

STATE OF ALABAMA DEPARTMENT OF HUMAN RESOURCES

2019 Alabama Annual Progress and Services Report



State of Alabama
Department of Human Resources
FY 2019

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2018 Annual Progress and Services Report

I. GENERAL INFORMATION

STATE AGENCY

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

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

Alabama meets the Maintenance of Effort (MOE) requirement of \$1,016,682 through the State Family Options program and does not supplant any state funds. The Substantial Portion of Funds requirement for Promoting Safe and Stable Families is met with the following allocation of funds for FY 2016: Family Preservation 27.5%, Family Support 24.1%, Time-Limited Reunification 28.3%, Adoption Promotion and Support 20.1%.

II. ORGANIZATION/STRUCTURE OF THE CHILD WELFARE SERVICES PROGRAM—FAMILY SERVICES DIVISION

Director – Family Services

The Director* is responsible for the overall administration of the Division with support from the Deputy Director. In that role, supervision is provided to the Managers of the following Offices: Child Protective Services, Office of Child Welfare Policy, Federal Coordination and Reporting, and the Interstate Compact on the Placement of Children. Direct supervision is also currently being provided to the Deputy Director, the Director's Administrative Assistant (Office Administrator), the Offices of Data Analysis, and FACTS. 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 – Family Services

As of June 1, 2018, one Deputy Director position is vacant and the supervisory responsibilities have temporarily been assumed by the Director (see above). The remaining Deputy Director supervises the Office of Foster Care and the Office of Independent Living, which includes policy development and management of work with the initiatives supported by Casey Family Programs. This Deputy also supervises the Managers of the following Offices: Financial Resource Management, Adoption, and Child Welfare Eligibility. Recruitment activities, liaison work with child care providers, and strengthening collaboration with foster and adoptive parents and other partners are among this Deputy's responsibilities. The Deputy Directors serves as a liaison to represent the Family Services Division in internal Agency meetings involving the Commissioner, Deputy Commissioners and the State Legal Office, and in extra-agency training, task forces, work committees, and other groups.

Office of Child Welfare Policy

As of March 1, 2018, 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 developing child welfare policy consistent with state and Federal legislation and composing 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 April 20, 2018, the Office of Child Protective Services is comprised on one Program Manager, six 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 do not agree with a substantiated finding. Program Specialists who have 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 that was used by the county in their determination that an indicated/substantiated report of maltreatment occurred. Alleged perpetrators requesting the Administrative Record Review also have the opportunity to submit any information they would like for Reviewers to consider. It is the responsibility of the State and County Reviewers to determine if there is sufficient evidence to support an indicated (i.e., substantiated) finding of abuse or neglect and whether the assessment and documentation of the information gathered supports, by a preponderance of evidence, that maltreatment occurred. Upon completion of the Administrative Record Review, it is the responsibility of the State Administrative Record Reviewers to provide feedback to county staff. The Office is also responsible for providing training to county staff on these reviews.
- The management of the Central Registry on Child Abuse and Neglect is the responsibility of this Office. Information contained in the Central Registry serves to prevent child abuse and neglect of children through the clearance of potential childcare providers, child care 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 in intervention services by providing data necessary for a thorough family assessment. The Office of CPS also responds to clearance requests from other states so they are in compliance with the Adam Walsh Act. In order to ensure that accurate information is released regarding individuals having an indicated/substantiated report of abuse or neglect, CPS staff is assigned to review the actual CA/N report(s) prior to the release of any information. The number of Central Registry Clearance Requests fluctuates, and was slightly decreased in FY 2016 from 29,522 to the Office of CPS processed 27, 261 requests. The number of Central Registry Clearance Requests increased again in FY 2017 to 29,427.

The current Program Manager, appointed November 2017, worked previously as the Program Supervisor for the office of CPS. 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 responds 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 June 1, 2018, the Office of Data Analysis is comprised of a Program Manager and two Program Specialists. The Office of Data Analysis is responsible for the Program support area of the Statewide Automated Child Welfare Information System (SACWIS) – Family, Adult and Child Tracking System (FACTS), which was implemented statewide in January 2009. Staff from this Office serve as mentors to provide support in regard to the SACWIS system 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 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 its 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 also establishes orderly procedures for the interstate placement of children. As of March 1, 2018, 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 2017, the office completed 1, 225 referrals; processed 229 adoption referrals; 202 foster care requests; 483 relative requests; 250 parental requests, and 61 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). In particular, 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, Statewide Assessment. This staff person also continuously collaborates with the Quality Assurance Division in planning and coordinating activities.

Office of Foster Care and ILP

The Office of Foster Care/Independent Living Program (ILP) supports focus on and improvement of permanency planning for all children in out of home care, providing specialized services and supports statewide for children age 14 to 21. As of March 1, 2018, the Office of FC / ILP consist of the following staff: a Program Manager of two ILP Specialists, and two Fostering Hope Mentors. The Foster Care / ILP Manager 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.

Within the Office of Foster Care/ILP , the Independent Living Program Unit supports the needs and identification of services for older youth to develop skills to live independently and achieve more timely permanency. The unit consists of two Program Specialists and the Program Manager who also serves as the State Independent Living Coordinator. 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 also serves as the liaison for the Department on the State Multi-Needs Team; providing 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.

This year, the Foster Care/Resource Program was developed. The Program consists of one Program Manager, three foster care program specialists and one part-time retired specialist. The Office of FC/Resources is 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 Program manager serves on the State's Placement Review Team, which reviews difficult to place children weekly in partnership with the Office of Quality and the Office of Resource Management. The Program reviews and monitors critical incident reports related to children in our child-placing and residential facilities. Other functions of the Office of Foster Care includes overseeing the State's Foster Care Trust Fund and the State's Conflict Resolution Team. The FC Program Manager serves as the liaison with the State's Foster and Adoptive Parent Association. The Office of Foster care/resources also processes statewide foster family home placement request for all 67 counties as well as process Medicaid cap exception requests.

