SDHR Field Administration Division	Page 37 & Training Plan
• SDHR Resource Management Division	Pages 13-15; 132-133; 142
• SDHR Finance Division	Training Plan

Consultation with Community Stakeholders through Quality Assurance
In addition to having a QA committee in each county with stakeholder representation, the State QA Committee also has representation of stakeholders across the state and meets on a quarterly basis.

OQCWP has begun their schedule of random case record reviews. The review tool used provides detailed information that will be beneficial to the supervisor to use during worker/supervisor conferences. These reviews give OQCWP the opportunity to work one on one with supervisors to help them understand how to engage and empower their workers to produce family centered case work that is in line with policy. In turn workers feel heard, valued and become invested in good outcomes for the children and families they serve. OQCWP also provides support supervisors across the state in structuring individual conferences with their workers. This is an avenue to support supervisors and their caseworkers to discuss needed services to address the underlying conditions of families that come to the attention of the department. Those outcomes should be beneficial to staff retention, thus offering stability with families and community partners.

The Alabama Department of Human Resources has continued with its process for community consultation through its quality assurance operations. Birth parents, relative caregivers and youths are interviewed during OSRIs and QRSs when appropriate. OSRIs are completed during district reviews by the State QA unit and QSRs are completed by the local QA Committees. OSRI results from district reviews are shared with county directors, DASs, and county QA Committees. QSR results are shared with the county director, supervisor, and worker. Birth parents, relative caregivers and youths are also provided an avenue to give input through satisfaction surveys and older youth surveys. Each County Department of Human Resources has an independently functioning county quality assurance committee with Jefferson County having an additional committee for their Bessemer region. While each county QA committee completes quality service reviews to measure and monitor outcomes for children and families, it is an expectation that each committee also complete stakeholder interviews with the assign QA specialist annually to measure and monitor systemic issues. Stakeholders interviewed include juvenile court judges, juvenile probation officers, foster parents, law enforcement, education personnel, service providers (including mental health and child advocacy centers), attorneys and Guardians-ad-Litem, and Agency staff. Information and any resulting recommendations from OSRIs, QSRs, and stakeholder interviews are provided to each County Department to strengthen their practices toward better outcomes.

The Office of Quality Assurance routinely conducts CFSR District reviews to evaluate the quality of services and the outcomes achieved by children and families. From Feb. 1, 2019 to January 31, 2020 The Office of Quality Assurance has completed 136 OSRIs. Information gained from county completed QSRs and state office completed OSRIs is used in conjunction with the stakeholder interviews to determine the status of the County Department's functioning concerning

safety, permanency, well-being and the systemic factors. OQCWP conducts random record reviews in the county offices and feedback is given regard to strengths and needs in the provision of child welfare services. As of April 2020, there was have been 5 county record reviews completed in 2020 (Etowah, Monroe, Pickens, Calhoun, Montgomery). There will be a total of 15 completed in 2020. Children & Family Services is assisting conducting a Safety Assessment as a part of the OQCWP record reviews. OQCWP also conducts regular record reviews with county supervisors to promote best practice and build supervisory capacity.

The **Office of Adoption** continues to partner with a number of stakeholders in public awareness activities and in their efforts to recruit additional foster and/or adoptive families. These stakeholders include adoption, foster care and ILP staff, members and volunteers of Heart Gallery Alabama, Children's Aid Society's APAC program, Kids to Love Foundation, Wendy's Wonderful Kids Recruiters and the Alabama Foster and Adoptive Parent Association.

Alabama Children's Justice Task Force (CJTF)
The Alabama Children's Justice Task Force has also recognized the need for continued training in areas that were identified as needs for all CPS staff. Those areas include Family Violence Assessment and Safety in Child Protective Services (CPS), and Substance Abuse Assessment Training.

Children's Justice funds are awarded to counties applying for funds for Multidisciplinary teams to attend the International Symposium on Child Abuse in Huntsville, AL. Some counties will instead arrange for and conduct regional conferences. Unfortunately, due to the COVID-19 health crisis beginning in March 2020 the National Child Advocacy Center, sponsor for the International Symposium on Child Abuse, made the decision to cancel the Symposium for 2020. The Symposium was scheduled to be held March 24-26, 2020 and 153 registration slots had been awarded to county multidisciplinary teams. The registered attendees were multidisciplinary and represented DHR child welfare staff (53 participants registered); DA/ADA staff (16 participants registered); law enforcement (38 participants registered); Child Advocacy staff (21 participants registered); and Mental Health, Legal Aide, other medical and CJ Task Force members (5 participants registered). MD Team members were still registering when the symposium was cancelled. A total of 54 counties would have been represented when all registration slots were filled. MD Teams were encouraged to re-apply for mini-grant funds next year for registration slots for the 37th Annual International Symposium on Child Abuse which is already scheduled for March 2021.

Family Violence Assessment and Safety in CPS is a curriculum that has been offered since 2013. In FY 2019, the Children's Justice Task Force approved Children's Justice funding for two training sessions. Each of the 2-day training sessions focused on providing information on the complex dynamics of Family Violence and an understanding of how domestic violence impacts children's lives & what that means for CPS intervention. The training's targeted audience includes child protective services workers, law enforcement and domestic violence specialists. There were two training sessions offered during the current reporting period, May 8-9, 2019, with a total of 34 participants (28 DHR) and September 11-12, 2019, with 36 participants (30 DHR). Two additional sessions of Family Violence training were planned for May and August of 2020. However, the COVID-19 has required that we postpone the May 2020 training. Plans are still to conduct two trainings in 2020.

Finally, the multi-year project to develop the Substance Abuse Assessment training, is near implementation. This two-day training targets the complex issues for child welfare staff involved in assessing child safety where substance use is a factor. The target audience for this training is child welfare staff and supervisors. Therefore, several surveys and needs assessments were conducted, jointly by ACJ and DHR during 2019. DHR administered a supervisor survey to all DHR supervisors at the annual supervisors' conferences in June and July 2019. These surveys helped clarify the training needs and content for the Substance Abuse Assessment Training. Further, surveys concerning subject matter content for the training were administered to county multidisciplinary teams as part of the mini-grant application process in October 2019 through DHR county directors. This information was compiled and provided to the CJ substance abuse training workgroup, which is comprised of DHR state and county staff, CJ task force members, local experts in the field of substance abuse and the training developers. Training development occurred in late 2019 and the pilot training for this training was held March 2-3, 2020. There were approximately 30 participants at the training from a number of professional disciplines to include SDHR Family Service Division managers, DHR County Office Directors, County Supervisors, Task Force members, SDHR Legal staff and QA staff. The participants were asked to provide feedback and input regarding the training and how it might be fleshed out before delivery to the target staff i.e. county office practitioners and supervisors. The input was collated and integrated into the model. Plans are underway to offer the training throughout the state in the coming year. Evaluations were extremely positive and preliminary plans are that up to two more sessions of the Substance Abuse Assessment Trainings will be offered in 2020. Planning will begin as soon as the COVID-19 health crisis allows for in-person trainings of larger than 10 people to commence.

Alabama Judicial & Child Welfare Collaborative

With the assistance of Casey Family Programs, a decision was made to conduct Judicial Summits across the state. Six have already been hosted; in October 2014, in April 2015, in November 2015, in October 2016, in October 2018, and in December 2019. Significant information about child development, child welfare federal and state laws, the DHR's Individualized Service Planning process, fatherhood initiatives, kinship guardianship, and other permanency goals were highlighted. Judges, county directors, and a representation of supervisors and line social workers attended, along with some parent's attorneys and guardian ad litems. Casey Family Programs has been a generous partner in the development and success of these Summits. December 2019 was the first summit that included invitations to all 67 counties.

Alabama currently has twenty-two (22) teams of child welfare and judicial members who are dedicated to the mission of this collaborative: to safely reduce the number of children in out of home care and place them in forever families. For the timeframe of 10/01/16 to 9/30/17, the Alabama iCAN counties percentage of increase in the number of children in care was 6.4% while the non-iCAN counties percentage rose by 13%. The statewide average percentage increase was 11.1%.

iCAN is a philosophy that has been accepted and incorporated into practice at the statewide level and in many counties. iCAN represents a partnership between child welfare and our judiciary that includes open and frank dialogue regarding barriers to optimal outcomes for our children and families as well as what changes are necessary to overcome those barriers. iCAN is one of several initiatives that can be credited with children spending less time in out of home care. iCAN has come to be seen as an extension of our judicial child welfare summit meetings where judges and directors from across the state are invited to participate in trainings and meetings where training is provided and information shared regarding how to best meet the needs of our families. These meetings help strengthen the partnerships between the judiciary and child welfare to achieve permanency for Alabama's children and families. The next such summit is planned for October of 2020 through an ongoing partnership between DHR, AOC and Casey Family Programs. At last year's Summit we incorporated both a youth panel and a presentation around engagement with fathers. At the Supervisor's Trainings as well as the CPS training this year, we have had youth panels. The CPS training also included a presentation by a former recovering addict around working with issues related to substance abuse. A recent meeting with the iCAN advisory team took place, and work has begun on this year's Summit- we are including a youth panel in that as well. We also hope to include a parent and/or foster parent panel if all goes as planned.

Another such initiative is statewide permanency project. Child welfare staff and legal staff schedule detailed trainings with county staff to look at individual cases to assure safety, well-being and ultimately permanence. These staffings often bring to light overarching issues within a county or district that may be impacting case outcomes. This allows for SDHR to support the counties with trainings and other supports crafted to address individualized needs.

These efforts have included things such as working to decrease continuance in court, perfect service in legal cases, expedite the receipt of orders and increase an emphasis on kinship guardianship. This type of work has led to statewide sustainable changes. An example was passage of a law within the past year that removed some of the obstacles to finalizing kinship guardianship placements such as the parents no longer being required to give consent to this as a permanency plan as well as making available state funding for kinship guardianship placements when a child is not eligible for federal funding.

Results from these and other projects are observable in our data. In FY 2019, 17.7% of children exited from foster care to finalized adoption. However almost 53.0% of children exited to parents or other relatives. We anticipate ongoing work in these areas to continue to increase successful kinship guardianship placements and further reduce court practices that delay final resolution for children. We anticipate ongoing work in these areas to continue to increase successful kinship guardianship placements and further reduce court practices that delay final resolution for children.

Additionally, Alabama was selected for two demonstration sites by the National Quality Improvement Center for Collaborative Community Court Teams (QIC-CCCT) to enhance the capacity of the Comprehensive Addiction and Recovery Act (CARA) amendments to the Child Abuse and Prevention Treatment Act (CAPTA). Jefferson County, an urban county, and Jackson County, a rural county, developed multi-disciplinary teams to create Plans of Safe Care and provided services for pre-natal and post-natal parents with substance use disorders. The teams include judges, DHR directors, treatment providers, doctors, medical staff, guardian ad litems, and parents' attorneys.

Alabama Law Institute

A committee of the Alabama Law Institute has been established to review in detail, Alabama's Adoption Statutes and, where determined necessary, recommend changes. The committee met for the first time in May 2016. It is comprised of a number of attorneys and probate judges with personal adoption experience. Alabama DHR has three staff participating in the work of the committee. These staff include: State DHR legal counsel, a staff person from the Office of Child Welfare Policy, and one staff person from the Office of ICPC.

The committee continues the process of revising the Code of Alabama Adoption Law. Sub-Committees are currently working on various sections of the Code to include: Delayed Appeal of Termination of Parental Rights, Parent's Notice to Final Adoption, Separate Consent Hearing, Pre-Adoption Form, Confidentiality of Records & Retention, Custody Pending Final Decree, Limited Consent, Placement after failure or Direct Placement, Open Adoptions and Guardians ad Litem..   Other states adoption laws have been reviewed and compared to Alabama's law.

Adoption Recruitment Partners – See also Permanency Outcomes 1 & 2 – Stakeholder Collaboration
The success in recruitment, matching and placement of children in permanent custody with a goal of Adoption No Identified Resource (ANIR) continues to be greatly due to the high level of cooperation and continued collaboration among the recruitment partners that help us promote the need for more adoptive families. We continue our quarterly "partners" meetings that includes staff with recruitment responsibilities from the Office of Foster Care, Heart Gallery Alabama, Children's Aid Society/APAC's pre-adoption program, and volunteers from the Alabama Foster & Adoptive Parent Association. The location and host for meeting location rotates between all agencies involved. These collaborative meetings have proven to be very informative providing updated staffing changes, conference schedules, recruitment activities and adoption success stories. Each host provides an opportunity for all partners to place an item on the upcoming agenda as well as forwards meeting notes afterwards.

Recruitment and Retention of Resource Families Collaboration
The program was not carried over into the Plan for Improvement that was a part of the 2015-2019 CFSP. No further examination or revisions were made, and the program is not currently being implemented. Future discussions in this area will be included in upcoming Partners meetings.

Collaboration with Foster Parents – Conflict Resolution Team
The Out of Home Care Policies & Procedures Manual includes a section on Supports to Foster Parents. A process for dealing with conflicts that may occur between foster parents and the Department is outlined in this policy which was updated in May 2017. The Conflict Resolution Team (CRT) meetings that have occurred over the most recent fiscal years, requiring State Office assistance, are shown below:

- FY 2017   Seven (7) CRT meetings
- FY 2018   Two (2) CRT meetings
- FY 2019   Four (4) CRT meetings
- FY 2020*   Two (2) CRT meetings

    * as of 1-27-20.
The state Conflict Resolution Team (CRT) has two facilitators (a State Office of Foster Care Liaison and AFAPA President), along with the CRT Team comprised of 2 Independent County Directors, and 2 foster/adoptive parent representatives. All team members are presented with pertinent case information in advance to assist in fair feedback as well as prepare questions.

Foster Parent Advocates are available regionally to help foster parents at the time they file a complaint with their county office. Due to the advocates' involvement in the local process, complaints are often resolved locally rather than referred to the State Team. The Alabama Foster Adoptive Parent Association and office of foster care continue to be available to provide county social workers and foster parents training on the Conflict Resolution Process and Alabama's "Foster Parent Bill of Rights''.

Social Media Stakeholder Group
The Social Media Stakeholder Group held meetings in July and October 2019. The group was comprised of two County Directors, a representative from SDHR Legal, a representative from SDHR Policy, two representatives from SDHR Family and Children Services, and two representatives from SDHR Personnel. Also included in this group were a foster parent and one youth involved with the Independent Living Program. The group discussed the desire of youth in foster care to utilize social media. The group discussed concerns in regard to maintaining safety and confidentiality for foster children while using social media. Discussions were also held to address foster parents and staff utilizing social media while also maintaining confidentiality. Feedback was utilized to draft a revision to our current Social Media Policy. A final meeting was held in January 2020 where it was decided the current Social Media Policy will remain in effect with no changes. The group was suspended following this meeting due to additional research and collaboration being needed with representatives from other state agencies.

The Alabama Child Welfare Collaborative Initiative and the State Quality Assurance Committee
In addition to the regular and in-depth involvement of internal and external parties in Quality Assurance, Family Services Division relies on a range of individuals and groups to assist in providing input into the ongoing planning and service delivery system. The two key stakeholder groups from the Department seeks input are the State QA Committee and the Child Welfare Collaborative Initiative (CWCI) Team. Information regarding the stakeholder membership in both groups is provided under their respective headings. Generally, opportunities are provided to both groups to offer input to the APSR and CFSP, and although in the spring of 2019 it did not occur, most years at the joint planning visit with the Regional Office, the membership of both teams are invited to participate in a conference call, in order to discuss with the federal staff, their perspectives on the various child welfare areas. In 2020, each group is afforded the opportunity to provide input into the APSR and CFSP at their quarterly meetings. Members of the ACWCI and SQAC, including representation from the Alabama AOC, also participated in the Joint Planning meeting that was conducted virtually on June 4, 2020. As an example of inter-departmental partnership in the membership of ACWCI, a member of the SDHR, Adult Protective Services (APS) staff is a member of the ACWCI. The APS perspective is important and relevant in that there can be a merging of CPS and APS issues in child welfare work. As an example, some youth with significant developmental delays and/or mental health issues need ongoing support and assistance after they age out of care. At times, a referral to the Adult Protective Service unit may be appropriate as the child transitions out of foster are and into adulthood. In those cases, APS staff are included in case planning for the youth.

Alabama Child Welfare Collaborative Initiative (ACWCI)
The Alabama Child Welfare Collaborative Initiative (ACWCI) is a team of Department and other Agency staff that typically meet on a quarterly basis. In addition to Family Services staff and staff from other Divisions within SDHR, partner agencies that are represented in the membership include the Alabama Court Improvement Program staff, Department of Child Abuse/Neglect Prevention (includes CBCAP); the Department of Rehabilitation Services; the Alabama Foster and Adoptive Parent Association; the Alabama Network of Children's Advocacy Centers; the Poarch Band of Creek Indians; the Alabama Department of Public Health; VOICES for Alabama's Children; Children's Justice Task Force; SDHR, Adult Services, HUD, and the Department of Youth Services.

A useful outcome has been sharing across agencies information regarding current activities, upcoming training sessions, etc. This group also is a stakeholder group from which input has been sought for the 2020-2024 CFSP, with their input in turn being provided to the Management Teams of the Quality Assurance and Family Services Divisions of State DHR.   By design there is no youth representation on this team; youth representation is a part of the State QA Committee structure (see SQAC content immediately below). Also, there are members of the CWCI Team that were involved in planning and provision of input for the CFSR, Program Improvement Plan (PIP).

The State Quality Assurance Committee
The State Quality Assurance Committee (SQAC) is an independent body of statewide representatives of the child and family service delivery system whose functions include monitoring outcomes and Agency performance from a statewide perspective; serving as a link between the community and the State Department of Human Resources; promoting an effective child welfare system that supports positive outcomes for children and families served by the Department; and issuing reports as a part of its Citizen Review Panel responsibilities or for any other purpose. The SQAC is also a stakeholder group from which input has been sought for the APSR and current CFSP.

The committee meets quarterly (March, June, September and January. Data information and updates from Family Services and Quality Assurance Division are provided at each meeting. More detailed information on the work of the SQAC can be located in the Alabama State Quality Assurance Committee Annual Report. The current SQAC consist of representation from: Department of Child Abuse and Neglect Prevention, a foster/adoptive parent, Department of Sociology and Social Work, APAC, a county QA committee member, Alabama Foster and Adoptive Parent Association, ADAP, Children First Foundation, Alabama Network of CAC, Alabama Early Intervention, Alabama/Guatemala Partners of Americas, West Alabama Mental Health, a traditional foster parent, Children's Aid Society, Poarch Band of Creek Indians, Alabama Child Death Review System, District Judge, VOICES of Alabama's Children, a youth representative, Department of Youth Services and a county director.

Alabama Department of Child Abuse and Neglect Prevention
The Alabama Department of Child Abuse and Neglect Prevention (ADCANP), also known as The Children's Trust Fund, is a state agency that was created by an act of the Alabama Legislature in 1983 to address the state's growing problem of child maltreatment. The Alabama Department of Child Abuse and Neglect Prevention (ADCANP) secures resources to fund evidence-based community programs committed to the prevention of child maltreatment, and advocates for children and the strengthening of families. The ADCANP also serves as the state chapter for Prevent Child Abuse America and the state lead agency for Community-Based Child Abuse Prevention (CBCAP). The ADCANP Director and CBCAP Program Manager serve on the state Department of Human Resources Child Welfare Collaborative Initiative (CWCI) and meet

quarterly with stakeholders, and ADCANP's Director, Mrs. Sallye Longshore, is a member of Alabama's State QA Committee and participates in Child Death Review and Foster Parent sub-committees. Participation in these committees allows prevention to continue to have input in the PSSF, IV-B, CFSP/PIP and CFSR program planning. The CWCI committee serves as in an advisory capacity to the CBCAP grant.

As the CBCAP lead agency, ADCANP has worked collaboratively with other state agencies as well as public and private sector agencies to strengthen the system of service delivery to children and families. ADCANP is active in many different state initiatives and coordinating councils that seek collaboration among state agencies and groups working with and for children and families. Through these partnerships, ADCANP continues to expand partnerships as well resources. The Commissioner for the Department of Human Resources serves on the ADCANP Board. Through a strong partnership with the Department of Human Resources, ADCANP also receives TANF funding to support community-based fatherhood programs to focus on parenting, healthy relationships, and economic stability. ADCANP recently partnered with the Alabama Network of Family Resource Centers to certify over 30 trainers in the Strengthening Families Protective Factors Framework. They have provided trainings in this prevention framework to both state and local Department of Human Resources staff.