Staff training and support are key components to program success. Regional trainings for staff currently serving the Independent Living population began in January, 2017 and were held through June, 2017. The Regional Consultation training model provides an opportunity for all staff serving ILP age youth and service providers to receive targeted training related to ILP youth permanency, services, supports and the implementation of strategic planning in a small group setting; and provides a productive opportunity to receive case consultation. The ILP Networking Conference was held at the Alabama Army National Guard Center, April 4-6, 2017. This training was designed to promote partnerships among counties to develop and provide meaningful training and supports for young people from and residing in their areas. Natural mentoring was highlighted. Training focused on promoting well-being through ISP participation, and court visitation with family and siblings. Sessions were provided to promote NYTD participation and participation in the Fostering Hope Scholarship Program. County ILP staff members and congregate care providers convened to provide training regarding serving youth in congregate care settings, working with youth as they transition, placement stability, sex trafficking, preparation for higher education, appropriate placement, team building and promoting permanency for older youth. The Program also provided trainings to DHR staff, supervisors, foster parents and community stakeholders at the Permanency Conference and the Alabama Foster and Adoptive Parents Association Conferences. Conferences for Supervisors will occur in June and July 2018.

The ILP Team and the IL Specialists around the State met with the State Department of Education Career Coaches and the Army National Guard Recruiters, NSEP, Kids to Love, Job Corps and ILP provider/vendors April 4-6, 2017 and the National Guard Center at Fort McClellan. Staff and community stakeholders were provided training regarding Reasonable and Prudent Parenting, NYTD, ISP Planning for older youth, ETV, Fostering Hope, college prep, serving traumatized youth and team-building.

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. Ninety-four youth participated in the Youth Camps/Conferences held June and July, 2017. Youth were trained regarding banking and credit reporting, human trafficking, money management, college and technical school preparation, application and support, leadership, Fostering Hope and Education and Training Vouchers, self-advocacy and ISP participation. Achieving permanency for older youth and supporting them as they transition out of foster care continues to be in the forefront of program development. To that end, a focus on older youth permanency through roundtable consultation, higher education support through legislations regarding tuition waiver, college and job preparedness and youth participation in programming continues to be our focus. We will continue to partner with the 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, 2018, the responsibilities of the supervision for the Office of Adoption are shared by the two Foster Care Program Managers. The Manager of FC/Resource serves as the Program Manager for all placement staff. Adoption placement staff includes eight program specialists; five out based placement specialists, one part-time retired adult adoptee specialist and two program specialists who serve as Wendy's Wonderful Kids recruiters. The two WWK recruiters They are funded through grants 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.

The Program Manager of FC/ILP serves as the Program Manager for two Adoption program specialists who provide support for the remaining responsibilities of the Office of Adoption. One Program Specialist (the Intake Specialist) serves as the Deputy Compact Administrator for Interstate Compact Association on Medical Assistance (ICAMA) and manages the responsibility and coverage of those children who move in and out of the state with subsidy Medicaid eligibility. She is assisted by the Subsidy 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 particular 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

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

The Office of Adoption has two full-time staff dedicated to child-focused activities, funded through grants from the Dave Thomas Foundation for Adoption to operate Wendy's Wonderful Kids projects. Child-specific recruitment tasks primarily consist of web-based photo listings that feature photographs and videos of waiting children. We manage the mechanism through which available families may submit inquiries. These responsibilities are currently carried out by an Administrative Assistant III (included in the staff description in the preceding section).

The Acting Program Manager currently has the responsibility to support and monitor contracts and agreements with Children's Aid Society/Alabama Post-Adoption Connections (CAS/APAC); (contracts for both pre and post adoption services), AdoptUsKids, and participates in the partnership with Heart Gallery of Alabama and Kids to Love.

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. Heart Gallery Alabama has expanded into the area of weekly television features. These features are being done in partnership with television stations owned by Raycom Media, Inc. The features began on WBRC (Fox)-Channel 6 in Birmingham. They expanded to WSFA (NBC) – Channel 12 in Montgomery. Efforts are underway to add a feature on WAFF (NBC) – Channel 48 in Huntsville. There has also been a revitalization of the efforts to aid counties in developing diligent recruitment plans based on market segmentation information. A map can be found to the statewide diligent recruitment plan in the appendix section of this document. The map illustrates the counties that have participated in said diligent recruitment planning sessions with SDHR.

Alabama DHR was a 2017 sponsor for the 76th 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 FY17 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 70 names of prospective parents. Information was mailed out to prospective individuals and families with contact information for their local DHR office attached. With the overwhelming success of this event, there are tentative talks on the way about making this an annual recruitment event.

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, 2018 the Office of Child Welfare Eligibility consists of a Program Manager, Program Supervisor, five Program Specialists, an Administrative Record Support Assistant II, and two Retired State Employees.

In FY 2017, this office completed 9,347 referrals generating over \$68 million. Retro claiming recouped an additional \$2.8million. The Penetration Rate is at 49.7% 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 (FY17), the Department received an approximate gross reimbursement of \$ 41.6 million from Medicaid Rehabilitative Services and \$17.1 million from Child TCM Services. In June, 2017, 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

OFFICES SUPPORTING CHILD WELFARE EXTERNAL TO 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.

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, legislators, Governor's Office, and advocacy groups. Direct supervision is provided to the Deputy Directors, and the Director's Administrative Assistant (Office Administrator).

Deputy Director – Quality Assurance

The Quality Assurance Deputy Director directly supervises/oversees the Office of Quality Child Welfare Practice and the Office of Behavioral Analysis. The Office of Quality Child Welfare Practice is responsible for Continuous Quality Improvement throughout the state. They work closely with county offices to develop county improvement plans, supervisor capacity, ongoing quality assessments of cases, and follow-up quality case reviews. The Quality Assurance Deputy also ensures the Behavior Program reviews state approved treatment programs, particularly those containing restrictive procedures and ones involving individuals with identified serious behaviors to make recommendations and support changes to more effectively provide behavior management strategies.