All ADCANP funded programs have updated their mandatory reporting policy and have trained all staff members on the new (Mandatory Reporter) legislation. All ADCANP grantees continue to be required to receive and incorporate the Protective Factors training into their community-based work. For the 2019 - 2020 program year, ADCANP (Children's Trust Fund) supported 151 programs for the maintenance expansion, and enhancement of at-risk youth and family support through the Children's Trust Fund for a total of over $7 million dollars in grants. At-risk youth programs serve individuals age 8-17 who are experiencing factors that have brought them to the attention of school systems, courts and county facilitation teams. Family Support programs are used to continue or expand Family Resource Centers and programs. Also, the Alabama Department of Child Abuse and Neglect Prevention continues to work closely with Children's Policy Councils to examine the placement prevention programs in underserved areas and populations. They are working with Children's Policy Councils in the implementation of Erin's Law to prevent child sexual abuse.

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

This organization provides additional training for foster and adoptive resources and develops them to be trained parent advocates. These identified advocates receive increased training around policy and practice to serve as advocates and empower foster/adoptive resources in supporting the children and their needs. In addition, regional foster/adoptive representatives are identified through AFAPA to help provide support and training and offer resources in the specific region.

The AFAPA has a very comprehensive website with guidance around this and other areas of advocacy for foster/adoptive parents. The Foster Parent Bill of Rights is posted as well for convenience of our partners in caring for foster/adoptive children. See https://afapa.org/ for more information.

AFAPA representatives have continued to provide trainings statewide; to include Reasonable and Prudent Parenting Standards (RPPS) and presented at the Permanency and Supervisors conferences. State DHR office staff have co-trained RPPS to new foster parents with AFAPA representatives. The AFAPA have also participated in the ILP Networking Conferences in FY18 and FY19. They meet quarterly to train their advocates. They now offer services and membership to kinship care providers. AFAPA was instrumental in collaborating with State DHR to revise our (CRT) Conflict Resolution Policy this year. CRT 's continues to be a platform where our foster parents have an opportunity to be heard regarding any grievance not settled from their county of origin. AFAPA advocates on behalf of both foster and adoptive parents. More attention has been placed on assisting counties throughout the state who does not have a local association. AFAPA has been an active member of our Provider Quarterly meeting series. The Association was not able to hold its annual conference this year due to the national COVID-19 pandemic.

Older Youth Input
Youth Development is the most integral part of the success of the Independent Living Program. It is our goal that our youth are sufficiently trained and prepared to deliver the message that all children in foster care want, need and deserve all the best the Child Welfare system can offer them with regard to permanency options, education, health care services and placement stability. Youth are actively involved in the development of policies and practices and viewed as key to addressing the needs of this population. Our State Youth Advisory Committee (DREAM Council) provides updates and input around key issues impacting permanency planning for older youth and ILP services. DREAM Ambassadors and YAC

Leaders are provided training ongoing through monthly trainings to support their participation in convenings, conferences and opportunities to share their experiences. In 2019, 20 Youth participated in the National Social Work Enrichment Program and received additional supports related to public speaking by participating in Toastmaster's International during their six-week, pre-college experience. As a means to continue their influence and use their represented voice, Dream Ambassadors and YAC Leaders are provided the opportunity to then speak to Judges, County Administrators, foster and adoptive provider groups along with facilitating workshops at regional, State-wide, and National Independent Living events.

The State has hired three Youth Specialists who are Foster Care Alumni through a contract with Children's Aid Society. These young people act as liaisons to the youth in foster care. Current and alumni youth have been engaged to provide presentations locally, statewide and nationally on the issues identified in the PIP specific to strengthening the engagement of youth, identifying the needs of youth, and strategies to support positive outcomes for youth. The DREAM Ambassadors participated on several GPS Panels around the State. They served on Youth Panels at Judicial Summits and our annual meeting with the Managers of Region 4 of the Children's Bureau.

Our youth continued to provide training to their peers, judges, foster parent panels and stakeholders across the State. 854 were served by the ILP Program in partnership with our CAS ILP Team and our DREAM Ambassadors. The number of youths served represents a 46% increase in youth served from the previous reporting period. During State Onsite Reviews conducted by State QA, all ILP eligible youth are provided an older youth survey to complete prior to the onsite review. The outcomes of the survey are used in determining items as Strength or Area Needing Improvement. See also results from an older youth survey that are provided for various Systemic Factors in the Statewide Assessment. We conducted 5 regional independent living meetings led by our 21 youth ambassadors during the 2019/2020 year, with a total of 388 youth participating. We have included two spots for emancipated youth to serve as ambassadors in order to best address the needs of older youth who have already left care.

Current and former DREAM Ambassadors and foster youth will participate in Supervisor, CPS trainings ad the annual Judicial Summits provided by the Department. Youth will also continue to participate in the on-going PIP work being done by the workgroups to provide insight and input.

CFSR Findings
Information in the statewide assessment and collected during interviews with stakeholders showed that there is insufficient active engagement and ongoing consultation with key stakeholders in developing goals, objectives, and annual updates to the CFSP. Stakeholders said that although some informal engagement and collaboration occurs at the local and state levels, not all stakeholders are aware of the state's strategic planning efforts.

Item 32. Coordination of CFSP services with other Federal programs
CFSR, R3:   ANI

ASSESSMENT OF PROGRESS / DATA

Court Improvement Program
DHR staff works closely with AOC staff to address policies and practices of both the court system and the child welfare system. AOC was a key partner in the implementation of Alabama's CFSR, Round 2, PIP through assisting in identifying and implementing steps to improve dependency caseflow management and educating judges and guardians ad Litem. AOC has continued to partner with DHR in the Round 3 CFSR, through assisting with survey distribution/collection of responses that were incorporated into the Statewide Assessment, providing stakeholder input during the CFSR, and having staff serve on two of the four PIP work groups, including being a co-leader of one of the work groups. Alabama DHR and AOC have shared data relevant to permanency hearings timeliness; TPR filing, hearing and disposition timeliness; foster care entry, and permanency achievement. The data is beneficial in identifying areas where additional resources may be needed to ensure that appropriate services are provided within required timeframes. AOC staff provided input and assistance in drafting Alabama's Kinship Guardianship Subsidy Act which passed in the FY 2010 Legislative Session and assisted in organizing videoconference training on several legal topics for attorneys, court employees, and child welfare staff. In addition, DHR staff has partnered with AOC staff to monitor the timeliness of permanency hearings and other timeframes in the dependency and TPR case process through sharing of data which will be used to develop future trainings. Discussions have been held with AOC and internal state DHR Legal staff regarding training.

Local onsite trainings have occurred in some counties, and the State DHR Legal Office has been involved in adoption cases throughout the state; conducting onsite reviews; and having discussions with local attorneys and with some judges. The Legal Office has been a significant source of support and action for the counties around permanency in general, particularly adoption. DHR staff is represented on the Probate/Juvenile Subcommittee on Adoption issues of the Court

Improvement Program, which was formed to bring juvenile and probate court judges together to discuss issues that may arise in processing adoption cases. Training initiatives provided/promoted by AOC include the following activities:

- Training sessions for newly-appointed or elected juvenile court judges, that typically will include a summary of subject-matter jurisdiction in Alabama juvenile courts, as well as an overview of the Juvenile Dependency and Termination of Parental Rights (TPR) processes in Alabama (statutes, court rules, regulations, caselaw, etc.);

- Training events take place for guardians ad Litem by means of certification courses (initial certification) and recertification courses (certification renewal). The 7-hour Certification course will generally include topics such as: dependency and TPR law. The 3-hour Recertification) course commonly will consist of juvenile law updates and information on other pertinent child welfare issues (e.g. child abuse medical evaluations, interviewing children, human trafficking, etc.).

- In a project that has now ended, Court Improvement Program staff, with funding support and partnership from Casey Family Programs, was involved with the Reimagining Dependency Courts Project in Jefferson and Mobile Counties. In this initiative the National Center for State Courts worked with the State of Alabama judicial branch of government to strengthen the leadership and governance of dependency courts and improve case management of dependency cases, with the aim being to transform dependency courts into family-focused courts.

Other training events provided by AOC included parent's attorney training, family court Judges' seminars, and Chief Juvenile Probation Officers'/Juvenile Court Administrators' seminars.

SDHR Family Assistance Division – TANF

The SDHR Family Assistance Division administers programs pursuant to the Temporary Assistance for Needy Families (TANF) Block Grant. Services and benefits are provided consistent with the four statutory purposes of The Block Grant and encourage the care and support of children in their own homes or in the homes of relatives By furnishing temporary financial assistance and other services to strengthen and maintain family life.

The Family Assistance (FA) Program
This is Alabama's time limited cash assistance program for needy low-income families with children. During fiscal year 2019, a monthly average of 7,644 families received assistance representing about 13,677 children and 2,932 adults. Adult recipients of FA and certain former recipients are also served by the JOBS Program which provides services and assistance with finding and retaining employment. Supportive services include assistance in overcoming barriers to employment, increasing marketable skills and employability, gaining and/or retaining employment so as to transition from welfare to work. Domestic Violence Intervention - DHR contracts with the Alabama Coalition Against Domestic Violence to provide services to TANF-eligible clients who may be victims of domestic violence. Services are provided statewide under a program known as the Special Assessment, Intervention, and Liaison (SAIL) Project. The SAIL Program provides services to families involved with domestic violence to help them remove barriers to becoming self-sufficient in a safe manner. Services are provided through a Domestic Violence Specialist who conducts assessments, provides counseling, and assists with safety planning. Services are available as needed to all counties that do not have an on-site Domestic Violence Specialist. During FY 2019, the SAIL Project received 1,807 referrals. Those referrals came from every DHR program and from the community, with most DHR referrals coming from FA eligibility workers as a result of a domestic violence screening tool. The coalition worked with 812 SAIL participants, helped 444 participants acquire employment, and provided financial assistance to over 400 low-income individuals.

Alabama National Guard
The Alabama Department of Human Resources entered into a Memorandum of Agreement with the Army National Guard in June 2016 establishing a partnership to improve outcomes for children in foster care, specifically helping youths aging out of care who have limited connections to their community and minimal job skills. The focus of the partnership involves working with the Alabama National Guard to share job and mentorship opportunities for our young people. The Alabama National Guard provides recruitment and retention personnel that provide marketing products, subject matter experts, client counseling and recruitment information to DHR representatives. DHR makes available opportunities for the Guard to attend, instruct and host events that will cultivate potential job opportunity training. On December 6, 2016, based on this partnership which demonstrated strong community relationships, the Alabama Department of Human Resources, was recognized at the Army Community Partnership Award ceremony in Washington DC. The partnership with the Alabama National Guard as well as, the Alabama Department of Education's team of high school College and Career Counselor's continues. Representatives from Alabama National Guard are encouraged to participate in all state-wide IL events and regional Dream Council Meetings.

CONSULTATION AND COORDINATION BETWEEN STATES AND TRIBES - INTRODUCTION

The Department's goals in regards to work with the Poarch Band of Creek Indian Tribe and other Federally recognized tribes located outside the state (Indian Child Welfare Act): As of June 2018, the one Federally recognized tribe in Alabama is the Poarch Band of Creek Indians **(PCI)**, whose office is in Atmore, Alabama (Escambia County). Alabama's Indian Child Welfare Policy and Procedures has been in effect since September 2007, with the latest revisions being made in September 2013. This is a substantive policy that provides counties with a knowledge base for working with Native Americans.

In an Administrative Letter, dated April 3, 2009, from the DHR Commissioner, county staff were directed to contact the Office of Policy for policy interpretations and the program office for consultation. The Office of Policy will assist county staff with policy and if further assistance is needed, the Office of Policy will contact the Tribe. Thus, while counties continue to contact the Office of Child Welfare Policy, they do have policy that directs their work with Indian children and families. In addition, ICWA is addressed in the record review tools used by staff from the Office of Quality Child Welfare Practice, which assesses applicability. At the initial involvement with a child and family, the issue of whether the child has any Native American ancestry is to be addressed. To facilitate this, a "notification of involvement" should be sent to PCI in Alabama during a child abuse/neglect investigation or prevention assessment. The "notification of involvement" process is used to consult with the PCI Tribe and allows relevant information to be obtained from the Tribe. The process also provides an opportunity for the Tribe to be involved in case planning early in the investigation. It is considered best practice to notify the PCI Tribe of Departmental involvement with an Indian child and family and seek Tribal involvement in case planning. Specifically, Amanda Montgomery, the Director of the Family Services Department of PCI is notified.

The "notification of involvement" is not the formal notification to a child's Tribe required by the Act itself. When County Departments are working with a child and family who fall under the ICWA requirements, Indian parents, Indian custodians and Tribes must be notified. In 2008, a revision was made to the Department's Out-of-Home Policies and Procedures to require child welfare workers to address, in removal situations, relative resources, and identify whether children and families are members or eligible to become members of certain Indian tribes, as well as identifying such tribes. Native American ancestry should have been established and formal notice given to the child's tribe before removal of an Indian child from their home. The only exception to this occurs when an Indian child is removed to prevent physical damage or harm to an Indian child. Child welfare staff shall provide protection and meet the immediate safety needs of Indian/Alaskan native children when emergency situations occur. In April 2010, work was completed that allowed FACTS to generate the required notices to Indian parents, Indian custodians and Indian Tribes. When the system captures that a child is a member or eligible for membership in an identified, federally recognized tribe, child welfare workers are prompted that notification procedures are necessary.

As of April 2014, PCI has an impressive multi-system complex where families can have medical, dental, mental health, financial, and other typical needs met in one convenient location. As of the 2018 annual meeting, PCI now also has a new, state-of-the art, Community Center, which houses the Boys and Girls Club, along with areas and resources for educational programs.

2020 APSR: Collaboration / Coordination between the State and the Tribe:
Poarch Band of Creek Indians (PCI) & Alabama Department of Human Resources (DHR)

2020 Annual Meeting Summary:
Date of Meeting: June 16, 2020   Location of Meeting: Conference call

Meeting Plan
Due to the COVID 19 pandemic, and the restrictions thereby imposed, the annual meeting was held via conference call, with the following individuals participating:

PCI Staff
- Amanda Montgomery, Director, Family Services
- Martha Gookin, Division Director, Tribal Member Services
- Synethia Thomas, Child and Family Welfare Coordinator
- Taylor Evans, Abuse Prevention Coordinator
- Chandra Paul, Assistant Attorney General PCI Legal

Escambia County DHR:
- Lynn Barnes, Director
- Jessica Jackson, Service Supervisor
- Tracie James-Mauldin, Service Supervisor
- Mary Sullivan, Service Supervisor

SDHR, Children & Family Services/Quality Assurance:
- Jan Casteel, Director, Children & Family Services
- Shea Cobb-England, Deputy Commissioner of Quality Assurance
- Emily Jones, Director, Quality Assurance Division
- Amanda Faulk, Deputy Director, Children & Family Services
- Corey Williams, Deputy Director, Children & Family Services
- Larry Dean, Program Manager, Children & Family Services

The results of the annual meeting, held on June 16, 2020, are reflected in the content that follows.

Inter-agency Agreement (IA)
The current Inter-agency (IA) agreement between the **Poarch Band of Creek Indians** and the **Department of Human Resources** became effective **October 10, 2017**. In the annual meeting on 04/27/18, no concerns were expressed as to any of the terms of the IA. The Department did indicate that since two divisions were now directly involved in the collaborative efforts (Family Services and Quality Assurance), contact information regarding Leadership staff would be provided to PCI staff. Subsequent to the annual meeting, this contact information was provided to PCI Leadership.

2019 UPDATE:
No changes noted at the annual meeting, as all were in agreement to leave it as it is, other than changing names/contact information as needed (e.g. Exhibit B of the IA). Exhibit B is currently in review by both agencies and should be finalized by both agencies prior to the submission of the Final Report on 07/01/19.

2020 UPDATE:
The participants on the call believe the IA continues to effectively serve its purpose and that no revisions are currently needed. It is understood that at any point in time, if either the Tribe or the Department believe a given any section or aspect of the IA needs further discussion, a date and time to do so will be established.

The names/contact information of Exhibit B of the IA are being revised as needed. Exhibit B is currently in review by both agencies and should be finalized by both agencies prior to the submission of the Final Report on 06/30/20.

Guidelines for State Court Indian Child Custody Proceedings
These guidelines were discussed at the 2015 Annual Meeting of PCI and DHR staff. As comments have been (nationally) received on these guidelines, and as they are not yet final (even as Guidelines, as distinct from Statute), no discussion occurred on them on this date. After such a document is finalized, and the legal ramifications reviewed, joint discussion between PCI and DHR staff can occur**. 2017 UPDATE**: This plan continues in effect. **2018 Update:** Continues in effect. **2019 UPDATE: Continues in effect. 2020 UPDATE:** Amanda Montgomery and Tribal / DHR Counsel will review to determine any needed revisions to the above paragraph.

PLAN FOR ENACTING THE STATE'S VISION – FROM THE 2020-2024 CFSP
Copies of the Plan for Enacting the State's Vision were distributed, and participants were encouraged to submit any comments, suggestions, or questions on it to SDHR. There were no questions raised or concerns noted during the call. At any point during the year if there are suggestions or concerns that are identified, the parties involved in the annual meeting will be contacted and a date/time scheduled for discussion/planning.

Collaboration Between Escambia County DHR and PCI - 2020 UPDATE
During the call, the leadership of Escambia County DHR and PCI both indicated that effective collaboration is being maintained between the two agencies. The workers from both agencies are comfortable with each other and if there are questions, they are communicating well. The respective staff are responsive to, and helpful with, each other.

Safety Outcomes:

Strengths: Escambia Co. DHR gives notice to PCI if a report is made involving a tribal family, and they sort out jurisdictional issues together. There is a good exchange of information. Communication is good. Refer for needed services. They have received training from APAC around trauma. LEA is cross deputized (both on the reservation and off). Escambia County and PCI staff share their on-call schedules with each other.

Challenges: None noted.

Permanency Outcomes:

Strengths: PCI does not have any child in care/custody (as of 6/16/20). They try to keep children with their siblings and families and use the tribal court system if needed. They are able to locate relatives quickly and complete home studies. They have not had to intervene in Escambia County cases as jurisdiction is resolved together at beginning of cases.

Challenges: None noted.

Wellbeing Outcomes:

Strengths: Overall meet the needs of children and families with resources available. Coordination of service is strong.

Challenges: More availability to counselors for children and families needed.

Case Review System:

Strengths: Good case planning; good coordination of services; good working relationship with schools and healthcare to meet children's needs.

Challenges: No real overlapping system to know that PCI or DHR had history with a family unless someone just knows to call the other agency. It would be good to have some type of shared database.

QA System: PCI staff serve on Escambia County DHR's QA committee and feel the process works well. They also serve on the Child Death Review Team, MDT, and CPC.

Staff and Provider Training: PCI are willing to host regional trainings. There are two PCI staff that are willing to participate and help with TIPS training. The SDHR, Office of Child Welfare Training, is available to assist in any preparation/consultation that PCI staff may need or desire. PCI staff are also willing to provide trainings around ICWA for DHR staff, particularly new staff.

Agency Responsiveness: Good collaboration and communication with Escambia County DHR, particularly around how to report. Other counties do call some regarding ICWA, and PCI responds within time frames to inquiries from counties.

FP & Adoptive Parent Licensing/Recruitment: PCI has ten foster homes and no child in care at this time (06/16/20). They are willing to partner with Escambia County DHR re: TIPS training and one staff is determining whether she can teach a TIPS class with an Escambia County worker.

Round 3 (R3), Child and Family Services Review (CFSR) and Program Improvement Plan
2018 UPDATE: PCI staff were participants in the CFSR-related, Stakeholder Focus group, which was conducted on November 7, 2017. Also, by virtue of being on the CWCI Team and the State QA Committee, PCI staff received a copy of the draft Statewide Assessment for (review/comment) in January 2018. Also, the statewide survey was distributed to both teams in late January of 2018. Time was allotted at the annual meeting on 04/27/18 to discuss any areas of concern or input. In terms of service array, resources to address substance abuse and mental health issues were identified as needs. These two areas are in line with input received from the stakeholder focus group mentioned above, as well as from the statewide survey responses, and will be included in the final Statewide Assessment that is submitted to the Children's Bureau.

2019 UPDATE:
Amanda Montgomery (PCI Director of Family Services) is participating in one of the PIP workgroups, and the Department shared with PCI staff the current areas of focus and the plan to submit the next draft by 5/31/19.

2020 UPDATE:
PCI staff continue as members of the Child Welfare Collaborative Initiative (CWCI) Team, which thereby affords opportunity to provide/review stakeholder input regarding child welfare matters on a regular basis. PCI staff were also involved in the Joint Planning meeting that was conducted on June 4, 2020, which included many partner agencies and targeted key areas of child welfare practice.

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

discussion. **2017 UPDATE:** As a result of last year's meeting, the members from the IL DREAM Council did meet with PCI staff last year. The PCI staff expressed interest in this occurring again, and DHR IL staff will coordinate with PCI staff in setting up a date/time for this to occur again. At the meeting, information was also provided on various aspects of the Department's IL program. **2018 UPDATE:** PCI staff have an interest in hosting another meeting with the DREAM Council, and at the Joint Planning meeting on 04/19/18, PCI staff spoke with the (DHR) IL Consultant about it.

2019 UPDATE: PCI staff is still interested in and willing to host another Dream Council meeting. Upon return SDHR staff conveyed this information to the Independent Living program.

2020 UPDATE:
We consult on a regular basis with our one Federally recognized Tribe, the Poarch Band of Creek Indians**.** Our DREAM Ambassadors spent a day on the reservation and presented training to the young tribal members. It is our goal to expand this partnership by planning an annual convening of our youth leaders and tribal youth leaders. The DREAM Ambassadors will participate in a second full day convening session with Tribal youth in **2021,** to include a regional DREAM Council meeting for area foster youth. The Tribe is an active partner in our Child Welfare Collaborative Initiative (CWCI) with full access to all information regarding services and supports available to young people. There are no restrictions with regard to the Tribal members accessing any benefits or services available to all other youth in the state.

Training Collaboration
Information on Trauma Informed Partnering for Permanency and Safety (TIPS), which is the Department's pre-service preparation curriculum for prospective foster parents (replacing GPS) was distributed. Also, progress on the new worker training that is being piloted, Striving Toward Excellent Practice (STEP), which will replace ACT as the new worker training curriculum, was also discussed.   The training schedule for March – July was also distributed. PCI staff may sign-up for either training opportunity, and interest was expressed in participating in planned TIPS training sessions. The staff from PCI re-iterated their willingness and desire to host training events for southern Alabama at their office. **2017 UPDATE:** Information was distributed on STEP, the new training curriculum for newly hired child welfare staff. Also, subsequent to the meeting, information regarding TIPS, the training for prospective foster and adoptive parents, was transmitted to PCI staff. Furthermore, PCI staff again made available the PCI Office for a training site for TIPS. Efforts were made this past year to convene a training session at PCI; however, due to conflicts it did not occur. The goal of using the PCI facilities for a training site will continue to be pursued. **2018 UPDATE:** PCI staff communicated that they remain willing and interested in hosting any regional training events that may need to occur in the southern part of the state. After the meeting, this information was conveyed to Department staff in the Office of Child Welfare Training, and on 04/30/18, the Manager of that office emailed PCI staff letting them know of the Department's interest and that if there should be a need for training in that part of the state, the PCI staff would be contacted. Also, subsequent to the meeting on 04/27/18, through collaborative efforts, two PCI staff were registered for a Trauma-Informed Partnering for Safety and Permanency (TIPS) Leader Certification Training session to be held in June 2018. Upon successful completion of this training, PCI staff will have the ability to lead TIPS groups of prospective foster/adoptive parents.

2019 UPDATE:
PCI staff remain willing and interested in hosting any regional trainings identified by DHR. Upon return SDHR staff conveyed this information to the Office of Child Welfare Training (OCWT). The PCI staff will be presenting at the upcoming supervisor training, and they are willing to facilitate training around ICWA (general and jurisdictional issues) for new DHR staff (this information was also passed along to the OCWT staff in case a way can be determined to accomplish this). They are also willing to potentially partner with Escambia County DHR to co-lead TIPS training.

2020 UPDATE:
Once gatherings are again approved, PCI remains very open and available to hosting a training event. During the call, SDHR staff indicated that they would be interested in discussing with PCI staff the possibility of conducting a regional STEP training at PCI. Additionally, the prospects of collaborating with PCI in recording a video on ICWA policies and requirements is being considered. The purpose of such a video would be to show it in training classes for DHR staff.

Miscellaneous – See updates below.

- **Truancy Issues -** At the meeting on 5/3/17, PCI staff indicated an interest in further collaboration with the Department and Education on truancy issues. PCI staff will provide more specifics on these concerns to Family Services' foster care management staff and coordination for a follow-up meeting will occur. **2018 UPDATE:** PCI staff discussed some of the truancy issues, which they have to address. DHR staff indicated that possibly a staff person with the (State of Alabama) Department of Education could be a resource for information/discussion/collaboration related to truancy issues. Subsequent to the meeting on 04/27/18, DHR staff confirmed with the education staff their availability, and provided contact information for the State Education staff person to PCI Leadership.

2019 UPDATE: No updated needs were expressed by either agency**.**
2020 UPDATE: No updated needs were expressed by either agency.

- **Services to Children Under Age Five -** An emphasis on services for children under the age of six, for whom therapeutic foster care placements are being sought, was also presented. Family Services is seeking community partners and county staff to be a part of a workgroup to identify plans and strategies for addressing the needs of this group of children. Staff from PCI and Escambia County DHR were invited to participate. **2018 UPDATE:** DHR staff expressed interest in PCI staff joining this stakeholder group if possible, and PCI staff are willing to do so. Information will be provided to PCI staff in this regard. Possibly a future meeting of this stakeholder group could be held at the PCI office.

  2019 UPDATE: No updated needs were expressed by either agency.
  2020 UPDATE: No updated needs were expressed by either agency.

- **Ongoing Collaboration -** The Department's desire to maintain and enhance collaboration was expressed, and, as reflected in this summary, a number of opportunities are being explored. Both (county/state) DHR staff and PCI staff are encouraged to continue to seek such avenues for cooperation and maintain communication with each other regarding ways to do so. **2018 UPDATE:** The mutual desire for ongoing collaboration is present and opportunities will be sought on an ongoing basis to maintain and enhance the collaborative relationship that exists. For example, PCI Leadership indicated that possibly PCI would be hosting a conference later this year, and if that occurs, invitations will be sent to DHR staff on attending and possibly presenting information.

  2019 UPDATE: No updated needs were expressed by either agency.
  2020 UPDATE: No updated needs were expressed by either agency, and both agencies will continue to pursue further opportunities for collaboration.

- **Information on Mandatory Reporting of Child Abuse/Neglect -** In terms of providing information/training/education to PCI staff on Mandatory Reporting of Child Abuse and Neglect, the online mandatory training module was suggested. Using this format would offer to individuals the opportunity to do so on a schedule convenient to them. If, after utilizing this method, further in-person training is desired, PCI can contact Family Services and/or Escambia County DHR. The online training can be accessed by clicking on the link below (the interactive training also has a quick link from the DHR website). **2018 UPDATE:** The online training remains as an available option for PCI staff to complete, and PCI Leadership reported that a number of their staff have already completed this training.

  2019 UPDATE: No updated needs were expressed by either agency.
  2020 UPDATE: No updated needs were expressed by either agency.

- **PCI Representation on County QA Committees -** One way for PCI involvement and input, is being a part of county QA committees. The PCI staff member who has been a member of the Escambia County DHR QA Committee has retired, so another PCI staff member needs to be appointed. Also, there are three other counties in the South Alabama area with whom PCI is involved (Baldwin, Mobile, Monroe). DHR Leadership will contact those counties requesting that they contact PCI Leadership and discuss prospects of Tribal representation on their local QA committees.

  2019 UPDATE: A PCI staff person is a member of the Escambia County DHR, County QA Committee.
  2020 UPDATE: A PCI staff person continues as a member of the Escambia County DHR, County QA Committee.

- **PCI Receiving Information RE: Child Abuse and Neglect -** In discussions related to child abuse/neglect information, DHR staff indicated that DHR can process any central registry clearance requests (form: DHR-FCS-1598) received from PCI, when duly signed by the volunteer, employee, etc. These central registry checks have no costs associated with them. Also, DHR can share with the Tribe, any information that could likewise be shared with another state, e.g., that meet the statutory provisions and DHR policies regarding confidentiality and the release of information from DHR case records. Finally, as per already established (DHR) ICWA policy, there are requirements in-place that guide release of information involving Indian children as it relates to requests from parties to state court proceedings, requests from Indian Tribes, and inquiries from adult Indian adoptees.

  2020 UPDATE: No updated needs were expressed by either agency.

- **PCI Receiving Information on the Families First Prevention Services Act -** Corey Williams shared an update with PCI staff about Family First. There was a discussion around child abuse prevention, and PCI staff and DHR would like to work together on events related to prevention. PCI staff is willing to participate in the children under five stakeholder group, and more information will need to be provided to them around this when available.

  2020 UPDATE: No updated needs were expressed by either agency.

Process for gathering input for the 2020 APSR
- The Tribal Members Services Division Director, as well as the Director of Family Service for the Tribe are members of the CWCI Team, which provides ongoing opportunities for exchange of information, collaboration, etc., with both the Department and other agencies represented on the team/committee.

- The Director of Family Services for the Tribe, along with the Tribal Members' Services Director participated in the 2020 Joint Planning Conference, conducted with staff from the Children's Bureau Regional Office, the Capacity Building Centers for States, the Capacity Building Center for Courts, and many other partner agencies, in June 2020.

State's Plan for Ongoing Coordination and Collaboration with PCI and Compliance with ICWA
- The race and ethnicity of children is captured on FACTS, Alabama's CCWIS (Comprehensive Child Welfare Information System) system. Race is a required field in FACTS and when American Indian/Alaskan Native is selected as the race, additional fields are required to specify the child's tribe, membership status, and parent/custodian/tribal notification. FACTS is operating statewide.

  2020 UPDATE: The goal of mutual collaboration continues in effect across the time frame covered by the 2020-2024 CFSP.

- The Department must formally and in writing notify the Indian child's parents or Indian custodian and the child's tribe of pending legal proceedings involving foster care or termination of parental rights. Notification is by registered mail with return receipt requested.

  2020 UPDATE: The goal of mutual collaboration continues in effect across the time frame covered by the 2020-2024 CFSP.

- DHR policy provides that tribes have an absolute right to intervene in those child custody proceedings defined in ICWA. Tribes may decline jurisdictional transfer but retain the right to request updates and participate in planning activities for development of the Tribal/Department plan for the child.

  2020 UPDATE: The goal of mutual collaboration continues in effect across the time frame covered by the 2020-2024 CFSP.

- There are two placement categories for Indian children: foster care/pre-adoptive placements and adoptive placements. Foster care/pre-adoptive placements include members of the child's extended family; foster homes which are licensed, approved or specified by the child's tribe; and Indian foster homes licensed or approved by an authorized non-Indian licensing authority; or institutions for children which are approved by an Indian tribe or operated by an Indian organization which has a suitable program. Adoptive placements include a member of the child's extended family; other members of the Indian child's tribe; or other Indian families.

  2020 UPDATE: The goal of mutual collaboration continues in effect across the time frame covered by the 2020-2024 CFSP.

- Prior to initiating court proceedings to remove Indian children from their homes, active efforts are made to maintain the Indian family unit. Active efforts are defined as "making active attempts to assist in alleviating the problem that causes the need for removal." Active efforts are more intense than reasonable efforts and require remedial services and rehabilitation programs for family members to prevent placement and are made before out-of-home placement is considered

  2020 UPDATE: The goal of mutual collaboration continues in effect across the time frame covered by the 2020-2024 CFSP.

- The Tribal Court for the Poarch Band of Creek Indians (PCI) has exclusive jurisdiction over child custody proceedings defined in ICWA for children who reside on the Reservation or are domiciled on the Reservation. PCI Tribal court or any other tribal court of an Indian child not living or domiciled on the tribal reservation has a right to intervene at any point in the state court proceedings for both foster care placements and termination of parental rights proceedings. State courts are responsible for transferring jurisdiction to the Tribal Court, absent good cause or absent the objection of either parent.

  2020 UPDATE: The goal of mutual collaboration continues in effect across the time frame covered by the 2020-2024 CFSP.

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

- PCI, the only Federally recognized tribe in Alabama, maintains records on children and families to whom the Tribe provides services. Reports of child abuse/neglect that occur on the Reservation are investigated by the Tribal caseworker. The Tribe maintains a case review system for those children for whom the Tribe has custody. PCI has established a Child Protection Team to review cases. Additionally, PCI has an annual review performed by the Bureau of Indian Affairs. There are some cases in which the County Department and the Tribe work jointly with a child and family, e.g., an incident occurred off the reservation, but the child resides on the reservation. In these cases, both the Tribe and the County Department maintain records and the Department is required to do an ISP on any open case. The Department's efforts to involve the PCI in developing policies affecting the Tribe and efforts to join with the Tribe in providing services is positive for Indian children living in Alabama.

  2020 UPDATE: The goal of mutual collaboration continues in effect across the time frame covered by the 2020-2024 CFSP.

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

  2020 UPDATE: Should there be a need/desire by either agency to re-open discussions on this matter, it will be done.

- In past years some discussion had occurred between the Department and the Tribe regarding exploring a method by which the Tribe could receive Medicaid reimbursement for services provided by the Tribe for Tribal children who are eligible for Medicaid. This was not discussed during the 2020 annual meeting; however, should there be a need/desire by either agency to re-open discussions on this matter, it will be done.

Identify Sources of Data to Assess State's Ongoing Compliance with ICWA
See content regarding FACTS, under State's Plan for Ongoing Coordination and Collaboration with PCI and Compliance with ICWA.

Information Related to the CFCIP as it Relates to Tribal Children – 2020 Update: The status of the below items, as articulated therein, remain in effect for the time frame covered by the 2020-2024 CFSP. Please note suggested revisions, and correct, revise, add to, as desired.
- The Department considers all children as "Alabama's Children" without regard to race or culture. The Alabama Medicaid Agency has approved PCI to contract individually with residential facilities when a youth needs residential treatment services. The Department will continue to strengthen services to Indian Youth who reside on reservations and need access to benefits and services under the Chafee Foster Care Independence Program (CFCIP). Indian Youth are to have access to the benefits and services under the CFCIP on the same basis as any other child. Efforts will continue to be made to ensure that Indian Youth have access to CFCIP and Education Training Vouchers. See

Section of APSR on CFCFP/ETV.

- Indian families and the Tribe are to be included in ISPs for the child/family when the Department is working with Indian children and youth living off the reservation. The goal of mutual collaboration will continue in effect.

- As the Tribe has any interest in funding discussions, e.g. ILP. Family Services will respond to such questions, interests, etc., in a timely manner. As of 06/09/20, the Tribe has no children in its custody.

- Any ILP-eligible Indian Youth in the state's foster care system will have access to CFCIP and ETV funds as any other youth in foster care. Additionally, Indian Youth that have a high school diploma or GED, have access to Tribal monies (through the Tribal Trust Fund) to assist in paying for college expenses. However, if a specific Indian Youth in the state's foster care system needs particular services, SDHR and PCI staff will collaborate around assessing/addressing those needs, as they would for any other (non-Indian) youth in foster care.

At the annual meeting in April 2015, some of the resources available for ILP-eligible youth through participation in local ILP groups were highlighted, including the fact that IL services were available to any youth age 14 and older. Ms. Gookin's name was added to the mailing list of local counties that have active groups, so that she can be kept informed of upcoming events for those groups. Also, updated training information related to <u>Children's Justice</u> training sessions and FSD's <u>Office of Child Welfare Training,</u> will be sent to her.

2020 Update:
As Amanda Montgomery is now the PCI Director of Family Services, SDHR will communicate with surrounding counties (to Escambia County) and request that those with active IL groups add her name to any mailing lists they may have related to upcoming activities for IL-age youth. Additionally, SDHR will provide her with information on other training events that are planned, so that PCI staff can be kept up to date on what is occurring.

Exchange of Copies of the 2021 APSR
- FSD has provided PCI with a copy of the Children's Bureau-approved Final Report (2015-2019 CFSP), and 2020-2024 CFSP.
- Upon **Children's Bureau** approval of the 2021 APSR, the exchange of documents will occur via email.

New Five-Year Goals – 2020 Updates:

DHR & PCI will maintain open and timely communication with each other.
In the 2020 annual meeting, all agreed that communication with each other was timely and effective.

DHR & PCI will maintain collaboration and partnership.
PCI continues to be represented on the CWCI group and consistently participates in these meetings. Additionally, PCI continues to be an active member of the Escambia County QA Committee.

DHR will continue to involve PCI in PIP planning, updates, and implementation.
PCI staff served on one of the PIP work groups, and also participated in the June 4, 2020, Joint Planning meeting. During the annual meeting, SDHR Leadership invited, and PCI staff accepted, the opportunity to serve as a presenter at the annual Child Welfare/Judicial Summit, that is currently planned for October 2020. The Judicial Summit is one of the ongoing PIP activities.

DHR & PCI will explore other opportunities for collaboration.
DHR and PCI are planning to conduct an ILP event at PCI in FY 2021. Also, DHR will explore with PCI the prospects of hosting a STEP training event at PCI. Additionally, discussions may occur on coordinating with PCI staff on making a video, that could be used to inform DHR staff about the various components of ICWA policy and procedures.

CFSR Findings
Information in the statewide assessment and collected during interviews with stakeholders showed that the state has good collaborative partnerships with entities such as the Children's Justice Task Force, Alabama Fatherhood Initiative, and Alabama National Guard. However, Alabama has challenges in coordinating with other federal programs. The state was unable to provide data to support coordination with programs such as the Departments of Education and Labor, and Head Start. Coordination with the state agency responsible for administering the Medicaid program is limited to informing youth transitioning out of care that Medicaid can be extended until age 26.

DESCRIPTION OF CURRENT / PLANNED ACTIVITIES FOR IMPROVEMENT

Alabama will explore ways in which the current collaborative relationships will be maintained and enhanced. In line with the CFSR findings above, Alabama will demonstrate concerted efforts to solidify working relationships with the Departments Education, Labor, Head Start, Medicaid, and state/federal agencies whose partnership will strengthen the work done with Alabama's children and families. There is for example, a representative from the Alabama State Department of Education on the State QA Committee, which will help advance collaboration with our education partners.

PIP & CFSP

Agency responsiveness to the community is addressed under Goals 3 and 5 of the approved PIP. A collaboration emphasis in Goal 3, which relates to timely achievement of permanency for children in care 12-23 months, includes strategies and key activities that outline the agency's partnership with the Administrative Office of the Courts (AOC), as well as partnership at the local level between county DHR offices and the local judge/court system. to improve the engagement of fathers and paternal relatives throughout the life of the case, which will not only improve permanency outcomes for children but also strengthen overall practice and service delivery to families.

Under Goal 5, a key activity that serves to strengthen collaboration is that of expanding membership of both the State QA Committee and the CWCI Team, as well affording to both groups regular opportunities to provide input to the CFSP/APSR. See the update under **Quality Assurance System** for further information.

The CFSP also outlines the collaborations that are planned/ongoing between the agency and various community partners. These collaborations include the Alabama Judicial & Child Welfare Collaboration Project (which includes ongoing work around the iCAN project), local and state QA committees, the Alabama Child Welfare Collaborative Initiative, the Alabama Department of Child Abuse & Neglect Prevention, the Alabama Foster/Adoptive Parent Association, the Alabama Law Institute, and others that are outlined in the CFSP.

It is our belief that these collaborations lead to better outcomes for families and children, as these partnerships help address a number of critical areas of practice, including timely achievement of permanency, well-being, prevention of child abuse, and placement stability.

ASSESSMENT OF PROGRESS

STRENGTHS	CHALLENGES
• See under items 31-32.	• See under items 31-32.

Collaboration Through Joint Planning

The Joint Planning Meeting information from Break out session IV, Using the Parent/Family Voice was taken back to the Citizens Review Panel (State QA Committee) and they are reviewing the recommendations to identify steps to ensure the parent's voice is heard on a county level, district level, and state level. The recommendations were to have a parent with *lived experience* to join local and state QA committee.

During the Joint Planning Meeting, the Workforce Development break out group consisted of DHR staff, foster/adoptive parents, law enforcement, youth, courts, and others. Key questions regarding the Practice Model included: 1) How familiar are you with the Practice Model; 2) How do you see the Practice Model components implemented throughout the agency and community? 3) What might be ways to engage stakeholders in revisions to the Practice Model?

Strengths and needs of the new worker and ongoing training were also discussed.

Regarding the Diligent Recruitment breakout session, the emergence of strategies shared by our participants has been stirring. There are plans to institute ongoing recruitment/retention collaborative zoom meetings in the upcoming months. These 30- minute check-ins will motivate all involved to share as well as witness how their input helps shape a more innovative and creative way to engage nurturing and committed potential foster and adoptive families.