Office of Child Welfare Training

As of March 1, 2018, The Office of Child Welfare Training (OCWT) unit consists of seven 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 is led by Deputy Commissioner Gina Simpson, and is responsible for capacity development around best practice and support to all 67 County Departments. As of May 1, 2018, the OQCWP consisted of the following staff: one Deputy Director to Quality Assurance, one program supervisor and seven 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 Review from a stratified sample pull, six months following an onsite QA review. 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 review. The Child Welfare Practice Review Tool tracks and monitors all 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 the QA review and the OQCWP random reviews. The OQCWP Specialist will work with each County director to develop a Working Agreement around these focus areas. The OQCWP Specialist will then work in conjunction with QA 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 Specialist following the review to focus on the three to four areas identified. These focus areas are outlined in the Working Agreement, the County Improvement Plan and the County's Biannual Assessment. OQCWP will work towards 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 Preventions, CAN's, ongoing CPS cases, Foster Care Cases, and Foster Family Home Records. The Program Specialists in the OQCWP are proficient in training and often support local initiatives as well as more regional and even statewide needs around capacity-development. Examples include training material developed by OQCWP and approved by the Office of Child Welfare Training to provide consistency: Individualized Service Planning; Documentation in Child Welfare; Meaningful Caseworker Visits; and others. The QA Deputy 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 four 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 24 – hour response regarding the status of the constituent's complaint. As a quality check, they 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. 2017, 1,701 Information and Referrals were received/documented in the Office of Constituent Services. 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. For the time frame of January 1 – June 1, 2018, the data for MATs completed (for Therapeutic Foster Care, does not include Residential Treatment) was as follows: Initial MAT Assessments = 160; MAT Reviews = 179.

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 June 1, 2018, the Office of Quality Assurance (QA) consists of a Program Manager and six Program Specialists. The QA system monitors, evaluates and provides feedback to the Department on the performance of the child welfare system. Reviews are conducted to determine if the child welfare system provides services of sufficient intensity, scope and quality to meet the individual needs of children and their families. The QA system is intended to support the development, implementation and refinement of the service delivery system. In addition to examining and assessing the components of the Department's System of Care, QA identifies needs and recommends corrective actions necessary to improve services, capacity, outcomes and conformity with Federal, State and Departmental program requirements. It also confirms strengths, identifies successful strategies, and recommends ways in which effective practice and/or system performance can be replicated and/or improved. It helps identify and provide necessary training, consultation and technical assistance to local and state DHR staff and technical providers as well as reviewing for the implementation and effects of corrective actions where needed. The Office of Quality Assurance provides technical assistance to counties through QA 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 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. The Behavioral Services Unit consists of Deputy Director to Quality Assurance, one behavior manager, five Board Certified Behavior Analyst, and one Psychological Associate.

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 Specialists (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 an eight week classroom setting. Following the eight 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. A synopsis of the data from that research, which confirms the success of keeping children in their homes, is located in Appendix 8.

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.

The BCBA's have recently participated in an initiative where they have worked with over 200 children in Congregate Care. The BCBA's will interview each child individually and privately to determine if the Behavior Plan in the facility is appropriate for that child's needs. The BCBA will review the child's steps(levels) in the facility to determine if the steps are attainable and designed to ensure successful and timely completion of the program. The BCBA will evaluate to determine the obstacles to the child stepping down to the least restrictive environment. Once this has been completed, the Behavior Manager will provide the results to Family Services for further intervention. The Specialists are an integral part of the Quality Assurance Division in the Continuous Quality Improvement Model, as the goal is to preserve the family unit by offering alternative methods of discipline, behavior plans for children on the Spectrum and Behavior Modification.

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: GLORIA HOLLOWAY, INTERIM

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

III. FEDERAL REVIEWS

Child and Family Services Review (CFSR): A summary of Rounds 1 / 2 of the CFSR process in Alabama 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 Children’s Bureau (CB): | June 2002 |
| 4. PIP Approval Date: | March 2003 |
| 5. PIP Ending Date (approximate): | February 2005 |

CFSR Process – Round 2 for ALABAMA DHR

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

CFSR Process – Round 3 for ALABAMA DHR

Alabama’s CFSR is this year (e.g. 2018), and will be a Traditional CFSR. The onsite review will take place on July 23-27, 2018, in the counties of Jefferson, Covington, and Lee. The Department submitted its Statewide Assessment on May 14, 2018, and will send in its 2019 APSR on June 29, 2018.

AFCARS Review

The Children’s Bureau completed an onsite Adoption and Foster Care Analysis and Reporting System Assessment Review (AAR) the week of April 11 - 15, 2011. See Appendix 13. **2013 Update:** The Department has not yet received a response (from the Children’s Bureau) to the July, 2012 submission of the State’s AFCARS Program Improvement Plan Update (AIPU). Once a response is received an update can later be provided. **2014 Update:** The Department is continuing its work on the AFCARS Improvement Plan (AIP). The second AIPU was submitted to the Children’s Bureau on February 26, 2014 and a response was received March 13, 2014. **2015 Update:** An AFCARS Improvement Plan Update was submitted on June 30, 2014, on October 20, 2014 and on April 20, 2015. See AFCARS Improvement Plan (in appendices) for detailed information on progress. **2016 Update:** An AFCARS Improvement Plan Update (AIPU) was submitted early on 1/26/2015 and timely on 3/6/2015. The response from the Children’s Bureau was received on 9/22/2015. An AIPU was then submitted timely on 12/29/2015. See Appendices for detailed information. **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.

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 August 2015 were that the Department was in substantial compliance (with zero errors) with Federal eligibility requirements for the PUR. **2017 Update:** Alabama’s next Title IV-E Foster Care Primary Review will be held the week of September 10, 2018. **2018 Update:** The state continues to prepare for the Title IV-E Foster Care Primary Review this fall (9/10-14/2018).

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.

IV. VISION STATEMENT

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

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

The Child Welfare Division's Mission Statement is on its website and is as follows: "***The Alabama Department of Human Resources will help families receive the least disruptive services they need, when they need them, and for only as long as they need them in order to maintain children in – or return them to - a safe, stable home.***" The state child and family services plan for abused, neglected and at-risk children and their families is intended to operationalize beliefs through developing goal-directed services that are individualized and needs-based and designed with the following desired outcomes in mind:

- Treat families as partners in parenting and protecting their children.
- Respect parents and their children and focus on the family as a whole and on the family's strengths.
- Services are matched to meet identified needs and vary in levels of intensity needed to keep children safe and assure their well-being.