The breakout group regarding Diversification of Services was successful in both the diversity of participants and meaningful information shared. It was agreed that it would be helpful to bring this group together again for further discussion and meetings. There are plans to reconvene the group in September, at which time feedback will be shared and additional input received.

As reflected above, many stakeholders were involved in the Joint Planning meeting, including two staff from the Administrative Office of Courts, which helped enhance the already strong partnership.

IL Youth participation was valuable to the recruitment and retention session. Suggestions made for improving teen involvement and engagement has been incorporated in our quarterly provider meetings. This session had participation/input from two foster parents and one youth. Joint Planning participation was instrumental in the department initiating a quarterly call about recruitment updates. More exploration is being made with corporate entities to navigate recruiting during this pandemic. Several zoom meetings have taken place with new partners to explore some of the feedback shared during this meeting.

There were two foster parents, a kinship caregiver, a youth, and a birth parent represented in the Joint Planning meeting/Break out session Using the Parent's Voice. There will be further discussion on using parental voice at the State QA meeting 9/20/20. There will be discussion on sending a letter from SQA to the counties in using parental involvement in local QA committees.

One former foster youth participated in the workgroup about the diversification of service. There has been some discussion surrounding the inclusion of parent(s), to date none have been identified to participate in the process.

During the Workforce Development break out session (that had participation from a foster parent and an older youth), the young man that spoke discussed how he wish he had been treated in the system. He stated that if staff who worked with him over the years had truly adhered to the Practice Model, he felt that maybe his situation would have been better. One foster/adoptive parent was in attendance and felt as though the Practice Model is needed and should be the "road map" for Alabama DHR. The foster parent is also on our Workforce Development Group and will assist in completing the PIP.

The ORSI is used as a tool to get the parent's voice at a county/district level. Feedback is given to the counties/districts to inform them on if the parent's voice is heard in case planning and services provided to the family, as well as fathers being involved in the case. It is encouraged to use this information in County Improvement Plans (CIP) meetings in the county offices.

Systemic Factor: **Foster and Adoptive Parent Licensing, Recruitment and Retention**
CFSR, R3:   Not in Substantial Conformity

Item 33. Application of standards to all approved homes / institutions
CFSR, R3:   ANI

ASSESSMENT OF PROGRESS / DATA

The department addresses the quality of care foster parents provides to children by ensuring all staff document their contacts on FACTS in the provider narrative. This is accomplished during semi-annual and annual visits by the county resource worker as well as monthly visits from the foster care worker assigned to the case. Specific recommendations are also made by State QA on specific case reviews.

The Department and contracted providers still train, assess and approve foster homes (traditional and therapeutic) according to the *Minimum Standards for Foster Family Homes*. All foster homes in the state are approved by any of three entities; The County DHR Office may approve traditional foster homes located in their specific county. Contract entities offering Therapeutic Foster Care (TFC) will approve all homes providing services under the agency's purview.

Private child-placing agencies (CPA) may approve foster homes for their own use or the use of the Department. In all cases, these homes must comply with the Minimum Standards for Foster Family Homes or the Alabama Therapeutic Foster Care Guide if the home is to serve TFC children. The specific process for approving a home including required materials, clearances, etc. can be found within those standards.

As a result of the passage of Act 2016-19, revisions were made to the Foster Family /Adoptive Resource Home licensing polices that require successful completion of training in Reasonable and Prudent Parent Standard. The new pre-service training curriculum, TIPS, also includes a component on the RPPS. The RPPS training materials have been developed, including Power Point Slides, note pages, and handouts.

Child Placing Agencies (CPA) providing traditional family foster homes and adoption services must comply with Minimum Standards for Child Placing Agencies and Minimum Standards for Family Foster Homes. There are copies of the site visit reports in the provider's files to demonstrate the standards are applied equitably. Child Placing Agencies (CPA) providing therapeutic foster homes services must comply with Minimum Standards for Child Placing Agencies, Minimum Standards for Family Foster Homes, and Alabama Therapeutic Foster Care Guide. There are copies of the site visit reports in the provider's files to demonstrate the standards are applied equitably.

Residential care facilities must comply with the Minimum Standards for Residential Child Care Facilities. There are copies of the site visit reports in the provider's files to demonstrate the standards are applied equitably. If an inspection/evaluation indicates non-compliance with the minimum standards, or the situation warrants, a corrective action plan may be developed to allow the licensee to achieve compliance with the minimum standards while continuing to care for children. The corrective action plan shall include the following:
- A statement of each deficiency.
- A description of how the deficiency shall be corrected.
- The date by which corrections shall be completed.
- The signature of the Department's representative and the licensee/facility representative.

If the licensee fails or refuses to comply with the corrective action plan, the Department may initiate adverse action such as suspension or revocation of the license/permit/approval. SDHR tracks the violations.

The Office of Licensing (Resource Management Division) will review and evaluate initial applications and supporting documents for completeness of content and accuracy to ensure compliance with standards. Site visits, announced and unannounced, are made to verify compliance for the operation of a childcare facility or a child placing agency have been met, a six-month permit will be issued by the Department.

Within six months, the Department will re-examine and re-evaluate every area of the facility included in the initial application. A renewal of a license (2-years) will be issued, if, upon re-examination, the Department is satisfied that the provider continues to meet and maintain *Minimum Standards* prescribed and published by the Department.

The Office of Licensing (Resource Management Division) utilizes internal worksheets utilize to review personnel records, children's records, foster parents and adoptive records of residential childcare facilities and child placing agencies. Copies of the site visit reports are in the provider's files.

The Office of Licensing also provides support services, technical assistance, consultation, training, and interpretation of the *Minimum Standards* to prospective and existing childcare providers. The Office of Contracts also make monitoring visits to contracted providers to make sure that are in compliance with their contracts with the Department.

CFSR Findings
Information in the statewide assessment shows, and stakeholders confirm, that the state is not ensuring that state standards are applied equally to all licensed or approved foster homes or childcare institutions receiving title IV-B or IV-E funds. The state is not consistently ensuring that provisional foster family home approvals are completed in compliance with state policies, and that requirements for continuing education for foster parents are applied equally across all jurisdictions.

Item 34. Compliance with Federal requirements for criminal background clearance
CFSR, R3:   ANI

ASSESSMENT OF PROGRESS / DATA
Alabama Bureau of Investigation (ABI) and Federal Bureau of Investigation (FBI) criminal records checks and Child Central Registry child abuse neglect (CAN) clearance shall be completed for each foster parent, adoptive parent, and staff members of child placing agencies and residential child care facilities. The results of the criminal history checks must be received and deemed suitable prior to approval of foster care parents and adoptive parents.

All applicants and holders of a child care license or six-month permit, all applicants for employment in a paid or voluntary position, and all current employees in paid or voluntary positions must be suitable and of good moral character in order to operate or work in a child care facility and child placing agency. Because staff family members living in the home or visiting overnight in the children's living units (residential childcare facilities) shall also be of good character and suitability, a criminal background check shall be obtained on these individuals.

The state ensures the safety of foster care and adoptive placements by working collaboratively with community partners. In addition to DHR, law enforcement, the courts, mental health agencies, physicians (especially pediatricians), schools, day care centers, medical facilities, and public health agencies will have occasions to observe the results of child abuse and neglect.

If safety issues are identified in a foster home, they are assessed immediately, and dispositions are made within 30 days. When children have been placed in an adoptive home and report that they were abused or neglected while in a previous placement or in their birth parents' home, the County Department receiving the report shall notify SDHR's Office of Adoption.   Safety plans are separate documents from the individualized service plan.

CFSR Findings
Information in the statewide assessment and collected during interviews with stakeholders indicated that the state is ensuring compliance with federal requirements to conduct criminal background clearances. However, the state was unable to demonstrate that it has a case planning process that, in response to concerns, adequately addresses the safety of children in foster care and adoptive placements.

Item 35. Process for ensuring diligent recruitment of potential foster/adoptive homes
CFSR, R3:   ANI

ASSESSMENT OF PROGRESS / DATA
The child register and the provider register provides race and ethnicity information on both the population of children in care as well as current approved foster homes. This information is on report on ERD that are available to counties. Counties are encouraged to consider any disparity in these numbers when developing recruitment strategies. The counties that participated in the market segmentation-driven recruitment planning sessions looked beyond race/ethnicity in their foster family and foster child population. Diligent Recruitment Planning was done utilizing countywide demographic information as well as Lifestyle Segmentation Information provided through Tapestry (a program of ESRI) and developed strategies that delivered the message about the need for more foster parents to groups of people more likely to say yes to fostering.

There are queries now running that include the demographic data of race and ethnicity of children in care and current foster and adoptive parents. State office staff will continue to participate in recruitment efforts at sporting events, festivals and community events that families frequent. We will work in partnership with our county offices to support their efforts related to recruitment and retention, offering additional trainings, services and supports to our foster parents and encouraging the use of the Permanency Roundtable process to assist counties and the placement staff with recruiting for our older foster

youth who are ANIR.

Recruitment for private agencies: Recruiting viable homes to provide foster care services for children/youth is vital. State DHR encourages vigorous and innovative recruitment initiatives by Child Placing Agencies to maintain an adequate pool of foster parents to facilitate appropriate matching of children and foster homes. Advertisements, whether by television or radio announcements, by newspaper articles or by billboards or individual signs, should be focused on the services that a respective agency is providing to vulnerable children or youth in the State. To place a dollar amount for reimbursement for services or to imply that a provider earns a wage for providing a home for a child does not appear to exhibit sensitivity for the children and families that DHR and the provider community serve.

It is certainly permissible to discuss the payment with the prospective foster parents. It is not appropriate to openly advertise rates to entice recruits. Recruitment of the foster parents of another licensing agency or a representative of that agency is unethical and is prohibited. If a provider engages in such activity, they will be placed on a corrective action plan to cease the activity and to monitor any staff who may be involved in it. If there are two additional verifiable accounts of such activity after the agency has been warned and placed on corrective action.

Alabama DHR continues to utilize the RRT model for responding to families requesting more information about becoming a foster/adoptive parent. The RRT is provided through contract with CAS/APAC, but their staff do not have access to FACTS. Therefore, they continue to record family Intakes into the RRT database created by AdoptUsKids. That database underwent changes a few years ago and is now known as FITT (Family Intake Tracking Tool). The RRT coordinator reports revisions to FITT have made it possible to more easily detect duplicate families and she suspects this accounts for the decrease in new families reported in 2017. DHR doesn't have a "diligent recruitment plan" developed by SDHR. We have some activities implemented by SDHR (ABA's PEP program, Alabama & Auburn advertising, etc.) Because of the county-driven nature of our work, each county is instructed to develop a plan. All the plans are copied/pasted into one document that is attached to the APSR (see attachment to the 2018 APSR). In the area of recruitment and retention of foster family/adoptive resource homes, it is believed that timeliness of response is a key component to retaining families. Families who contact the recruitment response team reach the team either by calling our toll free recruitment hotline (1-866-4AL-Kids – 1-866-425-5437) or by submitting an inquiry form through the DHR web site (www.dhr.alabama.gov). It is our expectation that a member of the Recruitment Response Team will respond to the family asking for general information about fostering/adopting within five business days.

The Office of Adoption has an Administrative Assistant who has the responsibility for responding to child-specific inquiries on the following sites: www.dhr.alabama.gov (partner page with AdoptUsKids); www.adoptuskids.org and www.adoption.com. She is required to respond to child-specific inquiries within two weeks. Our partnership with Heart Gallery Alabama has been very beneficial in raising overall awareness of the need for more adoptive families but more specifically in providing another avenue for families to submit child-specific inquiries for children featured on this site. Heart Gallery utilizes donated time and talent from photographers around the state to capture the likeness of children waiting for forever families; they also raise funds from a variety of sources (grants, fund raising, etc.) to fund the service they provide to Alabama DHR. For three years now, Alabama DHR has had a contract with Heart Gallery Alabama that primarily funds staff to provide timely response and accurate information to families who inquire about children on their web sites or featured in on-site exhibits.

COMMENTS & CONTRIBUTING FACTORS
1. Counties report challenges in placing sibling groups and even very young children when they enter care. A statewide e-mail distribution list of resource workers is maintained, and counties access this statewide alert system with a degree of regularity to request help in placing children upon entry into care as well as times of placement disruption.

2. High staff turnover has an impact on consistent implementation of recruitment plans or even the full utilization of the resource (licensing staff) allotted to each county.

3. Information about diagnoses and medication of children in care is captured if/when it is entered into FACTS. The Office of Data Analysis has an Open Home Removal query and the FC055 report. Our agency would benefit from accessing assistance from the Capacity Building Center for States' Diligent Recruitment and Market Segmentation Constituency Groups to learn how to utilize the data on children to develop more effective and meaningful diligent recruitment plans.

CFSR Findings
Information in the statewide assessment indicated that Alabama is not ensuring that diligent recruitment of potential foster and adoptive families who reflect the ethnic and racial diversity of children in care across the state is occurring. The state

relies on counties to self-report recruitment activity, and to use market segmentation data in recruitment efforts. Not all of the counties, however, have completed the training in the use of market segmentation data.

2020 Update:

Outcomes of Joint Planning Meeting - Foster & Adoptive Recruitment and Retention Session

Purpose:
- Have transparent conversations around recruiting nurturing foster and adoptive homes.

- Discuss ways to best train our resource staff to ensure they are assessing and supporting families.

- Discuss ways we can engage the community with innovative recruitment campaigns.

What was accomplished:
- We celebrate our small victories for permanency over the last 2 years however we can do better.

- Educate our community about our needs, the approval process and what to expect.

- Engage in cooperate partnerships- link with current community outreach portfolios.

- Engage our current/former youth in conversation about recruitment.

- Address in-house barriers and improve experiences for potential foster/adoptive parents.

Next Steps:
- Collaborate with Foster/Adoptive parents who continue to foster.

- Develop / strengthen new corporate partnerships for recruitment opportunities.

- Take a deeper dive in approval processes from County to County- address barriers from the State Office level and provide supports.

Item 36. Process in place for effective use of cross jurisdictional resources
CFSR, R3:   ANI

ASSESSMENT OF PROGRESS / DATA
Home study requests received from another state for an adoptive placement in Alabama are not completed within 60 days, with one primary reason being the completion of TIPS typically takes 10 weeks. However, a status preliminary report typically would be provided within 60 days. Currently there is no way of tracking in FACTS the percentage of preliminary reports that are received.

Data / Data Trend – Item Assessment
Geography is not a barrier to achieving permanency for children in the custody of the Department. The children with TPR and a goal of ANIR (Adoption No Identified Resource) are included in photo listing web sites and we receive and respond. Inquiry data from Heart Gallery Alabama is already reported earlier. The inquiries on that site are a good mix of both in-state and out-of-state families.

The inquiries received and responded to through www.adoptuskids.org are primarily from out –of-state families. For FY 2016 445 child inquiries were received. In FY 2017 there was 792 inquiries from families through www.adoptuskids.org.

The expeditious processing of referrals will allow permanency for children in a timely manner and reduce delays which are a barrier to permanent placement of children. We will continue to monitor workflow of staff. Tracking is accomplished through internal spreadsheets that are maintained. Barriers to processing include case crisis; worker absence and increased workload.

We have one Administrative Assistant who has responsibility for responding to all families who inquire about specific children or sibling groups on the web sites. In her response to their inquiry she provides instructions on how to submit a home study to our Office so that the family may be considered for the specific child or sibling group.

This same staff person receives all of the out-of-state studies, records receipt on a home study log, sends a courtesy acknowledgement to the Agency or social worker that sends us the study and then routes the study on to the Program Specialist assigned to the specified child/sibling group for the purposes of matching and placing. During FY 2017 we received 581 out of state studies were received.

Continue to provide ICPC training and case consultation to county staff.
Permanency for children through the use of cross-jurisdictional resources continues to be completed. Home study requests for adoptive studies from other states are generally not completed in 60 days due to the ten-week requirement for completion of training.

However, preliminary reports are requested within 60 days to meet the Federal guidelines. While there is currently no mechanism for tracking the percentage of preliminary reports received, our FACTS unit has been asked to look at ways to access this information through enhancements to the FACTS system.

ICPC staff have continued to provide training and daily case consultation to county staff. County staff have indicated their knowledge and skills regarding the ICPC process have been improved with training. ICPC will continue to maintain interagency collaboration with the American Public Human Services Association (APHSA) as well as AAICPC, and other

State ICPC offices. ICPC will continue to request permission to attend the annual ICPC Conference which provides training and Federal updates for implementation of the ICPC process to State ICPC staff. Two ICPC Specialists attended the 2018 ICPC Conference. It is anticipated that two Specialists will also attend the 2019 Annual Conference.

Inter-jurisdictional Placements
Placements are made across county lines within the state as well as inter-jurisdictional placements through Interstate Compact on the Placement of Children (ICPC). Adoption studies on out-of-state families continue to be received for families who see our children on www.AdoptUSKids.org, www.heartgalleryalabama.com, www.adoption.com and www.dhr.alabama.gov sites, resulting in a number of out-of-state placements.

With increased recruitment efforts and matching to Alabama families, a higher percentage of placements are being made in the state as well. When a child is potentially matched with an out-of-state family, placements are made through the public or private adoption agency working with the family.

When a resource is identified, in an effort to facilitate a successful placement, the Specialist and the child's planning team determine the number of pre-placement visits necessary for the child and the out-of-state resource to feel comfortable in making the transition to a successful placement. If the visits go well, a placement date is scheduled on which the Specialist travels with the child to make the placement.

The Office of Adoption has increased efforts to identify and develop in-state resources for placement of waiting children to assist in expediting permanency for these children. The state is aware of interjurisdictional resources are being utilized and are occurring statewide through the use of internal spreadsheets, FACTS, and the Office of Adoption reporting forms.

CFSR Findings
Information in the statewide assessment and collected during interviews with stakeholders indicates that the state is effectively utilizing cross-jurisdictional resources to support the permanent placement of waiting children through AdoptUSKids, Heart Gallery Alabama, and Adoption.com.

However, there are concerns about the state's response to requests from other states to complete home studies in order to facilitate permanent placements in Alabama of children from those states. The state was unable to provide data demonstrating the timely completion of home study requests received from other states.

ASSESSMENT OF PROGRESS

STRENGTHS	CHALLENGES
1. The state plans to maintain the Minimum Standards for Foster Family Homes which apply to all foster family homes. There are guides for TFC and other types of residential services. 2. The Department maintains an Office of Criminal History that ensures compliance with applicable Federal Regulations in this area. Criminal History Check Letters of Suitability are on the Resource Record Review checklist. 3. The Department's Administration expects counties to regularly deliver a message about the need for more foster/adoptive parents. Administration initiated a new partnership in June 2018 between State DHR and Dollar General Stores. 4. Annually in February, each county is expected to develop and implement a foster parent recruitment plan. 5. Each county has an identified Office of Foster Care Recruitment Consultant. This person is responsible for one on one dialogue with each county resource staff as well as quarterly reports regarding recruitment activities in their assigned county. The Consultant also encourages counties to partner with neighboring counties for TIPS or deciding together classes when necessary. Many counties implement recruitment activities year-round. The majority of the county recruitment plans include delivering a message to communities of faith, social and civic organizations and to other groups based on the market segmentation lifestyle grouping data we have on existing successful foster families. 6. The Department has executed a contract for recruitment of families interested in adopting children that meet the special needs definition. This vendor has coordinated recruitment efforts in communities of faith that include large churches in urban areas of the state as well as smaller rural congregations in the area of the Black belt area of the state. 7. Alabama has two Wendy's Wonderful Kids Child-Focused Recruiters. One for the Northern region of the State and the other for the Southern region. The Department was awarded the Wendy's Wonderful Kids Grant for the upcoming 2019-20 renewal year. 8. The Department and our post-adoption services program were recognized at a national meeting for linking pre-adoption (recruitment) and post-adoption services (hosted by NRC/AdoptUsKids & NACAC) 9. Heart Gallery Alabama partnership and the services they provide continue to grow. They continue to photograph and video waiting children and allow use of these photographs and videos in other recruitment venues throughout the state. 10. The Kids to Love Foundation continues to partner with Alabama in increasing the awareness of the needs of foster and adoptive children through the medium of television.	1. Recruitment and Independent Living Services need to partner in a campaign focused at increasing the number of families willing/able to foster and adopt older youth in care. 2. The Department needs more resource families of Hispanic ethnicity or with Spanish language skills. 3. We need to increase the number of foster families willing/able to parent older youth in care. 4. We need to increase the number of foster families willing/able to parent children with special health care needs 5. We need to increase the number of foster families willing/able to parent sibling groups of three or more. 6. Review and confirm existing data collection mechanisms for families currently providing foster care services to medically fragile children/youth and investigate/develop options for identifying and tracking foster families willing/able to accept a child with special healthcare needs.

11. Kids to Love and CAS/APAC have developed a partnership. They recruit together in the geographic area served by Kids to Love, and then APAC provides GPS training and home study services. 12. The staff in the Office of Adoption are well-versed in the use of ICPC for cross-jurisdictional adoptive placements. Children with TPR and a goal of ANIR are featured on four different web-based photo-listings. Therefore, families from all over the country can see photos, videos and written bios on our waiting children. Home studies from out-of-state families are received and processed on a regular basis. Once received, we acknowledge receipt back to the agency that sent them and then the studies are forwarded on to placement staff for review and consideration as potential matches for our children. Adoption team considers out-of-state families on a regular basis and when children are matched with potential families living out-of-state, ICPC packets are submitted. The adoption placement staff have developed good working relationships with a number of home study agencies in other states. Our Wendy's Wonderful Kids recruiters routinely submit profiles on children in their caseloads to paper match sessions held by out-of-state agencies. 13. The Department has a policy in place for releasing courtesy copies of home studies on families approved as a potential adoptive resource through DHR to other states. 14. AL DHR is entering into a partnership with Foster America where a Foster America Fellow will be working full time at State DHR for 18 months with their 100 % focus being Foster Parent recruitment and support. This individual is a seasoned professional who will bring innovation, strategic planning and technical skills to assist in elevating our foster parent recruitment efforts statewide. In addition, they will be part of a six state/city cohort group who will also be focused on the same priorities. This cohort group will meet regularly, share data, best practice, etc. in hopes of maximizing the knowledge and learning across systems. The effective start date is late October 2019.	**DESCRIPTION OF CURRENT / PLANNED ACTIVITIES FOR IMPROVEMENT** **Please see the state's foster and adoptive parent diligent recruitment plan.** State will address the identified concerns in the CFSP, through implementation of the **Diligent Recruitment Plan** (**DRP - see below**), with one (1) aspect of recruitment of foster/adoptive parents being conducted through the PIP, as <u>originally</u> indicated in (Draft PIP) Goal 2, Strategy 2, Activity 2 – recruitment of foster/adoptive families for children, age 4 – 10. **NOTE: Changes were made in the PIP, see Alabama's approved PIP for final form.** ➢ Concerns highlighted in Item 33: See **DRP**, Goal 9 – Objectives 1 & 2 ➢ Concerns highlighted in Item 34: See **DRP**, Goal 12 – Objective 1 ➢ Concerns highlighted in Item 35: See **DRP**, All Goals & Objectives ➢ Concerns highlighted in Item 36: See **DRP**: Goal 10 – Objectives 1 & 2

Goal 3, Strategy 4 of Alabama's approved PIP has activities specifically designed to improve recruitment and retention of foster and adoptive parents, as shown below. As of the APSR submission the completed dates for these activities were not yet due.

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. 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. 3.) Develop informational training on Recruitment Needs and how to formulate a plan in the PIP Implementation sites. 4.) Train PIP implementation site resource supervisors and directors on the recruitment needs and plans. 5.) Each county in the implementation site will implement their recruitment plan. 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. 7.) Monitor and evaluate using the county self-assessments conducted twice a year. 8.) Based on strategies found to be successful, develop a plan for statewide, phased implementation, that upon Leadership approval would be initiated during the CFSP.

2021 APSR ASSESSMENT

1. Maintain up to date policies

Meeting this goal will involve the planned review of existing policies. In the past five years a number of substantive policies have been developed. There is a need to make a careful review of existing policies to locate needed changes. While policies are updated as laws and regulations change, other revisions are also needed as the Department changes program and procedures.

2019 Update: During this reporting period, revisions were made to several of the Department's policies. On February 27, 2018, the Child Protective Services Policy was revised to reflect the Department's new policy that an immediate response is required if a hospital or physician's office makes a report that meets the definition of CA/N or Prevention Policy. On April 2, 2018, Out-of-Home Care Policy was revised to be in compliance with the legislative amendment to Code of Alabama 1975 §12-15-314. Policy was revised to reflect the Department must eliminate the requirement that a kinship guardian may be appointed by the juvenile court only if a parent legal guardian or legal custodian of the child is living and has consented in writing to the appointment of the guardian and not withdrawn the consent and to eliminate the requirement that a parent, legal guardian or legal custodian of a child give consent in writing before a successor guardian may be adopted. On April 17, 2018, Child Protective Services Policy was revised to clarify guidelines for notification and review of child fatalities. Policy lists the individuals who are to be notified in these situations. On May 29, 2018, Child Protective Services Policy was revised to be in compliance with the legislative amendment to Code of Alabama 1975 which clarified a sex offense in regard to foster parents. This amendment prohibits a foster parent from having sexual contact with a foster child. This amendment also provided additional information regarding school employees engaging in a sex act with a student. On May 29, 2018, Child Protective Services Policy was revised to reflect the legislative amendment to Code of Alabama 1975 § 13A-6-152 and 13A-6-151, regarding reports received involving child sex trafficking. On August 3, 2018, Out of Home Care Policy, in order to be in compliance with the Family First Prevention Services Act, P.L. 115-123, was revised to require a child in foster care for more than six months be provided with documentation that proves he/she was previously in foster care before aging out of foster care. The Act also required revisions to Adoption Subsidy. The "applicable child" requirements apply only to children who will be age two or older by the end of the fiscal year their adoption assistance agreement was entered into. However, a child may still be considered "an applicable child" if the child is a sibling of an "applicable child" and meets requirements as detailed at section 473(a)(2)(A)(i) of the Act. On September 24, 2018, the Child Protective Services Policy was revised to reflect the Department's new policy on removing the Delegation of Parental Authority from policy. On September 26, 2018, the Individualized Service Plan Policy was revised to reflect the Department's new ISP Policy, CFA and ISP form. On February 12, 2019, the Out of Home Care Policy, in order to be in compliance with the Family First Services Prevention Act, P.L. 115-123, was revised to expand the use of Education and Training Vouchers. This amendment states youth currently in foster care and youth formerly in foster care remain eligible for the education and training program until they attain twenty-six years but in no event may a youth participate in the program more than five years. On February 26, 2019, the Financial Procedures for Out of home Care, in order to be in compliance with the Family First Prevention Services Act, P. L. 115-123, was revised to include the amendment on federal regulations and requirements regarding services to children in out-of-home care necessary to obtain federal funding for children. On March 21, 2019, Foster Family Home/Adoptive Resource Policy, in order to be in compliance with Family First Prevention Services Act, P.L. 115-123, was revised to incorporate the national model standards for foster family homes and, allow two exceptions for more than six children placed in the home when space is available. On March 27, 2019, the Minimum Standards for Foster Family Homes, in order to be in compliance with the Family First Prevention Services Act, P.L. 115-123, was revised to be in compliance with the national model standards for foster family homes.

2020 Update: During this reporting period revisions were made to several of the Department's policies. On August 5, 2019, the Out-of-Home Care Policy was revised to be in compliance with the legislative amendment to Code of Alabama 1975 § 12-15-312 and §12-15-319. Policy was revised to provide that reasonable efforts to preserve and reunify a family prior to the placement of a child in foster care, to prevent or eliminate the need to remove a child from the child's home and to make it possible for a child to return safely to the child's home, may not be required in a case where a parent has been convicted for the crime against a child of rape in the first degree, sodomy in the first degree or incest and to require a juvenile court to find that a parent is unstable le to properly care for a child to discharge his/her responsibilities to and for the child in any case where the parent has received a conviction for the crime against a child for rape in the first degree, sodomy in the first degree, or incest and shall terminate the parental rights of the parent. Code of Alabama §12-15-312 has been amended to state that an aggravated circumstance includes, but is not limited to, aggravated stalking, abandonment, torture or chronic abuse. It may also include a parent being convicted of rape in the first degree, sodomy in the first degree or incest. The juvenile court shall make a finding that the crime of rape, sodomy, incest or other sexual abuse actually occurred by the parent against a child in any instance where the parent has been convicted. Code of Alabama §12-15-319 has been

amended to state if a parent has been convicted of rape in the first degree, sodomy in the first degree or incest, the juvenile court shall make a finding that the parent is unable to properly care for a child and to discharge his or her responsibilities to and for a child, and shall terminate the parental rights of the parent. On August 27, 2019, the Child Protective Services Policy and Out-of-Home Care Policy was revised to be in compliance with the legislative amendment to Code of Alabama 1975 § 12-15-102, § 16-28-3, § 22-52-16 and §26-14-1. Policy was revised to reflect the definition of a child and requires the department to provide services to individuals under the age of 19 years who are in need of protective services. On October 28, 2019, the Child Protective Services Policy was revised to be in compliance with ACT 2019-447. The department will accept child abuse/neglect reports on children under age 19 when alleged abuse/neglect meets the definition of a CAN report. On October 21, 2019, Out-of-Home Care Policy was revised to reflect revisions to Independent Living Services. The revised policy is a result of changes within the scope of services for TLP/ILP contract programs, updates to include non-contract IL placements, to establish guidelines related to 18 year olds in non-contract placements and in response to needed changes connected to the NYTD improvement plan. On October 29, 2019, Out-of-Home Care Policy was revised. The revision was the result of the department's increase in traditional foster care payments. On March 30. 2020, Adoption Policy was revised to reflect current practice. The policy was revised to reflect if an applicant approved to foster and adopt expresses after approval, a desire to adopt a child with a plan of ANIR, the home study and all supporting documentation required must be sent to the SDHR Office of Adoption for approval. On May 1, 2020, Out-of-Home Care Policy was revised. Supports to Foster Parents was revised to reflect the general guidelines added to the conflict resolution process. Also, during FY 2019, policy revisions to the state's Language Assistance Policy specific to Child Welfare were initiated to ensure the competency of individuals acting as interpreters. The policy, originally created in 2017, was a result of Title VI of the Civil Rights Act of 1964, 42 U.S.C. 2000d et seq., Regulation 45 C.F.R. Part 80 (Title VI). The Department is required to provide services to those individuals who have limited English proficiency; to provide available resources and to advise staff of the Department's commitment, training and monitoring to our work with families.

On August 27, 2019, Minimum Standards for Residential Child Care Facilities was revised to be in compliance with Public Law 115-123, the Family First Prevention Services Act. Residential Minimum Standards were revised to require criminal record and registry checks for adults working in child-care institutions. The ACT requires that title IV-E agencies apply these same procedures for finger-print based criminal records checks of state and national crime information databases and child abuse registry checks on any adult working in a child –care institution, which includes group homes, residential treatment centers, shelters and other congregate care settings.

2.   Update and maintain the Alabama Administrative Record Code (APA)
An offensive plan to bring the Administrative Record Code up to date must be undertaken. Currently, a re-write of the entire APA for Out-of-Home-Care is underway. The APA for Adoption services will be completed following that. Included in the goal is the plan to develop the capacity of all policy developers in any program area to be familiar with updating the APA. **Update 2010:** This goal continues. The APA for Out-of-Home-Care is planned for completion in the coming year. APA for Adoption Subsidy and Kinship Guardianship will be completed in the coming year. **2019 Update:** The APA was approved in April 2018 for the Individualized Service Plan Policy. The Department is currently working on revising APA for Interstate/Intercountry Services to Children. This is ongoing and goals will continue for APA completion. **2020 Update:** The Department continues to work on revising APA for Interstate/Intercountry Services to Children and Child Protective Services Policy. This is ongoing and goals will continue for APA completion.

3.   Child Protective Services Policy and Procedures:
Because this policy is the foundational policy for assuring the safety of Alabama's children, maintaining up to date revisions remains as an objective. Revisions to CPS Policies and Procedures are made in response to new laws and regulations, needs of children, and best practice issues. **2019 Update:** This goal continues. The Department is currently composing and developing On-Going Policy to provide guidance to staff on open protective services cases. **2020 Update:** This goal continues. The Department continues to compose and revise Child protective Services Policy in response to new laws and regulations. On-Going Policy continues to be developed.

4.   Planned review of individual policies:
As the above process of incorporating FACTS into policies occurs, a review of the policy and any needed revisions can be incorporated. This is a long-term objective over the next five years. **2019 Update:** Objectives will continue and be carried forward. Policies are reviewed as needed. **2020 Update:** Objectives will continue and be carried forward. Policies are reviewed as needed.

GOAL:

OCWE will continue to strive to maximize the reimbursement from the Federal government for some of the costs for the care of eligible foster care children while complying with requirements set forth by Federal and state guidelines.

2021 APSR ASSESSMENT
Progress has been made related to including the required language for IV-E eligibility in court orders. The error rate of less than 5% has been maintained as evidenced by compliance with the last three Title IV-E Foster Care Eligibility Reviews. Challenges will involve continuing to assist new staff in understanding the IV-E process, as well as correcting FACTS defects and implementing FACTS enhancements to improve the productivity and adequacy in FACTS.

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

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

  We stress the importance of timeframes and required language for a court order to be valid when opportunities emerge such as at conferences and forums with county staff including county directors and district administrative Specialists, and line workers. The Administrative Office of Courts (AOC) continues to train judges, court staff and attorneys on the importance of including the proper court language for children in foster care to meet the Federal IV-E eligibility requirements.

- Children entering care through Voluntary Placement Agreements

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

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

- Eligibility for Aid to Families with Dependent Children (AFDC) under the state plan in effect July 16, 1996 OCWE staff was trained on the Title IV-E Foster Care Eligibility On-Site Review Instrument and instructions. We also incorporate examples of AFDC living with and removal from in training. A turnaround document is being edited in FACTS that will summarize the points of eligibility for IV-E. We continue to utilize income and eligibility verification as well as information imported in FACTS by the county staff.

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

  OCWE oversees, in conjunction with the Division of Resource Management, a 100% review of all foster family homes and child placing institutions to ensure compliance with safety checks. This check is accomplished at times by sending a memorandum requesting County Departments and childcare institutions to review all foster families and employees' records to ensure that all safety checks and foster family home approvals are in the records. Once the County Departments and child agencies have completed this process, a compliance statement is forwarded to OCWE. The next check will be completed in 2020.

Office of Financial Resource Management Yearly Report

GOALS:

1. Provide Medicaid Rehabilitative Services training to individual county offices, county vendor providers and state contract providers.
2. Provide Targeted Case Management (TCM) training / refresher training to new / current county offices staff.
3. Help ensure that FACTS contains the current information required to bill TCM and Medicaid Rehabilitative Services.
4. Conduct Initial and Follow-up record reviews of DHR State Contract providers' records and provide feedback related to Medicaid Rehabilitative Services documentation.
4. Conduct Medicaid and Non-Medicaid Provider reviews of Count DHR Offices Vendor Certification files to ensure required documentation is in compliance with DHR standards.

2021 APSR ASSESSMENT

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

OFRM conducts record reviews of contract provider records for policy compliance. This review process helps the provider implement an improved process to maintain accurate records related to service documentation.

OFRM has added a function to conduct record reviews of County DHR Vendor Certification files to ensure Providers of Medicaid and non - Medicaid services have appropriate documentation of credentials on file.

II.   PLAN FOR ENACTING ALABAMA'S VISION

Goal # 1:
State DHR will support and further the development of the child welfare workforce to improve child welfare best practices.

Data/Rationale:

Data Source:	Item*	Item Description	Determination
CFSR	26	Initial Staff Training	ANI
CFSR	27	Ongoing Staff Training	ANI
CFSR	28	Foster and Adoptive parent training	ANI

CFSR Results for Item 26		**Initial Staff Training**	**ANI**

Item 26: Data/Rationale:

Survey Results for new workers having a caseload when coming to training:

CASELOAD?	NO	YES	TOTAL	NO	YES
	42	**34**	**76**	**55.26%**	**44.74%**
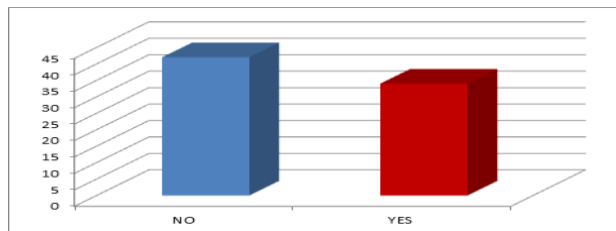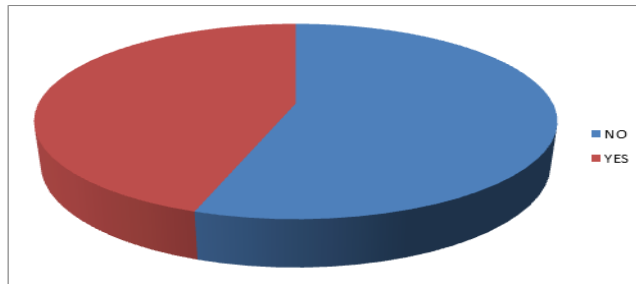
CFSR Results for Item 27　　　　　**Ongoing Staff Training**　　　　　**ANI**

Item 27: Data/Rationale:

According to CFSR **Item #12:** Did the agency make concerted efforts to assess the needs of and provide services to children, parents, and foster parents to identify the services necessary to achieve case goals and adequately address the issues relevant to the agency's involvement with the family? The current baseline data is found to be a strength in16.2% of the cases reviewed. See the below chart for item 12:
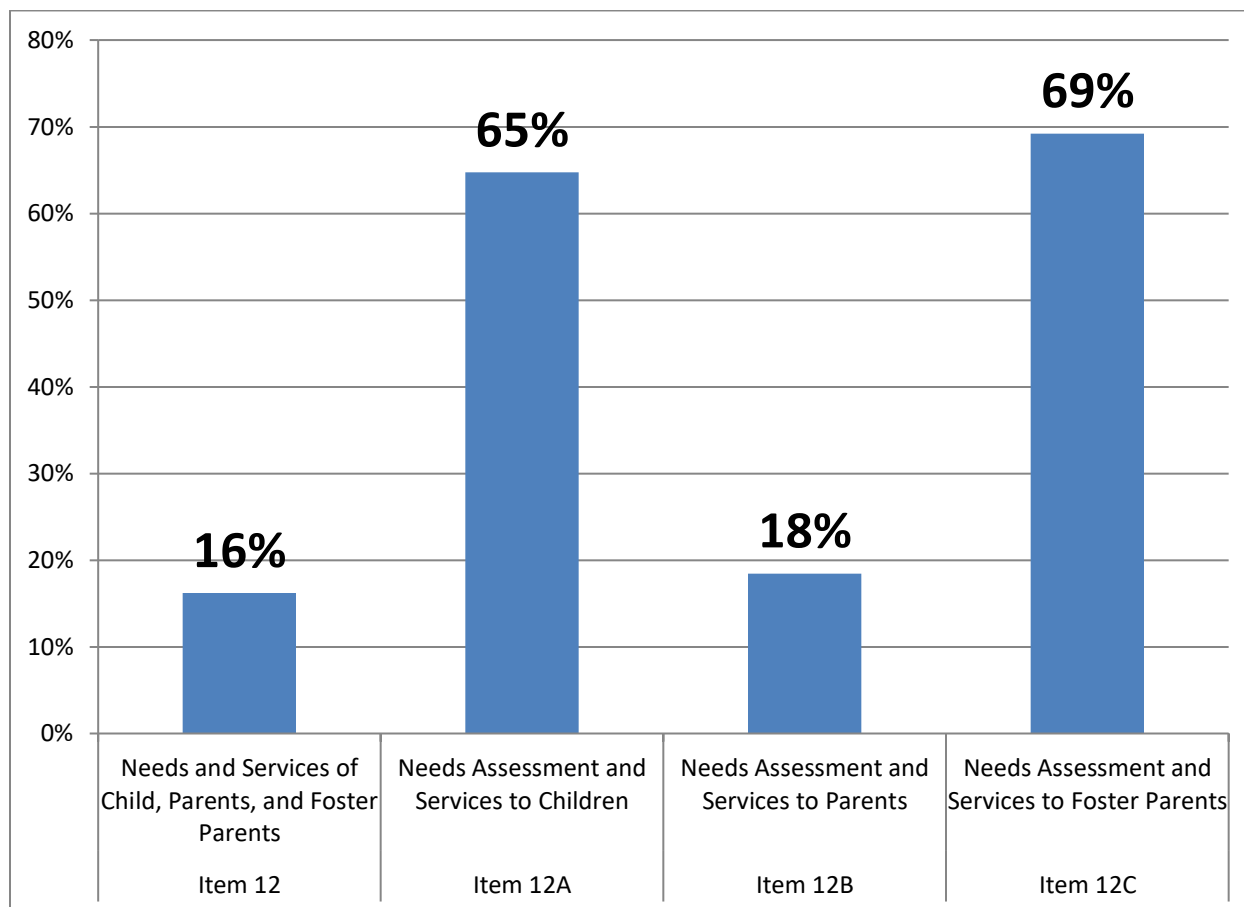

Staff recruitment and retention have had a major impact on carrying out service needs and follow through in terms of worker management of the ISP process. Birth parents and foster parents express frustration with workers who are not able to manage all the skills associated with their position, especially the new workers. A significant action that the Department's Administration has recently taken is the formulation of new career ladders for DHR staff, as well as the extension of the pay scale for many   existing classifications. It is believed that these examples of purposeful planning will have a positive impact on staff recruitment and retention, though it may take some time for the results to be observed.