- Services are coordinated between service provider and agencies to meet the multiple needs of children and their families.
- Services are delivered in culturally sensitive ways.
- Services are accessible to children and families.
- Address systemic barriers to accessing needed services.
- Support families through services and to strengthen families so they may safely care for their children.

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

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

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

V. PRINCIPLES OF OPERATION AND PRACTICE MODEL

The Department of Human Resources and its Family Services 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.

Practice Model

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

Guiding Principles:

1. Safety & Protection

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

2. Permanency, Stability & Self-Sufficiency

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

3. Well Being & Development

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

4. Family-Centered & Culturally Responsive

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

5. Individualization of Services

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

6. Community Collaboration

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

7. Professional/Organizational Competence

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

Desired Outcomes:

1. Contact is promptly initiated with children who are reported to be experiencing maltreatment or an impending danger threat, and immediate safety is assessed / provided.
2. Children with whom the Department is involved are safe and safety threats do not exist or are effectively controlled/managed (either within, or outside of the birth family's home).

3. Permanency is achieved in a timely, appropriate manner and stability for children in their living situations is maintained.
4. The significant (family, relative, community, educational, faith and cultural) connections for children and their families are consistently preserved.
5. Families have enhanced capacities to provide for their children's needs.
6. Children in the care/custody of the Department are achieving success in school and, where necessary, are effectively supported in successfully transitioning into adulthood where they become stable, gainfully employed adults.
7. Children in the care/custody of the Department are experiencing healthy emotional and physical growth and development.

COLLABORATION

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

VI. Organization of the APSR and Point of Contact

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

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 And Children 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 particular 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, Alabama's 2019 APSR will be posted on the DHR website, where it can be accessed as shown below.



Alabama's Contact Person for the APSR:

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VII. 2018 APSR - ASSESSMENT OF PERFORMANCE

The established benchmarks and 5 year goals are based on either data from Alabama's SACWIS system (FACTS) or the QA database.

Where QA data is used, the measurement percentages reflect the frequency with which a given item was rated a **STRENGTH** in QSR's completed as a component of state QA (onsite) reviews. The time frames for the FACTS / QSR data used were as follows:

- **QA / DATA Baseline:** 10/01/12 – 09/30/13 (FY 2013)
- **QA / DATA Benchmark #1:** 10/01/13 – 09/30/14 (FY 2014)
- **QA / DATA Benchmark #2:** 10/01/14 – 09/30/15 (FY 2015)
- **QA / DATA Benchmark #3:** 10/01/15 – 09/30/16 (FY 2016)
- **QA / DATA Benchmark #4:** 10/01/16 – 09/30/17 (FY 2017)

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

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

Purpose of Assessment:

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

Data Profile

- For contextual purposes, recurrence of maltreatment for FY's 15-16 (the state performance time frame used by the Children's Bureau) was 5.5%, which was below (desirable) the National Performance of 9.5%.
- For contextual purposes, maltreatment in care for FY 15A-15B, FY 15 (the state performance time frame used by the Children's Bureau) was 6.72%, which was below (desirable) the National Performance of 9.67%.
- For contextual purposes, the RSP for re-entry to foster care for FY14B, 15A (the state performance time frame used by the Children's Bureau) could not be determined due to data quality issues.

Data gathered from NCANDS 2014 and NCANDS 2015 revealed almost no maltreatment or the recurrence of maltreatment for children in foster care. Both FY2014 and FY2015 data revealed there was a 99.9% absence of abuse/neglect for children in foster care. This was above the national standard and no Program Improvement Plan was noted.

QSR Measurement Description

This item is not measured using Alabama's QSR instrument. Timeliness of initiating child maltreatment reports is examined in cases reviewed, and observations are utilized in assessing the best practice indicator related to this item. However, no quantifiable rating is assigned to the item.

FACTS Measurement Description – Summary of Child Abuse and Neglect (CAN) Contacts for FY 2017

The chart below includes all children identified in the CAN as victims and the time frame (as outlined at intake) in which they were seen:

Response Time	Total Responses	# Timely	% Timely	# Not Timely	% Not Timely
Immediate	16,553	13,590	82.1	2,963	17.9
5 Day	20,179	17,212	85.3	2,967	14.7
All Contacts	36,732	30,802	83.9	5,930	16.1

Data / Data Trend – Item Assessment:

Data Entry errors have been identified as one of the possible contributing factors related to the data above. If the appropriate area is not checked correctly in FACTS, the contact will not show up on the report as being completed. Some children cannot be located due to information at intake not being sufficient. Families involved with substance abuse are often transient and the children cannot be located within the timeframe outlined at intake. However, the exact contribution to the above data of data entry errors and the inability to locate transient families (even with concerted efforts) is unknown.

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, as follows: Initial in-person contact with children identified in Child Abuse and Neglect reports as allegedly abused or neglected must be made within one of the following response times (immediate or within 5 calendar days).

- Immediate contact will be made when Intake information indicates serious harm will likely occur within twenty-four hours. Contact must be made as soon as possible after a report is received, but no later than 12 hours from receipt of the intake information.

- For situations in which immediate response is not required, child welfare staff shall respond as quickly as the Intake information warrants and no later than five calendar days.

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

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

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

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

Purpose of Assessment:

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

QSR Measurement Description

Is the child living in his/her own home with services provided to keep the family together? •If the child has been removed from his/her home, were reasonable efforts provided to keep the family intact? • Are efforts being made to minimize the likelihood of removal from the home due to risks left unchecked?

Measurement Data

QA Baseline:	73%	
QA Benchmark #1:	66%	
QA Benchmark #2:	87%	Five year goal achieved.
QA Benchmark #3:	67%	
QA Benchmark #4:	52%	
5 Year Goal:	75.5%	

Data / Data Trend – Item Assessment:

The number of children entering care due to substance abuse has increased. Due to the safety issues present in many of these situations, the child often has to 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.

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.