A lack of engagement and assessment of needs, along with a lack of monitoring and measuring for effective outcomes were also cited by state 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 <u>Child & Family Engagement</u>, 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 striking about the <u>engagement</u> measurements, is the close alignment of the trends noted when compared to the QSR Indicator of <u>Family   Involvement in the ISP</u>, as follows (62%, 67%, 52%, 54%, 56%, 46%, 60%).

On December 27th and 28th, 2018, phone interviews were conducted with selected line workers and supervisors in the three counties of Tuscaloosa, Walker, and Etowah, regarding the practice issue of completing thorough assessments. Some of the underlying issues noted, were as follows:

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

4. Turnover – training seems to be about Alabama's SACWIS system and not the practical work of the job.

CFSR Results for Item 28   **Foster and Adoptive parent training**   **ANI**

Item 28: Data/Rationale:

According to the Alabama CFSR State Stakeholders interview Report in 2018, The follow is listed as the data/rationale for this Item being determined as an Area Needing Improvement:

In reference to foster and provider training in what ways can this training be improved, and the providers better prepared?

In regard to providers we do lots of Foster Parent training, and welcome TIPPS and Deciding Together.   We have a trauma training component but there is an ongoing need to ensure all current foster providers have some sort of trauma informed training. According the stakeholder interviews conducted in 2018 there is an ongoing need for foster parent training around LGTBQ needs of children. How to work with children with different religious beliefs, training for foster parent and an increased understanding of a "right to be heard, educating foster provider on how they can best notified of hearings, judicial reviews, and permanency hearings, One participant indicated that he does not know if the FP's are being given the foster parents bill of rights—same for another county. Several of the participants indicated that the foster parents are not a party to a case—DHR is the party to the case. One participant is confused about the role of the FP's in the hearings--as their (foster parent) role is to care for the children and ensure their safety. They have the right to be heard and are provided an opportunity if there is a need. This however does not really present as an issue. Participation in the hearings that impact outcome is based on the person's role—FP's can't provide information related to the birth parent's participation in services but rather on how the children are doing. They can present information related to the merits of the case and they are provided with an opportunity to be heard and this is usually done through the DHR attorney. The foster parent's voice is said to be heard through the caseworker. They may utilize the foster parent at a TPR hearing. DHR is pretty good at informing the foster parents that they have a right to be heard. This is evidence there is an ongoing need for foster provider training around a right to be heard.

<u>**Objectives:**</u>
- **State DHR will conduct focus groups and statewide surveys for staff, clients, community stakeholders, and providers in each county to solicit the strengths and needs of staff, which will help identify the areas that need improvement.**

Rationale:

DHR QA	Item 30	Youth receiving ILP services	38% (% of strengths)
DHR QA		Resource Development & Utilization	68% (% of strengths)
DHR QA		Parents Provided with Ample Supports	62% (% of strengths)

Statewide Assessment Survey Responses:
The themes identified were the need to strengthen resource development related to: transportation, local substance abuse assessment/treatment, local mental health capacities (local access to psychiatrists and psychological evaluations, closer inpatient options, counseling services, etc.), serving those with autism, as well as placement options for adolescents. Strengthening general resource capacity in rural areas remains a need and though improvements are occurring, wait times were still noted for residential placements, parenting classes, accessing specialists, and in some cases, in-home treatment. **NOTE:** The forgoing content is from a tentative, informal, internal examination of survey findings, which was in turn incorporated into the Statewide Assessment that the Department submitted to the Children's Bureau. It is **not** presented as reflective of every issue, theme, or suggestion that was/were identified in the completed surveys. Still, it is intended to help inform the work group of possible practice issues that may need to be addressed in the PIP.

In the CFSR, in approximately 29 of the 50 (58%) cases rated ANI for item 12, reviewers appear to link the lack of accurate assessment with the lack of provision of services.

- **State DHR will review and conduct statewide trainings on the Alabama Practice Model. The Alabama Practice Model has 7 guiding principles: 1) Safety and Protection; 2) Permanency, Stability, and Sufficiency, 3) Well-Being and Development; 4) Family-Centered & Culturally Responsive; 5) Individualization of Services; 6) Community Collaboration; and 7) Professional/Organizational Competence.**

Rationale:
The Department's current Practice Model, released on 9/30/11, restated the principles, values, and best practices of the Department. The Practice Model guided service delivery and decision making at all levels and its purpose was to improve outcomes for the children and families of Alabama. It provided 7 Guiding Principles, which included 1) Safety and Protection; 2) Permanency, Stability, and Sufficiency; 3) Well-Being and Development; 4) Family-Centered & Culturally Responsive, 5) Individualization of Services; 6) Community Collaboration; and 7) Professional/Organizational Competence. Initially the Practice Model was accepted by staff and they were encouraged to and readily provided best practice examples of how the principles had been implemented. Unfortunately, the momentum appears to have waned since its inception.

A lack of engagement and assessment of needs, along with a lack of monitoring and measuring for effective outcomes were also cited by state 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 striking 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%).

- **State DHR will provide statewide trainings for child welfare staff that focuses on safety assessments, engagement, protective capacities, underlying conditions, imminent dangers, safety plans, and best practice.**

Rationale:
CFSR   Item 2 because 31 of the 65 applicable cases were rated as an ANI.
CFSR   Item 3 because 40% of the 65 applicable cases were rated as an ANI.
DHR QA Functional Assessment only 15% were rated a Strength in 2017 and only 12% a Strength in 2018.
DHR QA Individualized Service Plans rated a Strength in only 10% in 2017 and only 12% in 2018.

CFSR Item 12B because 75% of the 57 applicable cases were rated as an ANI:
In 55% of the applicable cases concerted efforts to assess and address Mothers needs were ANI.
In 79% of the applicable cases concerted efforts to assess and address Fathers needs were ANI.
CFSR Case Review Findings Across items 2, 3, 12 repeatedly lack of assessment is cited.

Measures of Progress:

1. **Permanency will be achieved timely at an overall rate that exceeds timeliness.**

    Item 6 - OSRI Data Measures, 5 year and Interim
    - AL Baseline, R3:   34.88%
    - 5 Year Goal: 55%
    - Interim Goals:

FY 2020	47%	Actual	39.5%	34.1%	36.4%
FY 2021	49%				
FY 2022	51%				
FY 2023	53%				
FY 2024	55%				

2. **County staff will be able identify safety concerns throughout the life of the case and empower families to make appropriate decisions to keep their children safe and remain in the home, which will be evidenced by monthly staffing's/meetings/consultations and documentation.**

    Item 3 - OSRI Data Measures, 5 year and Interim
    - AL Baseline, R3:   45.59%
    - 5 Year Goal: 64%
    - Interim Goals:

FY 2020	56%	Actual	41.2%	47.1%	54.4%
FY 2021	58%				
FY 2022	60%				
FY 2023	62%				
FY 2024	64%				

Staff Training, Technical Assistance, and Evaluation

- State DHR will be available for peer to peer consultative meetings as needed.

- State DHR will provide technical assistance, such as monthly FACTS/ERD reports that focuses on permanency, safety, and well-being.

- State DHR will conduct permanency staffings as needed.

- State DHR will monitor progress through observation, documentation, and ERD Reports.

Implementation Supports
Personnel/Staffing, Finance, and Training – 2019- Ongoing; See separately submitted Alabama Training Plan.

2020 Update – see under the Systemic Factor of Training.

Goal # 2:
State DHR will establish a resource development position to support all counties in identifying, recruiting, and assessing needed service providers to meet the needs of each county's children and families.

Data / Rationale:

Data Source:	Item	Item Description	Determination

Statewide Assessment	29 & 30	Service Array & Individualizing Services	ANI
Statewide Assessment		Services Accessible - DHR staff/stakeholders	19% (never/rarely/occasionally)
Statewide Assessment		Services Accessible – Court Staff	24% (never/rarely/occasionally)
Statewide Assessment		Services Individualized – DHR staff/stakeholders	11% (never/rarely/occasionally)
CFSR	29 & 30	Service Array / Individualizing Services	ANI
DHR QA	Item 30	Youth receiving ILP services	38% (% of strengths)
DHR QA		Resource Development & Utilization	68% (% of strengths)
DHR QA		Parents Provided with Ample Supports	62% (% of strengths) DHR QA
(FY 18)		Individualized Service Plan (ISP)	11% (% of strengths)

Objectives:

A. **State DHR will conduct a statewide survey for staff, clients, community stakeholders, and providers in each county to solicit needed services, which will help identify what service providers are needed to strengthen families.**

   Rationale:
   - CFSR   Item 2 because 31 of the 65 applicable cases were rated as an ANI.
   - CFSR   Item 3 because 40% of the 65 applicable cases were rated as an ANI.
   - DHR QA Functional Assessment only 15% were rated a Strength in 2017 and only 12% a Strength in 2018.
   - DHR QA Individualized Service Plans rated a Strength in only 10% in 2017 and only 12% in 2018.
   - CFSR Item 12B because 75% of the 57 applicable cases were rated as an ANI:
   - In 55% of the applicable cases concerted efforts to assess and address Mothers needs were ANI.
   - In 79% of the applicable cases concerted efforts to assess and address Fathers needs were ANI.

B. **State DHR will identify a Program Specialist to support the county's resource developer in training and recruitment efforts to increase service providers to meet the needs of the staff and their clients.**

   Rationale:
   - In terms of the service array, 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.

C. **State DHR Program Specialist will meet with county's resource developer quarterly to develop and monitor resource development plan.**

   Rationale:
   - County's Resource Developer will submit monthly reports identifying recruiting/training efforts and the needs observed during implementation and monitoring of resource development plan.

Measures of Progress:
1. **Permanency will be achieved timely at an overall rate that exceeds timeliness, using OSRI results for item 5.**

Item 5 - OSRI Data Measures, 5 year and Interim
- AL Baseline, R3: 32.56%
- 5 Year Goal: 46%
- Interim Goals:

FY 2020	38%	Actual	39.5%	36.4%	36.4%
FY 2021	40%				
FY 2022	42%				
FY 2023	44%				
FY 2024	46%				

2. **County staff will be able to work more efficient because needed services will be in close proximity to our children and families, using OSRI results for item 12.**

Item 12 - OSRI Data Measures, 5 year and Interim
- AL Baseline, R3:   16.18%

- 5 Year Goal: 30%
- Interim Goals:

FY 2020	18%	Actual	20.6%	16.2%	11.8%
FY 2021	20%				
FY 2022	22%				
FY 2023	25%				
FY 2024	30%				

Staff Training, Technical Assistance, and Evaluation

- State DHR Program Specialist will provide monthly ongoing training to County's Resource Developer through peer to peer consultative meetings to enhance the service array at the local level.

- State DHR Program Specialist will provide technical assistance as needed.

- State DHR Program Specialist will prepare County Resource Developer to train local service providers as needed.

- State DHR Program Specialist will prepare County Resource Developer to train local staff.

- State DHR Program Specialist will collaboratively provide feedback with County Resource Developer and staff during the implementation and monitoring of resource development plan.

Implementation Supports

- Personnel/staffing

- Finance

- Training – See separately submitted, Alabama Training Plan.

2020 Update:

PIP Planning

In reviewing a 2018 survey, it was noted that 42% of counties reported that they did not have sufficient visitation supervision services; 37% reported they did not have sufficient sitter services; and 33% reported that behavioral aide services were a need for their county. 18% reported they did not have local vendors available to provide in-home family/individual counseling (excluding IIHS services). Additionally, 10% of counties reported they did not have access to 24-hour emergency response services in case of unexpected crisis. Based on the review of the 2018 survey, it was decided that DHR needs to take additional steps in order to obtain a richer understanding of the service gaps that exist for preserving families. An initial meeting, scheduled with the counties within District 4 for 3/16, had to be re-scheduled due to the concerns and statewide guidance regarding gathering in groups due to COVID-19. Further meetings will be discussed and arranged with the staged implementation counties to develop action plans to meet those service needs and have ongoing collaboration between the counties/districts.

Update:

The PIP counties were surveyed around more specific needs related to service array and resource development. Additional needs were identified, including parental capacity assessments, bonding assessments, crisis intervention services, expanded or additional Applied Behavioral Analysis services, in-home parenting services that are similar to ABA. Additionally, it was noted that more Intensive In-home Service (IIHS) slots are needed, as it is believed that is a service that truly makes a difference in family functioning. It was also noted that it would be helpful if IIHS could accept referrals and work with families on an emergency basis and after hours. This information will be used to help the PIP counties develop the resource development plans that will be completed. A statewide meeting was held in Jefferson County, in October 2019. During that meeting, SDHR staff presented information related to the recruitment and registration of vendors/service providers, including requirements, authorization of services, review of progress, Kinship Navigator and Aunt Bertha (a resource app that can be used to locate resources within any community). Aunt Bertha has not been added to the Kinship Website however plans are in the works. In terms of the app in general, it is still active. This is not a DHR app, but it is a public app anyone can download and use. It appears that they note if an agency has closed, if there is a waitlist for services; and they also note that COVID may affect some services. Each district is to have ongoing district meetings around resource development and development and utilization.

Joint Planning

On June 4, 2020, the **Joint Planning** meeting was conducted, which included a number of stakeholders, DHR staff, and federal staff. One of the four breakout groups was the **Diversifying Services** group.

Objective:

The objective for the group, Diversifying Services to Meet Family Needs, was to collect information around in-home services needed to safely decrease children coming into care and reduce time to reunification and permanency. There were approximately 20 stakeholders in the room from various agencies, such as Dept. of Mental Health, Al Dept. of Education, HUD, Al Dept. of Youth Services, Al Dept. of Child Abuse/Neglect Prevention, Al Children's Justice Task Force, as well as County Directors and a current foster child. There was a good discussion around current services available across the state. We learned of a new grant that has been submitted by the Department of Mental Health to expand services available for individuals with safe care planning. We also talked about barriers to accessing these services, additional service needs, and gaps in services for our state. Stakeholders were very engaged during this meeting and expressed interest in further collaboration with the department.

Next Steps:

As the discussion was so robust, the group was not able to finish the conversation during the time allotted. The group discussed potentially re-convening at a later date to finish the discussion and identify opportunities for future collaboration as well as development and/or sharing of resources. Co-leads Misty Renfroe and Jon Perdue, with support and assistance from the QA Division, will look at scheduling a follow up meeting before the end of September 2020.

FINAL REPORT Stakeholder Participants *

Stakeholders – State Department of Human Resources (SDHR)

- Nancy T. Buckner, Commissioner – State Department of Human Resources (SDHR)
- Karen H. Smith, Deputy Commissioner – Children and Family Services
- Shea Cobb-England, Deputy Commissioner – Quality Assurance
- Jan Casteel, Director – Children and Family Services (CFS)
- Emily Jones, Director – Quality Assurance Division (QAD)
- Starr Stewart, Director - Resource Management Division (RMD)
- Amanda Faulk, Deputy Director – CFS
- Corey Williams, Deputy Director - CFS
- Gloria Derico, Deputy Director – RMD

State Department of Human Resources – Family Assistance Division (FAD) Family Services Division (FSD, Quality Assurance Division (QAD) and Resource Management Division (RMD)

- Mandy Andrews, Field Administration
- Al Arrington, Program Supervisor, Office of Child Welfare Eligibility (OCWE), CFS
- Wesley Brown, SDHR – Management and Fiscal Analysis
- Kanoschu Campbell, Program Manager – Office of Foster Care (OFC), CFS
- Deborah Carter, Program Supervisor – Office of Financial Resource Management (OFRM), CFS
- Holly Christian, Program Manager – Office of Data Analysis (ODA), CFS
- Valencia Curry, Program Manager   - OFC, CFS
- Larry Dean, Program Manager – Office of Federal Coordination and Reporting, CFS
- Toni Dollar, Program Specialist – Office of Quality Child Welfare Practice (QAD)
- Allison Foster, Program Supervisor – Office of Adoption, CFS
- Sabrina Franks, Program Manager, Office of Behavioral Analysts, QAD
- Debbie Green, Program Manager – Office of Policy, CFS
- Jerry Groce, District Administrative Specialist – Division of Field Administration
- Alice May, Program Manager – OFRM, CFS
- Mason Hobbie, Program Manager – OQA, QAD
- Shuereaka Holston, Program Specialist – ODA, CFS
- E. Anne Holliday, Program Manager – Office of Interstate Compact on the Placement of Children, CFS
- Brian Kolander, SDHR – Finance Division, Budget and Analysis
- Alice May – Program Manager, OFRM, CFS
- Kimberly McCoy, Program Specialist, ODA, CFS
- Melody Messick, Field Administration
- Cris Moody, Program Manager – OCWT, QAD
- Jon Perdue, Program Manager, Office of Child Protective Services - CFS
- Connie Rogers, Program Manager – FACTS, CFS
- Donna Reardon, Program Supervisor – FACTS, CFS
- Jennifer Rios, Program Specialist – OFC, CFS
- Kristie Rowland – Administrative Assistant, QAD
- Beverly Shields, Program Manager - FAD
- Donna Spear, Program Supervisor – OCWT, QAD
- Cathy Walker, Program Supervisor, Office of Quality Child Welfare Practice, QAD
- Jeanette Wallace, Program Manager, OCWE, CFS
- Tamela Warren, Resource Management Division
- Nora Williams, Program Specialist – OCPS, CFS

Stakeholders

- Alesia Allen, Executive Assistant to the Director – Alabama Department of Youth Services
- K. A., Adoptive Parent – Chambers County
- Joey Arnold, Caseworker – Lauderdale County DHR
- Lynn Bius, Director – Alabama Network of Child Advocacy Centers
- C.B., Foster Parent – Elmore County
- Johnna Breland, Foster/Adoptive Parent
- Rhonda Brooks, Director – Randolph County DHR
- Allison Bryars, Director – Russell County DHR

- Angie Burque, School of Social Work – Auburn University
- Linda Campbell, Boys & Girls Ranch Staff
- Honorable Zack Collins, Judge – Russell County
- ND, Former Foster Youth
- Carla Emmons: Director – Bibb County DHR
- Marie Fain, (Retired) QA Coordinator, Mobile County DHR
- Patricia Faircloth, Director – Pike County DHR
- Martha Gookin, PBCI, Tribal Members Services - Division Director
- Heidi Grohman, Program Supervisor – Russell County DHR
- Mandi Hall – AOC
- Debra Henning, (Retired) Program Director – Alabama Post Adoption Connections
- Gina Harris, Jefferson County QA Committee
- Buddy Hooper, President – Alabama Foster and Adoptive Parent Association and Adoptive Parent (AFAPA)
- Tarnesha Johnson, Supervisor – Lee County DHR
- Robin King, Resource Development staff – Jefferson County DHR
- Synethia Kyles, Child and Family Welfare Coordinator – PBCI
- Hallie Leavell, Referee – Tuscaloosa County
- Tanjanika Latham, Training Coordinator – Jefferson County DHR
- Sallye Longshore, Executive Director – Department of Child Abuse and Neglect Prevention
- Bob Maddox, Administrative Office of Courts
- Rhonda Mann, Deputy Director - VOICES for Alabama's Children,
- Natasha Marvin, Alabama Department of Mental Health
- Stephanie McKnight, Director – Dale County DHR
- Cary McMillan, Director, Family Court Division – AOC
- Judy Miller, Executive Secretary, Alabama Lieutenant Governor, Marshall County DHR, County QA Committee Member
- Honorable Robert Minor, Judge – St. Clair County
- Andrea Mixson , Alabama Disabilities Advocacy Program (ADAP)
- Amanda Montgomery, Family Services Director - PBCI
- Honorable Patrick Pinkston, Elmore County District Judge
- Betsy Prince, Director of Early Intervention Services – Alabama Department of Rehabilitation Services
- Janet Rawls, Regional Director – United Methodist Children's Home
- Tiffany Reeves, Morgan County DHR
- Misty Renfroe, Director – Pickens County DHR
- Crystal Richardson, Alabama Department of Education
- Rita Roberts, Program Supervisor – Morgan County DHR
- Tyler Simmons, Program Supervisor – Tuscaloosa County DHR
- Anna Sparks, GAL – Montgomery County
- Mary Smith – Foster Parent
- Amy Stratton, Alabama Department of Public Health – Director, State Perinatal Program
- Lesa Syler, Director – Covington County DHR
- Juliana Taylor, GAL – Montgomery County
- Amy Tatum, Intensive In-Home Services Provider
- MT, Birth Parent
- James Tucker – Director, ADAP
- Erin Turner, CPS Worker – Pike County DHR
- JW, Foster Youth
- Amanda Wallace, Resource Development staff – Coffee County DHR
- Gayle Watts. Executive Director Children's Aid Society
- Hannah Williams, Intake Worker – Lee County DHR

*Individuals listed above are included by virtue of being provided with an opportunity for selected content review of, and/or provision of input to / compiling data for, the APSR, and/or involvement in PIP development. Additionally, more county / state DHR staff, along with many stakeholders participated in the Joint Planning meeting on June 4, 2020.

State QA Committee (Citizen Review Panel) Annual Report

And

Departmental Responses to Recommendations

ALABAMA STATE QUALITY ASSURANCE COMMITTEE

ANNUAL REPORT 2019

June 26, 2020

State Quality Assurance Committee

MEMBERSHIP

2019 Officers:
Johnna Breland, Chair
Gina Harris, Vice-Chair
Debra Henning, Secretary

State Quality Assurance Committee Membership

Sallye Longshore, Executive Director	Department of Child Abuse and Neglect Prevention
Johnna Breland	Foster/Adoptive Parent
Angie Burque	Auburn University
Debra Henning	Community Volunteer
Gina Harris	Jefferson Co. QA Committee
Buddy Hooper	AFAPA President
Andrea Mixson	ADAP
Christy Cain	Children First Foundation
Lynn Bius	Alabama Network of CAC, Inc.
Betsy Prince	Alabama Department of Rehabilitation Services
Mary Smith	Foster Parent
James Tucker	ADAP
Gayle Watts	Children's Aid Society
Bob Maddox	Administrative Office of Courts
Marie Fain	Community Volunteer
Judge Patrick Pinkston	Elmore County District Judge
Alesia Allen	Alabama Department of Youth Services
Nicole Parker	Talladega County Department of Human Resources
Natasha Marvin	Alabama Department of Mental Health
Crystal Richardson	Alabama State Department of Education
Noah Daugherty	Former Foster Youth / Children's Aid Society
Tiffany Reaves	Morgan County Department of Human Resources
Janet Rawls	United Methodist Children's Home
Sheriff Derrick Cunningham	Montgomery Sherriff's Department
Beverly Churchwell	Alabama Medicaid

Meeting Dates for 2019

March 22, 2019	Montgomery
June 7, 2019	Birmingham
September 27, 2019	Montgomery
January 10, 2020	Montgomery

Standing Subcommittees:

• Executive	Officers
• Child Death Review	Chair, Gina Harris
• County QA Committee Coordination/Support	Chair, Angie Burque

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

- **MONITOR** the functioning of state-directed quality assurance activities, as well as outcomes and agency performance from statewide perspective.

- **SERVE AS A LINK** between the community and the Office of Quality Assurance, as well as SDHR; provide advocacy and education regarding the mission and work of SDHR.

- **FACILITATE** the development of, and the networking among, county QA Committees.

- **REPORT and PROMOTE** the general effectiveness of the child welfare system in supporting positive outcomes for children and families served and/or on a specific issue which has the potential for having a significant impact on achieving positive outcomes for the children and families being served. These reports would be issued at the request of the Commissioner of SDHR and/or at the initiative of the Committee. Reports of the Committee's activities and/or findings of studies may include recommended actions to SDHR that reflect the Committee's findings or concerns. All reports, information or the Committee's opinions may be made and released only as authorized by the Committee. All such authorized Committee reports shall be considered to be public documents; a mutually agreed upon process, that includes format, timeframes, etc., shall be established whereby any written report of findings and/or recommendations provided to SDHR by the Committee, shall be responded to in writing by SDHR.

- **REVIEW** information, data, policies, etc. related to child and family services, outcomes, and system performance in child welfare (on both the County and State levels) and the capacity of SDHR to deliver services in a manner consistent with its mission and goals.

- **PROVIDE** input, feedback, questions, findings and recommendations to SDHR; and

- **SUPPORT** advocacy for services to meet the needs of children and their families.

WORK OF THE STATE QUALITY ASSURANCE COMMITTEE

The Committee's 2019 year continued to follow the format agreed in the planning and re-organizational meeting of 2012. During that meeting, the Committee agreed to review the system of welfare which included reports from SDHR and the stakeholders that comprise the Committee. The goal for 2019 was for the Committee to better utilize the expertise of the vast talent of its volunteer board and to keep the focus on the safety/permanency and long term goals of the children and families that the SDHR serve.

CURRENT STATUS OF THE STATE QUALITY ASSURANCE COMMITTEE

Overview
The Committee has By-laws. A change in the By-laws for the length of term for officers from one to two years was proposed in September 2015 and approved in January 2016. These By-laws delineate 14 of Alabama's organizations/agencies and 11 named entities that comprise the Committee. In the By-laws, there are standing subcommittees that address different areas of child welfare. These subcommittees can invite other stakeholders to be apart.
Accomplishments

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

- The relationship with DHR (formal/ informal)
- How services are connected with Child Welfare
- Any gaps in care
- DHR awareness of how to access the stakeholder's services
- Suggestion(s) for improvement in the relationship
- Data on services or activities (any would be helpful)

SDHR Reports:
The Committee reviewed and received data from SDHR as well as other entities concerning children's welfare in Alabama. For example, staff from SDHR presented data snapshots using graphs and charts and explained the variations/ fluctuations in the data for some selected safety and permanency indicators; child welfare caseloads by counties; child welfare staff separation rate by counties; types of placement facilities (i.e. foster homes, nursing homes, group homes, etc.) and how many children were in said facilities; and child deaths due to maltreatment.

The Committee was provided with SDHR Plan for Improvement with revisions throughout the year. Committee members had the opportunity to review and comment at each meeting. The Committee was also invited to participate in numerous conference calls throughout the year of 2019. The Committee was provided with the means by which to access the Annual Progress and Services Report (APSR), the opportunity for input for the APSR, and survey results from county QA committees utilized for the APSR.

Child Death Review Subcommittee:
The Child Death Review Subcommittee had some of the same concerns as noted in 2018.

- The subcommittee continued to note concerns regarding reports of unsafe sleeping conditions, paramours as persons allegedly responsible, significant substance use/abuse, domestic violence histories and mental health issues. The child death summaries continued to reference the need for training and supervisory support related to these critical issues. Further, the Subcommittee requested information concerning the comprehensive family assessments/assessment process, Individualized Service Plans of those related to safety risks such as repeat maltreatment, domestic violence, and substance abuse. The subcommittee strongly recommended training, support, and mentoring opportunities be made available on a regular and on-going basis to all direct service workers and their supervisors for those targeted safety risk areas and to update the Committee on the results of the training.

- The subcommittee appreciated the provision of aggregate data on child deaths for review by the Committee at each meeting and recommends that this continue.

- Members of the subcommittee participated in the prevention of maltreatment/fatalities work group, through meetings and/or conference calls with our federal partners.

County QA Committee Coordination/Support Subcommittee:
The County QA Committee Coordination/Support Subcommittee planned a one-day conference in October 2019 for all county QA coordinators and chairpersons. A commitment was made by SDHR for this to be an annual conference to support county QA systems and to promote connections among county committees.

Committee Year in Review
Meetings consisted of stakeholder group information and reports provided by SDHR. SDHR consistently provided information requested by the Committee in a timely manner and brought the appropriate people to the meetings in order to explain and/or answer questions. The Committee also initiated revision of the membership through removing inactive members and the recruitment of new members. The relationship between the Committee and SDHR is, at an all-time high with trust and respect present between all parties.

STATE QUALITY ASSURANCE COMMITTEE RECOMMENDATIONS

- Provide quarterly updates to State QA Committee members on Alabama's Program Improvement Plan, particularly in areas of key activities.
- Provide quarterly updates to State QA Committee members on SDHR District Child and Family Service Reviews. Highlight progress made and areas that need improvement of said reviews.
- Continue to offer shadowing opportunities for State QA Committee members during the SDHR District Child and Family Service Reviews.
- Provide reports on the training of child welfare staff.
- Provide reports/ updates on the recruitment and retention of child welfare staff.
- Build capacities for middle management through training and support.
- Consistently present youth with information on all available options for exiting foster care.
- Continue to recruit and train foster/adoptive parents. Be more innovative in that recruitment.
- Support a yearly conference for county QA committees.
- Explore the use of state-of-the-art technology by caseworkers.
- Explore a mentoring program for agency staff.
- Continue supplying data as requested by the Committee.

COUNTY/LOCAL QUALITY ASSURANCE COMMITTEES

There are 68 functioning County QA Committees throughout the State of Alabama, and these Committees serve as the Citizen Review Panels as required by the Child Abuse Preventions and Treatment Act. County QA Committees are involved in case review activities, special studies, data analysis, stakeholder interviews, child death reviews, County Biannual reports, and other community collaboration activities throughout the state.

I want to especially thank all of the volunteers who shared their time and resources with the Committee. I would also like to thank all the SDHR employees who work tirelessly to help our committee do our job. Lastly, I would like to thank Mason Hobbie for keeping me on track and helping me to prepare for every meeting.

Respectfully submitted,

Johnna H. Breland – Chair

DHR RESPONSES TO STATE QUALITY ASSURANCE COMMITTEE RECOMMENDATIONS

- **Provide quarterly updates to State QA Committee members on Alabama's Program Improvement Plan, particularly in areas of key activities.**
  State DHR will begin to provide the State QA Committee with a quarterly report of Alabama's Program Improvement Plan activities. The report will identify key activities that have been completed, activities currently being worked on, and activities that are due in future quarters.

- **Provide quarterly updates to State QA Committee members on SDHR District Child and Family Service Reviews. Highlight progress made and areas that need improvement of said reviews.**
  The Quality Assurance Division will continue to provide the State QA Committee with quarterly updates of Alabama's completed measurement periods. This report will provide the averaged ratings of the 18 items of the OSRI. The report will also provide the Committee with the established baseline and improvements of the 9 items monitored by our federal partners.

- **Continue to offer shadowing opportunities for State QA Committee members during the SDHR District Child and Family Service Reviews.**
  The Office of Quality Assurance will continue to extend an open invitation for State QA Committee members to observe all CFSR activities. CFSR activities include district case reviews utilizing the Onsite Review Instrument and district debriefings. A calendar of all CFSR activities will continue to be provided at each State QA quarterly meeting with the ability for each member to sign up for any activity. To date, State QA Committee members have observed both the case reviews and district debriefing. County QA Committee members are also invited to and have attended district debriefings.

- **Provide reports on the training of child welfare staff.**
  QCWP has plans to conduct Comprehensive Family Assessment/ISP training, as well as Meaningful Caseworker Visits Training in each District once COVID allows. The QCWP Specialists conducts Family Engagement training in the counties they support if requested by county management.

- **Provide reports/ updates on the recruitment and retention of child welfare staff.**
  The Quality Assurance Division will continue to request The Child Welfare Data and Separation Rate Report from The Office of Management and Fiscal Analysis on a quarterly basis to provide to The State QA Committee. This report provides caseload sizes and turnover rate by county.

- **Build capacities for middle management through training and support.**
  There are eight Quality Child Welfare Specialist that provides support to county supervisors in every county. The QCWP specialist support the supervisors in ensuring that case reviews promote and reflect best practice, support in individual worker conferences, and discussion around county data strengthens/needs. The support that QCWP provides to county supervisors is outlined in the County Improvement Plan (CIP).

- **Consistently present youth with information on all available options for exiting foster care.**
  The Department continues to consistently provide youth with information on all available options for exiting foster care through our Individualized Service Planning (ISP) Process. The families and youth develop and complete goals, objectives, and activities to measure progress toward achieving the said permanency and/or concurrent goals, which termination is also addressed. The Department has also initiated policy to require workers begin discussion of youth transition plan beginning at age 17. With this implementation, youth should have adequate opportunities to explore options for exiting care. Trainings on smooth transitions for older youth has also been included in ongoing independent living events and annual supervisor conferences. Older and emancipated teens have been invited to participate in these trainings to share their experiences. Social media has also been used through the independent living program (ILP), which addresses available options for exiting care.

- **Continue to recruit and train foster/adoptive parents. Be more innovative in that recruitment.**
  Alabama Department of Human Resources is contracting with a media provider to shoot a new commercial that will be marketed on streaming services, cell phones and to certain locations where the provider holds a contract. The new commercials will be aimed at recruiting foster/adoptive homes for our older youth. The department can set certain parameters around who receives the message via streaming and social media that meet the demographics we identify as potential matches to our program. The department is also planning a training meeting for all resource workers/supervisors to talk about recruitment, intake, home studies and setting time frames on approvals.

- **Support a yearly conference for county QA committees.**
  The Quality Assurance Division will continue to support an annual meeting with local QA Coordinators, County Directors, and local QA Committee Chairpersons. The previous Joint Committee meeting was held on October 22, 2019. The Quality Assurance Division will make annual funding request to support the meetings for years to come.

- **Explore the use of state-of-the-art technology by caseworkers.**
  The Office of Child Welfare Training, the QA and Family Services Divisions are reviewing all options available for remote learning for staff, including Zoom, Microsoft Teams, and Go To Meeting. While much of this evaluation has been necessitated by the current COVID-19 crisis, these virtual platforms will be useful as the state and agency move past the crisis as well. While in person trainings and meetings will resume at some point in the future, the use of virtual meetings will be a good alternative when appropriate, lessening travel time for front-line staff and allowing for greater involvement for those further away from Montgomery.

DHR Information Services entered into an interagency agreement with a local university, Auburn University at Montgomery (AUM), to design and build an app for use by FACTS child welfare workers to use in the field when conducting Child Abuse and Neglect (CA/N) investigations. The app will not introduce any new functionality but will provide workers with a mobile version of the investigation screens that can be used on their tablets while working out of the office. The app is designed to work offline without an active connection to the FACTS system but will have an automatic sync feature to upload information back to FACTS once a connection is established. The project began in January 2017 and completed in September 2018 when we piloted the mobile app in four counties. We have conducted training sessions at supervisory and Directors' conferences to help speed up user adoption of the technology. During FY 2019, four groups of counties were trained on use of the FACTS Mobility app. Three of these groups are using a production version of FM. We have trained 36 (of 67) counties. Because of defects in the latest version, and delays in securing a renewed service agreement, the mobility app has not been put on the tablets for the Round 5 counties.

A new maintenance contract with AUM was signed in January 2020 and will end September 30, 2020. In addition to covering the maintenance support to resolve any production issues, the vender will also enhance the current application to add Preventive and Narrative View pages and 5 additional new forms. FSD Program has requested the ability to access foster care cases and add narrative and photos to these cases will be added to the functionality of the FM app. If funds permit, this will be done as part of the scope of the current agreement. If necessary, we will do a second agreement for this fiscal year to include the Foster Care work.

COVID-19 IMPACT ON FACTS MOBILITY APP

Since the orders by Alabama's Governor and Alabama Public Officer provided for work-at-home and required social distancing, no classroom training has been held. Training provided to the pilot counties and staff in the first four rounds of rollout counties was provided face-to-face in classroom setting. Planning for training and rolling the app out to additional counties will resume once work-from-home schedules are terminated.

- **Explore a mentoring program for agency staff.**
  A portion of PIP strategies and key activities includes developing on-the-job training activities and supports for child welfare workers and supervisors. In addition, a coaching model will be adopted and implemented. A mentoring program will be explored during this process. The QA Division will provide follow-up information to the committee as to the effectiveness of the program.

- **Continue supplying data as requested by the Committee.**
  The QA division will continue to provide data as requested in an effort to continue an effective working relationship with the committee. This will include providing quarterly trend data of the maps that are being provided to the county directors. This data will be shared with the SQAC on a regular basis and will highlight trends in statewide data in the areas of child safety, case planning, and child well-being.

APPENDIX 3

Status Report: Prevention of Child Maltreatment Fatalities

AL Statewide Prevention Plan, Child Maltreatment Fatalities (FYs 2018-2020): Draft (CFSP) Status Report

Over the past year (July 2019 – June 2020), the Steering Committee for the Prevention of Child Maltreatment Fatalities has met via conference call as a full committee, with the respective sub-committees also having calls, and the SDHR Leadership team meeting in-person on several occasions. The formation of sub-committees resulted in further exploration of literature and data, though much more needs to occur. A key call took place in March 2020, that began discussion of the two major child death review processes in Alabama and set the scene for a continued examination of how they compare/contrast and how both can contribute to a prevention design.

This status report summarizes the activities that have occurred thus far, provides the data-driven activities that Alabama has designed for the coming year, sets forth desired, or target, completion dates, and provides the names and entities of the current steering committee membership. These activities/dates/committee memberships are all subject to revision, additions, etc., as the year progresses

I.   **Activities Taken In FYs 2018 – 2020**
- August 29, 2018:   Initial call with members of the **SDHR Quality Assurance Committee** (SQAC), **Child Death Review Subcommittee** (CDR). The purpose of this call was to ascertain if this group wanted to be a part of the core team involved in the development of this plan. The CDR expressed a desire to do so.
- Sept. 26, 2018:   Second call with the SQAC, CDR.
- Oct. 29, 2018:   Initial email is sent to additional stakeholders as recommended by SQAC / CDR   and State Department of Human Resources (SDHR) staff.
- Dec. 7, 2018:   Introductory conference call conducted with Steering Committee.
- Jan. 17, 2019:   Second conference call conducted with Steering Committee.
- April 4, 2019:   Third conference call (call #1) conducted with Steering Committee.
- April 8, 2019:   Aggregate child death data distributed to Steering Committee.
- April 11, 2019:   Third conference call (call #2) conducted with Steering Committee / Links to Key Resources.
- May 16, 2019:   Fourth conference call (call #1) conducted with Steering Committee – review of draft status report.
- May 20, 2019:   Fourth conference call (call #2) conducted with Steering Committee – review of draft status report.
- June 25, 2019:   Fifth conference call conducted with Steering Committee-review of current plans.
- July 30, 2019:   Sixth conference call.
- Nov. 6, 2019:   Seventh conference call.
- Jan. 29, 2020:   Eighth conference call.
- March 27, 2020:   Ninth conference call, discussion of child death review processes.
- May 15, 2020:   Tenth conference call.

II.   **Going Forward: Data-Driven Pilot Design Considerations**
- Explore further fatalities in children ages 1-3 months, who comprised the highest percentage of child fatalities in Alabama, per DHR child fatality data.

- Explore further fatalities causation of death in children 1-3 months of age, including those of blunt force trauma of some kind.

- Compare child death data maintained by DHR with that kept by the Alabama Department of Public Health, for any common/related themes and points of contrast (e.g. related to causes, persons allegedly responsible, age of child, family location, etc.).

- Examine location of Family Resource Centers and/or other In-home service providers in relation to the location of child deaths of children, age 1-3 months.

- Determine if more information can be discovered regarding the dynamics of mothers involved with child fatalities of children age 1-3 months (some data suggest mothers comprised the highest percentage of

persons allegedly responsible for abuse/neglect leading to child deaths for this age group).

- Explore months of the year in which fatalities for this age group occur to see if any variables related to higher-frequency months appear noteworthy of further examination.

- Review any other work, studies, etc. being done in Alabama related to child fatalities by the Department and/or any partner agencies.

- Based on the above explorations, along with any other deemed important by the Pilot Design Team, develop a prevention program that can be piloted in a (data) selected area(s) of the state, that includes use of specific intervention/prevention strategies, collaborative approaches, monitoring/measurement mechanisms, and time frames.