On March 1, 2017, the Department’s timeframe to complete Child Abuse and Neglect Assessments and Prevention Assessments was changed from 90 days to 60 days. Revisions were also made to the timeframe that an out-of-home (non-foster) safety can be in place without court involvement from 90 days to 45 days.

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.

Promoting Safe & Stable Families--Family Preservation Services (NOTE: See also under ITEM 29, Array 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. Beginning on 10/01/16, the Department combined services formerly provided under the Continuum of Care and FOCUS contracts within a new Intensive In Home Services (IIHS) contract. The services are available in all 67 counties and slightly increased total slots available. There are currently 542 IIHS slots statewide; prior to the new contract, there were 490 slots available (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. These programs have the flexibility to design individualized services that are family driven and youth/child focused. The process for identifying services was initiated by a committee being established to assess the state at Commissioner Buckner's request. 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 29, Array of Services)

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

Intensive In-Home Services – IIHS (See also under ITEM 29, Array of Services)

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

Item 3. Risk and safety assessment and management

Purpose of Assessment:

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

QSR Measurement Description

Is the child safe from manageable risks of harm (caused by others or by the child) in his/her daily living, learning, working, and recreational environments? • Are others in the child's daily environments safe from the child? • Is the child free from unreasonable intimidations and fears at home and school?

Measurement Data

QA Baseline:	92%
QA Benchmark #1:	89%
QA Benchmark #2:	86%
QA Benchmark #3:	87%
QA Benchmark #4:	76%
5 Year Goal:	93.25%

Data / Data Trend – Item Assessment:

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.

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

Counties have expressed the need for safety assessment training, particularly around identifying impending danger and safety plans. While individual counties have received general training around assessment, we are committed to offer more training statewide in response to the needs expressed. On April 19, 2017, the Office of CPS held the first of five regional sessions of Safety Assessment/Safety Plan training. The training focused on identifying present and impending danger circumstances, caregiver protective capacities and when and how to complete a safety plan. This training was provided to child welfare supervisors and the remaining four sessions will be completed by September 2018 for all child welfare supervisors statewide.

Each county office will be provided the training material to take back to their county office to train current staff and new staff that will be hired in the future. We are committed to improving the caseworker's competency level to implement an appropriate safety plan to control present and impending danger threats. To further enhance child safety during the assessment period, CPS policy was added in March, 2016, which requires a home visit every 30 days for the duration of the assessment period.

CHILD DEATHS DUE TO MALTREATMENT

1. The Department has continued to monitor the cases in which child deaths occurred due to maltreatment. With the statewide roll out of FACTS, report INVS206 was developed to track this item. The Office of Data Analysis is notified by an email on any CA/N report that has a child death allegation. This information is tracked from the QA Database. In the interim the Department relies on the QA Database to track this information. Currently the Department only receives reports from the county offices when the child's death is a result of maltreatment. No other agency reports child death information directly to the State Department of Human Resources. However, LEA contacts county DHR departments on most deaths their agency investigates. Alabama uses information provided by Child Death Review teams as part of the child death review process. The State DHR QA Division is involved in this review. Law Enforcement reports child deaths to their local county department. County Departments report the child death information to State DHR, where it is entered into the Child Death Database.

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

FY 2015: In FY 2015, thirty-nine (39) child fatalities occurred with allegations of death due to child maltreatment. As of May 31, 2018, the dispositions on those CA/N reports are as follows:

Child Fatalities w/allegations of maltreatment	39
Indicated	24
Not Indicated	13
Unable to Complete	0
Pending	2
Entered in error	0
12 month prior contact w/ Indicated Finding	10 (25.6%)

FY 2016: As of 5/31/2018 in FY2016, forty (40) child fatalities had occurred with allegations of death due to child maltreatment. The dispositions on those CA/N reports are as follows:

Child Fatalities w/allegations of maltreatment	40
Indicated	20
Not Indicated	15
Unable to Complete	0
Pending	5
Entered in error	0
12 month prior contact w/ Indicated Finding	9 (22.5%)

FY2017: In FY 2017, fifty (50) child fatalities had occurred with allegations of death due to child maltreatment. As of April 13, 2018, the dispositions on those CA/N reports are as follows:

Child Fatalities w/allegations of maltreatment	50
Indicated	26
Not Indicated	16
Unable to complete	0
Pending	8
Entered in Error	0
12 Month prior contact for /Indicated Finding	8 (16%)

FY2018: In FY 2018, as of May 31, 2018, twenty-six (26) child fatalities had occurred with allegations of death due to child maltreatment. As of May 31, 2018, the dispositions on those CA/N reports are as follows:

Child Fatalities w/allegations of maltreatment	26
Indicated	8
Not Indicated	4
Unable to complete	1
Pending	13
Entered in Error	0
12 Month prior contact for /Indicated Finding	2 (7.69%)

Alabama State Child Death Review Team

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

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

throughout the state are responsible for an in-depth analysis of the cases assigned to them by the State Team. Local Representatives share any information the Department may have regarding child maltreatment deaths.

The State Child Death Review Chairman serves on the Alabama State Quality Assurance Committee. In prior years, the State Child Death Committee traveled to assist any counties who did not have local teams in working with their county District Attorneys to re-establish their local teams. We are pleased that, at this time, all Alabama Counties have a local Child Death Review Team. In 2017, the Office of Alabama Child Death Review conducted two training sessions on child death investigations involving alleged SIDS and SUIDS. The targeted audience for these trainings was law enforcement and coroners. Information about CA/N's with Foster parent (related and non-related) is included on the table that follows. The 2017NCANDS submission is not due yet, so we don't have the information for FY 2017.

NCANDS Value Distribution
Perpetrator Relationship (Duplicate Relationships)
 State: **Alabama** Year: **2017Q4** Status: **Accepted**

	2016 (Prior)	Percentage (Prior)	2017 (Previous)	2017 (Current)	Percentage (Current)	Difference (Curr - Prior)	Difference (Curr - Prior)	>=5% Change? (and >100 difference)
parent	8,819	2,314.70 %	0	9,865	121.16 %	1,046	-2,193.54 %	Yes
other relative (non foster parent)	953	250.13 %	0	909	11.16 %	-44	-238.97 %	No
relative foster parent	0	0.00 %	0	0	0.00 %	0	0.00 %	No
nonrelative foster parent	14	3.67 %	0	39	0.48 %	25	-3.19 %	No
group home or residential facility staff	6	1.57 %	0	7	0.09 %	1	-1.48 %	No
child daycare provider	28	7.35 %	0	37	0.45 %	9	-6.90 %	No
unmarried partner of parent	507	133.07 %	0	567	6.96 %	60	-126.11 %	No
other professionals	29	7.61 %	0	22	0.27 %	-7	-7.34 %	No
friends or neighbors	188	49.34 %	0	192	2.36 %	4	-46.98 %	No
foster parent, relationship unknown or unspecified	0	0.00 %	0	0	0.00 %	0	0.00 %	No
other	900	236.22 %	0	807	9.91 %	-93	-226.31 %	No
legal guardian	54	14.17 %	0	56	0.69 %	2	-13.48 %	No
unknown or missing	177	46.46 %	0	186	2.28 %	9	-44.18 %	No
Blank	46	12.07 %	0	33	0.41 %	-13	-11.66 %	No
Grand Total	11,721	3,100.0 %	0	12,720	200.0 %	999		

Source: NCANDS.net
 For technical support, please contact the NCANDS Technical Assistance Team at 1-844-812-9633 or support@ncands.net.

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

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.

CAPTA UPDATES

I. Alabama State Liaison Officer (SLO)

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II. Data Updates

A. Number of Children Referred to CPS under Policies and Procedures Established to Address the Needs of Infants born with and Affected by Illegal Substance Abuse, Withdrawal symptoms or a Fetal Alcohol Spectrum Disorder (number of children with each of the identified symptoms/allegations who were subjects of a child abuse/neglect report received by the Department). Data and time frames are provided below for the number of 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
2010	374	132	235	7
2011	296	60	228	8
2012	368	130	229	9
2013	379	94	275	10
2014	444*	122	319	5
2015	439*	113	319	7
2016	458*	106	347	5
2017	608*	129	475	4

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. The Children's Justice Task Force plans to research, develop and conduct this training in FY 2018.

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

The data for Prevention reports received is as follows: Approximately 10,086 Prevention Assessments, involving 15,519 children, were received in FY2012. Approximately 10,300 Prevention Assessments involving 15,742 children were received in FY2013. During FY2014 the state conducted 10,823 Prevention Assessments

involving 16,356 children. For FY2015, 11,054 Prevention Assessments were received involving 16,566 children. For FY2016, 11,529 Prevention Assessments were received involving 17,048 children. For FY 2017, 11,329 Preventions Assessments were received involving 16,660 Children.

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

Use of Grant Funds

A. The primary plan for CAPTA funds continues to be maintaining the CAPTA Due Process Requirement through the 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.

- Five Program Specialists
- One full time Administrative Support Assistants
- One part-time Administrative Support Assistant

CAPTA Funding provides funding for Five Program Specialists and one full time Administrative Support Assistant and one part time Administrative 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 joint partnership between the county Departments and the state office. State office Administrative Record Reviewers and the County Director or designee review the case record and any information submitted by the alleged perpetrator to determine if the record supports a finding of abuse or neglect. The alleged perpetrators are given written notice of their right to an Administrative Record review. They are informed that the review process will be completed by a DHR independent panel, members of which are not directly involved in the case and have authority to overturn the decision of the worker/supervisor if the record does not support the finding of abuse or neglect.

The 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. In FY 2015, CAPTA funds were utilized for salaries for five Central Administrative Record Review Program Specialists and a Central Registry Program Specialist. These six positions are essential for the timely completion of Due Process in child abuse and neglect reports and the release of information from the Child Abuse/Neglect Central Registry. This is a critical position that requires balancing child safety with liability issues.

Salaries and benefits for the five Administrative Record Program Specialists, one part time Administrative Assistant and two full time Administrative Assistants are paid by funds from the CAPTA Grant. The total expenditure is estimated at \$ 495,177.54. In FY 2018, 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.

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. Within the last five years, technical assistance was provided by the National Resource Center for Child Protective Services. Funding for that Comprehensive Assessment Project Grant was completed effective September 30, 2013. The Department currently utilizes a prevention track as a differential response, in that reports taken as preventions are assessed as not rising to a level of a child maltreatment report, and yet a safety assessment by Department staff (using defined initial contact time frames) is still conducted.

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

The Administrative Record Review Program is the service set provided directly to individuals using CAPTA Grant money. See #1, Use of Grant Funds noted above. The Department continues to support Alabama's Parenting Assistance Line (PAL). The Parenting Assistance Line (PAL) is a collaborative service of the University of Alabama Child Development Resources and the Alabama Children's Trust Fund. When citizens call the toll-free number, 1-866-962-3030, a parenting resource Specialist provides helpful information and support. Callers can also request free literature. The PAL website can be accessed at <http://pal.ua.edu/>. CAPTA funding was utilized for the CPS Program Manager to attend the Mandatory Conference in Washington, D.C. in 2015. The Program Manager and the Program Supervisor attended the same conference in Washington, D.C. in 2016. CAPTA funds were also utilized in 2017 for the CPS Program Manger to attend the Children's Justice Grantee meeting in Washington DC. CAPTA funding will be used in 2018 for the Program Manger to attend the same conference.

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

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

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

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

The following is data obtained from the Alabama Early Intervention System State Office

As of the data received from EI on 06/29/17, the following information is provided regarding referrals from FY 2015. Of the 707 referrals made in FY 2015, there were no concerns of the child having a 25% delay in 585 referrals. Nine (9) children were activated as a referral by the DHR caseworker as action needed, and twenty-one (21) children were already in the system. Two (2) children were activated for a Child Find Alert. Twenty (20) referrals were closed by Early Intervention with no further action and fifty-six (56) were closed due to unsuccessful

contact. There were eleven (11) sent to EI that were over the age of three years and three (3) that were from another state.