III. **Draft of Activities Planned for Fiscal Years 2020 - 2021 ***   **Target Completion Date**

Maintain current subcommittees (Data/Literature/Executive)	Not Applicable
Explore collaboration with AL Family Resource Centers	August 1, 2020
Identify a Pilot Design Team (PDT)	September 1, 2020
Conduct re-review of child death data (see II)	November 1, 2020
PDT designs draft pilot plan for review/comment (see II)	January 22, 2021
Receive membership comments on draft pilot plan	February 8, 2021
Incorporate comments and distribute revised plan	March 8, 2021
Finalize/begin implementation plan, phase 1	April 1, 2021
Review progress and develop FY 2021 Status Report for Review	June 1, 2021

* These activities are not meant to be all-inclusive and ongoing input from DHR Leadership/Partner agencies will be needed. Throughout the process, collaboration with County DHR / Stakeholder Leadership will also be necessary.

Additionally, the draft activities and completion dates must be studied, and input provided as to additional/revised/deleted steps and confirmed/corrected target dates.

IV. **Steering Committee – Prevention of Child Maltreatment Fatalities**

Stakeholder Representation

Johnna Breland	Chair, State Quality Assurance Committee (SQAC)
Marie Fain	Retired DHR employee, member of the SQAC
Kimberly Gordon	AL Dept. of Public Health, Program Manager, Child Death Review System
Andy Hamlin	District Attorney, Lamar/Fayette/Pickens Counties
Gina Harris	JCDHR QAC*, SQAC. Chair of the Child Death Review Subcommittee of SQAC
Petro Johnson	AL State Department of Education
Linda Lee	AL Chapter, American Academy of Pediatrics, Executive Director
Sallye Longshore	AL Department of Child Abuse and Neglect Prevention
Natasha Marvin	AL Dept. of MH, Adol/Women's Service Coord. Office of Sub. Abuse Treatment
Barry Matson	AL DA Association, Executive Director, Office of Prosecution Services
Trisha Melberg	AL DA Association, Deputy Director, Office of Prosecution Services
Dr. Melissa Peters	Children's of Alabama/UAB, MD Pediatric Emergency Med and Child Abuse
Tracy Plummer	AL Department of Child Abuse and Neglect Prevention, Deputy Director
Betsy Prince	AL Dept. of Rehabilitation Services, Director, AL Early Intervention System
Dr. Marsha Raulerson	Pediatrician, Brewton, Alabama
Janice Smiley	AL Dept. of Public Health, Director, State Perinatal Program
Sondra Stephens	CHIPS Center, Children's of Alabama, MSW Social Worker

Charlotte Tesmer	District Attorney, Lowndes/Butler/Crenshaw Counties
Bailey Waller	AL Department of Child Abuse and Neglect Prevention, Outreach Coordinator

* Jefferson County DHR Quality Assurance Committee

State Department of Human Resources Representation

Karen Smith	Deputy Commissioner, Children and Family Services
Shea Cobb-England	Deputy Commissioner, Quality Assurance
Jan Casteel	Director, Children & Family Services
Emily Jones	Director, Quality Assurance Division
Amanda Faulk	Deputy Director, Children & Family Services
Jonathon Schlenker	Legal Counsel, State DHR Legal Office
Jon Perdue	Program Manager, Office of Child Protective Services
Holly Christian	Program Manager, Office of Data Analysis
Mason Hobbie	Program Manager, Office of Quality Assurance
Shawanda Harris	Program Specialist, Office of Policy
Larry Dean	Program Manager, Office of Federal Coordination/Reporting

<u>A SYNOPSIS</u>
Tools of Choice Positive Parenting Program
Research Results for Biological Parents

TOOLS OF CHOICE:

A POSITIVE PARENTING PROGRAM

The Tools of Choice is an introductory behavior management and parenting course that teaches positive behavior management techniques based on the science of Applied Behavior Analysis. This is a free class geared toward foster parents, birth parents, adoptive parents, and social workers. It consists of five 3-hour classes (course runs once a week for 5 consecutive weeks) and includes an in-home follow-up component (@ 2 visits) to offer feedback on correct use of the parenting tools. This course offers 7 tools that teach parents how to manage behavior by disciplining through a positive approach. Through the Tools of Choice course, parents learn how to discipline by modeling and motivating the behaviors they want to see more often. The parents will learn how to focus more on their children's desirable behaviors by modeling the behaviors they would like to see more often and motivating the child to do those by reinforcing the desirable behaviors. After the parents learn these skills, they are then observed using the tools in their homes. Behavior Analyst work very closely with each parent in order to get these skills mastered while using them with their own children. This is very beneficial because it allows us to make it more individualized to each family. We are also able to observe other behaviors that may need more attention with an individual behavior plan. Working with the families in their homes allows the BA to work one on one with each parent helping them mastered the skills and receive feedback on those skills. It can also benefit the parent because they can ask us questions and we can meet their needs in order to get them to the place they need to be to keep the children stable. The in-home component makes the Tools of Choice program unique to other parenting classes and shows to be very effective in changing the behavior of the children and the parents.

Tools of Choice Data: Tools of Choice Completion Data

Year	Total number of classes	Biological	Class retention	Relatives	Class Retention	Foster	Class retention	Staff	Class retention	Completed Program
2006-2007	21	73	84%	0	#DIV/0!	38	87%	43	98%	86%
2007-2008	51	140	61%	17	#REF!	56	91%	117	79%	86%
2008-2009	35	153	86%	9	100%	39	99%	20	95%	83%
2009-2010	34	156	85%	15	58%	29	89%	27	67%	88%
2010-2011	35	130	77%	14	94%	66	95%	6	100%	85%
2011-2012	42	171	80%	12	83%	43	93%	13	85%	79%
2012-2013	32	176	78%	13	77%	26	93%	0		89%
2013-2014	31	171	83%	11	81%	35	97%	5	100%	85%
2014-2015	28	159	85%	5	83%	21	93%	12	100%	89%
2015-2016	15	94	93%	2	100%	22	93%	0		92%
2016-2017	21	50	76%	7	38%	5	100%	0		91%
2017-2018	42	113	71%	9	75%	28	77%	147	90%	83%
2018-2019	58	156	70%	21	98%	149	78%	194	90%	86%
TOTAL	445	1742	79%	135	81%	557	91%	584	90%	86%

Table 1 shows the total number of classes for each year and the total number of participants organized by type for each year. It also shows the yearly retention rates and percentage of participants that have successfully completed the program (class and in-home component required for completion).

** Year 2006-2013 includes the following counties: Mobile, Jefferson, Lee, Montgomery, and surrounding Other counties (Tuscaloosa, Blount, Autauga, and Elmore).

**Year 2013-2017 includes the following counties: Mobile, Jefferson, Lee, Cullman, and surrounding other counties (Tuscaloosa, Blount, Autauga, and Elmore).

NOTE: Mobile Co. data is missing from year 2015-2016 and Cullman Co. is missing from 2016-2017 so the numbers are lower for this reason.

**Year 2018 includes the following counties: Mobile, Lee, Jefferson, Etowah, Calhoun, Madison, and surrounding other counties.

**Year 2019 includes the following counties: Mobile, Lee, Jefferson, Etowah, Calhoun, Madison, and surrounding other counties. (Map included).

Behavioral Services TOC Map
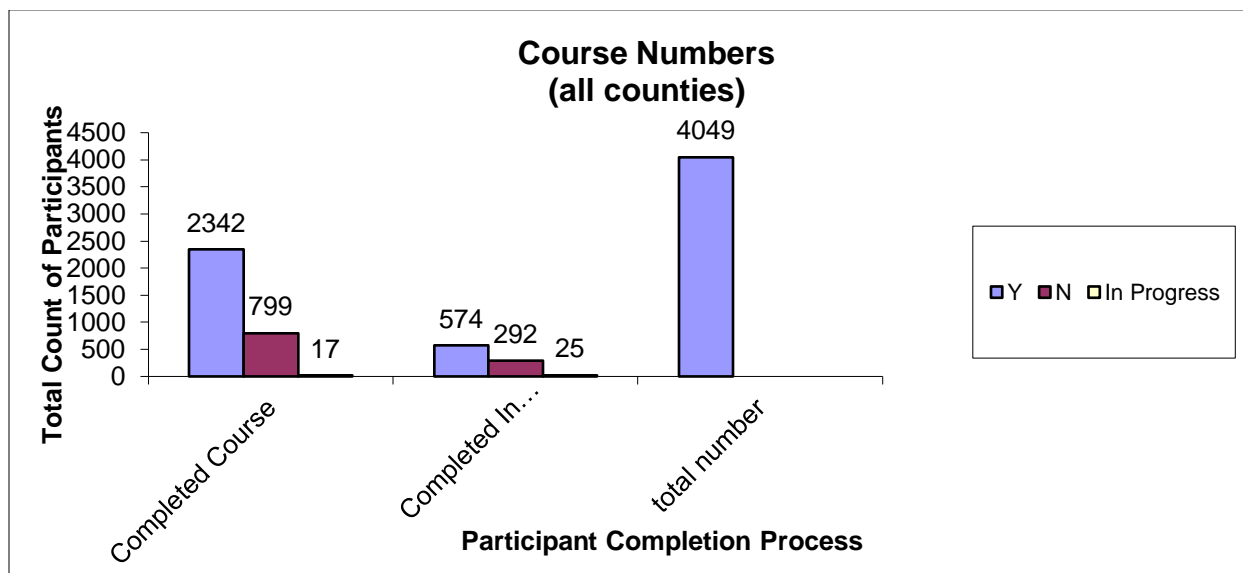
Graphs:
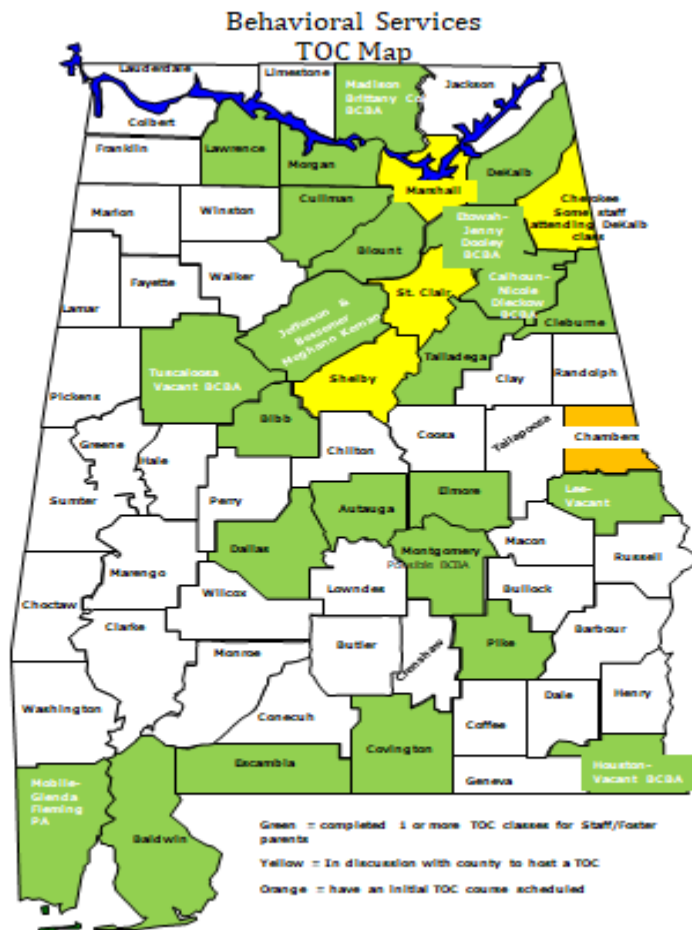
Course Numbers (all counties)

Figure 1 shows the total number of participants that completed each component of the course, a total count of the participants that didn't complete a particular component of the course, and a total count of the participants that are in progress of completing the course.
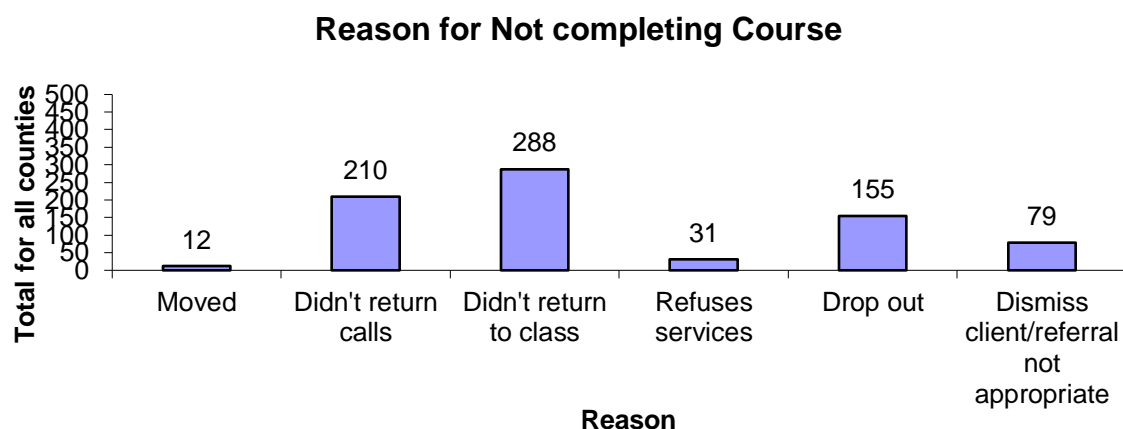
Reason for Not completing Course

Figure 2 shows the number of participants that didn't complete the course and the reason for not completing the course.

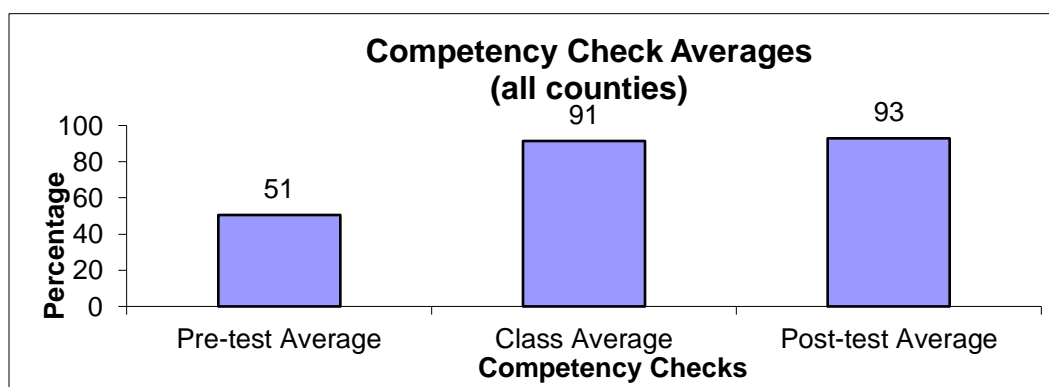## Competency Check Averages (all counties)

Figure 3 shows the average pre-test, class and post-test scores for all participants. The pre-test is a set of role plays given to the parent prior to taking the course, which they are asked to show how they would respond. The pre-test is not given to all participants due to scheduling and time constraints. The participants are given role plays during each class that are like what they are experiencing at home, which they have to use the tool taught during that particular class to respond to the role play. The post-test role plays are identical to the pre-test, but the parents have completed the course at that point.

Count of County Participants	Column Labels							
Row Labels	Biological	Foster	Preadoptive/adoptive	Relative	Spouse of Biological	Staff	Support Person	County Total
Autauga	2	26	23	2		8		61
Baldwin	3		2	2				7
Bibb		3		5		10		18
Blount		1	1			12		14
Calhoun	6					48		54
Cleburne		7				5		12
Coosa				1				1
Covington		20	13	5		27	1	66
Cullman	27	4		5	1	37	2	76
Dallas		9		2		17		28
Dekalb		6				20		26
Elmore	1	1		1		11		14
Escambia	9							9
Etowah	78	7	3	10	3	29		130
Houston		9	2			36		47
Jefferson	402	42	20	30	13	67	12	586
Lawrence	1	7						8
Lee	290	205	32	24	8	56	3	618
Madison	9	3	9	3		11		35
Mobile	718	63	19	45	9	88	7	949
Montgomery	162	39	27	15	4	70	2	319

Morgan		9	2					11
Pike						11		11
Talladega	2	9	1			20		32
Tuscaloosa	31	4	2	2		29	1	69
County Total	**1741**	**474**	**156**	**152**	**38**	**612**	**28**	**3201**

Table 2 shows the total number of referrals and type of participants that participated in the Tools of Choice course in each county that has conducted a course.

Child Follow up Data:

****Some of the numbers differ due to some cases being entered at time of course but their 6 months follow up is not due yet therefore no data is entered for their follow up data yet.
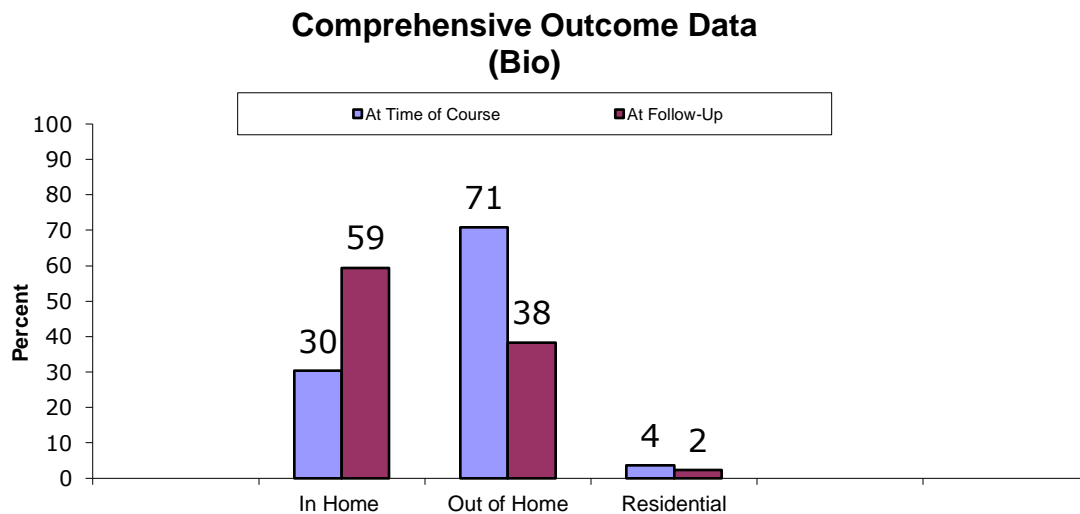

Comprehensive Outcome Data (Bio)

Figure 5 illustrates the percentage of placements for all children (all counties listed above) at the time their caregiver participated in the Tools of Choice and the child's placement at 6 months following the caregiver's completion of the program. The child's placement is scored In Home, Out of Home, and Residential at both the course time and at 6 months follow up to monitor the progress of how the Tools of Choice program helped the child maintain their placement or reunify with their family.   This includes follow up on total of 1,503 children.

In Home = Parent's home and Out of Home = Foster home, relative, living on own

Comprehensive Outcome Data for Foster Parents				
Location	Percent		Count	
	At time of Course	At Follow-up	At time of Course	At Follow-Up
In Home		17		65
Out of Home		50		193
Residential		3	2	13
Preadoptive/Adoptive		30	80	116
			Total # Children:	387

Table 1 shows location of children placed in Foster homes at the time that the Foster parent participated in the Tools of Choice and the child's placement at 6 months following the Foster parent's completion of the program. The table depicts the total count and percentage at Follow up with a total of 379 children represented. There were 329 out of the 387 children that started in a Foster home (out of the home).

In Home = Parent's home and Out of Home = Foster home, relative

OSRI Rating Data for PIP Measurement Periods 1-3

NOTE: The below table was not a part of the 2021 APSR that Alabama submitted on 06/30/20. However, as a part of the additional information that the Department submitted to the Children's Bureau in August 2020, it was indicated that one chart (table) would be provided that listed the OSRI data for all 18 items. This table is included to fulfill that commitment and covers the three measurement periods that had been completed prior to the APSR submission on 06/30/20.

OSRI	5/1/2019 10/31/2019	8/1/2019 1/31/2020	11/1/2019 4/30/2020
Item	MP1	MP 2	MP3
1	82.6%	100.0%	88.5%
2	47.6%	36.0%	40.0%
3	41.2%	47.1%	54.4%
4	76.7%	75.0%	75.0%
5	39.5%	36.4%	36.4%
6	39.5%	34.1%	36.4%
7	81.5%	71.4%	66.7%
8	33.3%	44.7%	46.0%
9	41.9%	59.1%	54.6%
10	61.0%	63.4%	61.0%
11	23.5%	33.3%	32.4%
12	20.6%	16.2%	11.8%
13	25.0%	29.0%	20.0%
14	48.5%	45.6%	51.5%
15	19.3%	17.2%	11.5%
16	63.0%	64.4%	63.6%
17	47.4%	46.4%	45.5%
18	32.4%	29.4%	43.8%