As of the data received from EI on 06/29/17, the following information is provided regarding referrals from FY 2016. Of the 829 referrals made in FY 2016, there were no concerns of the child having a 25% delay in 670 referrals. One (1) child was activated as a referral by the DHR caseworker as action needed, and forty-two (42) children were already in the system. Twelve (12) children were activated for a Child Find Alert. Seventeen (17) referrals were closed by Early Intervention with no further action and eighty (80) were closed due to unsuccessful contact. There were five (5) sent to EI that were over the age of three years and two (2) that were from another state.

Of the 804 referrals made in FY 2017, there were no concerns of the child having a 25% delay in 694 referrals. No children were activated as a referral by the DHR caseworker as action needed, and ten (10) children were already in the system. Six (6) children were activated for a Child Find Referral. Five (5) referrals were closed by Early Intervention with no further action and eighty (80) were closed due to unsuccessful contact. There were four (4) referrals sent to EI that were for children over the age of three years and five (5) that were from another state.

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

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

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

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

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

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

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

2015 Update: AOC continues to provide trainings for GAL certification and recertification. In 2015, AOC held three (3) certification courses and three (3) recertification courses that provided mandatory training for an attorney to be certified or to maintain their certification. Staff from State DHR frequently provide required sessions at these trainings where the issues of child development and many other concerns are presented. Current GALs have the option of AOC's online recertification course as well as a live session. At the end of the calendar year, AOC had an active list of 1,256 certified GALs. 2017 Update: AOC continues to provide training sessions for GAL certification and recertification. In CY 2017, AOC has conducted or will conduct a total of seven (7) certification courses and six (6) recertification courses that provide mandatory training for an attorney to be certified or to maintain their certification. Staff from State DHR frequently provide workshops at these training sessions where the issues of child development and many other concerns are presented. Current GALs have the option of AOC's online recertification courses as well as live sessions. As of May 15, 2017, there were 1,198 attorneys on the master GAL appointment list. As of May 22, 2018, there were 1,181 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 03/31/18.

The total of 1564 employees listed below represents 90.04% of child welfare staff.

<u>RACE</u>	<u>SEX</u>	<u>TALLY</u>
AMER IND	F	4
AMER IND	TOTAL	4
BLACK	F	730
BLACK	M	61
BLACK	TOTAL	791
<u>RACE</u>	<u>SEX</u>	<u>TALLY</u>
HISPANIC	F	9
HISPANIC	M	1
HISPANIC	TOTAL	10
ASIAN	F	2
ASIAN	TOTAL	2

HAWAIIAN	F	2
HAWAIIAN	TOTAL	2
NO RESPONSE	F	1
NO RESPONSE	TOTAL	1
TWO OR MORE	F	6
TWO OR MORE	M	1
TWO OR MORE	TOTAL	7
WHITE	F	700
WHITE	M	47
WHITE	TOTAL	747
GRAND TOTAL		1564

VI. Degrees, Certifications, Salaries, Positions

See (separately attached) supervisor and worker classifications document for the following positions:

- Service Supervisor (50223)
- Senior Social Work Supervisor (50224)
- Social Worker (50248)
- Social Service Caseworker (50246)
- Senior Social Worker (50221)

VII. Training Provided to New Child Welfare Workers

See information provided in the 2019 Training Plan.

VIII. Caseload Size *

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

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

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

* 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: Field Administration, Personnel, and Management and Fiscal Analysis.

Information on Child Welfare Staff Additions / Separations

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.

2005:	Total # Field Placement Students:	126
	Total # of FPS employed:	73
	Total Employed FPS that received Title IV-E Stipend:	36 (21 BSW, 15 MSW)
	Total CW additions:	463
	Total CW separations:	443
2006:	Total # Field Placement Students:	137
	Total # of FPS employed:	64
	Total Employed FPS that received Title IV-E Stipend:	30 (20 BSW, 10 MSW)
	Total CW additions:	467
	Total CW separations:	427
2007:	Total # Field Placement Students:	116
	Total # of FPS employed:	57
	Total Employed FPS that received Title IV-E Stipend:	28 (15 BSW, 13 MSW)
	Total CW additions:	378
	Total CW separations:	373
2008:	Total # Field Placement Students:	155
	Total # of FPS employed:	64
	Total Employed FPS that received Title IV-E Stipend:	36 (28 BSW, 8 MSW)
	Total CW additions:	336
	Total CW separations:	385
2009:	Total # Field Placement Students:	123
	Total # of FPS employed:	37
	Total Employed FPS that received Title IV-E Stipend:	14 (10 BSW, 4 MSW)
	Total CW additions:	203
	Total CW separations:	249
2010	Total # Field Placement Students:	114
	Total # of FPS employed:	16
	Total Employed FPS that received Title IV-E Stipend:	5 (4 BSW, 1 MSW)
	Total CW additions:	215
	Total CW separations:	251
2011	Total # Field Placement Students:	147
	Total # of FPS employed:	24
	Total Employed FPS that received Title IV-E Stipend:	5 (5 BSW, 0 MSW)
	Total CW additions:	170
	Total CW separations:	244
2012	Total # Field Placement Students:	139
	Total # of FPS employed:	28
	Total Employed FPS that received Title IV-E Stipend:	9 (5 BSW, 4 MSW)
	Total CW additions:	177
	Total CW separations:	257
2013	Total # Field Placement Students:	122
	Total # of FPS employed:	46
	Total # of FPS that received Title IV-E Stipend:	9 (7 BSW, 2 MSW)
	Total CW additions:	195
	Total CW separations:	229
2014	Total # Field Placement Students:	114
	Total Stipend Recipients:	26 (20 BSW; 6 MSW)
	Total CW additions:	302
	Total CW separations:	288

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)

* As of 06/06/18

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

		FY 2016	FY 2017	Percent Difference	
WKSIIA	Number of Staff Responsible for CPS Functions (Screening, Intake, and Investigation/Assessment of Reports) During the Year	566	593	4.7	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 FFY2016 was Intake = 85; CA/N = 211; CPS = 297; Total 593.
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 also participates in career fairs. Additionally he visits with graduating social work classes to inform them of the different types of job opportunities DHR has to offer and how to apply for those jobs. Information on the three (3) main child welfare classifications is posted on the career services websites of different schools. Finally, DHR has an email address that is specific to recruitment (recruitment@hr.alabama.gov) and the staff recruiter receives all the emails that are sent to this email address. The three (3) child welfare job classifications for which recruitment efforts are made, along with the necessary qualifications for each, are as follows - see also the (separately attached) worker classifications document for information related to the below positions:

1. Senior Social Worker - this classification requires a Master of Social Work from a program that is accredited by CSWE and for the individual to be licensed at the LMSW level or higher. A person can be hired without being licensed, but

licensure must be obtained within the probationary period in order to obtain permanent employment.

2. Social Worker - this classification requires a Bachelor of Social Work from a program that is accredited by CSWE and for the individual to be licensed at the LBSW level. A person can be hired without being licensed, but licensure must be obtained within the probationary period in order to obtain permanent employment.
3. Social Service Caseworker – this classification requires a Bachelor's degree in a social science or a degree in any major with at least 30 semester or 45 quarter hours in social or behavioral science courses. There are no licensure requirements for this classification.

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, Social Worker, Senior Social Worker, and Financial Support Worker. 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 come into compliance with certain requirements, Alabama had to develop a Program Improvement Plan (PIP), which it submitted to the Children's Bureau (CB) on September 29, 2017. On November 17, 2017, the Department received notice that the Children's Bureau had approved the state-submitted PIP, and the Department subsequently began implementation of the PIP. In a letter from the CB, dated June 5, 2018, the state received word that it had successfully completed the PIP and was now in compliance with the CARA requirements.

In order to address the CARA requirements, the Department developed and added new policy in regards 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 also monitored / assessed during onsite reviews by state QA review teams, as well as through Quality Practice Specialists that are assigned to each county. It is also anticipated that a portion of CAPTA funds will be used to train staff in all 67 counties on plans of safe care.

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

Item 4. Stability of foster care placement

Purpose of Assessment:

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

QSR Measurement Description

Are the child's daily living and learning arrangements stable and free from risk of disruption? • If not, are appropriate services being provided to achieve stability, address known risk of disruption, and reduce the probability of disruption? [DISRUPTION = an unplanned change in places/persons = INSTABILITY].

Measurement Data

QA Baseline:	79%	
QA Benchmark #1:	81%	
QA Benchmark #2:	83%	Five year goal achieved.
QA Benchmark #3:	92%	
QA Benchmark #4:	77%	
QA Avg., '15-'17	84%	
5 Year Goal:	82%	

Data / Data Trend – Item Assessment

Data Profile:

- For contextual purposes, placement stability for FY16B, 17A (the state performance time frame used by the Children's Bureau) of 6.41 was above (ANI) the National Performance of 4.44.

Best practice indicator #9 "Children in foster care are in stable placements and any planned placement changes are in their best interest". The summary of the best practice indicators for on-site reviews conducted indicate 100% of the counties reviewed during FY 2017 had this as a strength.

AFCARS data reflects the Department's continued struggle related to placement stability. There has been a steady increase in the average number of placement moves from FY14A to FY17A, our average number of placement moves are 5.95 to a high of 6.41 per our AFCARS data for the 17A reporting period. Although data for the 17 B reporting period shows a decrease to 2.95 moves on average, this is an area needing improvement.

Potential contributing factors impacting the high number of placements are numerous and easily found in data available across multiple data streams.

1. A review of the Department's staffing provides several potential indicators for lack of stability in foster care placements. 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 41% have been noted.
2. Numbers of youth in care have also increased significantly in a relatively short time. From October 2016 through October 2017 children in DHR custody has increased by 722 youth, an 14% increase. This has put increased stress on out of home care providers, both foster family homes and congregate care providers.

A county by county analysis indicates that the counties had 6260 youth in custody on 10/31/17. These same counties had 1749 foster family homes available to them. In many cases, the number of youth in the county was three to four times the number of homes available in the county. For example, Houston County had 194 youth in care with only 29 homes in the county.

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.

The Office of Adoption staff partners with APAC therapists during the matching/staffing process, on an as-needed basis, to better inform families as to what the child’s diagnoses mean, how the behaviors can impact family life, and assist with a plan for managing the behaviors.

A review of relevant data revealed that families prepared & studied through the special needs adoption contract with CAS/APAC experienced disruption at a higher rate than did families prepared/studied by county DHR offices. The families studied and prepared through this contract have no foster care experience. CAS/APAC submitted an amendment (narrative and budget) to their post-adoption contract. The proposal included assigning a Family Advocate to all “Waiting Families” and then a “Family Coach” (Counselor) to all families once they are matched. Individual plans were developed for each family with services customized for the parents as well as birth children that may already be in the home. It was hoped that this extra support would reduce the number of disruptions. An examination of the placements made in FY 2016 reveals that disruptions (for state-placed adoptions) were down overall. The rate for families trained and studied by APAC was still about 10% higher than those trained and studied by county DHR staff.

Placements in FY 2016	49*	Number Disruptions	Percentage that Disrupted
DHR families	21	1	4.8%
Out of State	8	0	0
APAC	20	3	15%
*Of the 49 placements made in FY 2016, six have not yet finalized (nor have they disrupted).			

Placements in FY 2017	76	Number Disruptions	Percentage that Disrupted
DHR families	31	10	32%
Out of State	24	6	25%
APAC	21	1	4.7

The total number of ANIR placements was up from 49 in FY 2016 to 76 in FY 2017. Twenty-seven (27) of these placements were still in-tact at the end of the fiscal year but had not yet finalized. The total number of disruptions was up from 4 in FY 2016 to 16 in FY 2017.

As a result of the apparent success of the changes as described above were made by APAC (our post adoption services provider) and when a new RFP for post-adoption services was released for FY 2018 vendors were asked to include disruption prevention strategies in their proposal. The previous post-adoption vendor was once again selected as the provider for FY 2018.

Cases continue to be reviewed randomly through State Quality Service Reviews to assess compliance and quality of foster care resource. A specific review tool is used for consistency. This has already provided a snapshot of areas for focusing efforts with regard to training and policy development.

To increase the education/training opportunities and support for out of home care providers, the Department continues to contract with the **Alabama Foster and Adoptive Parent Association (AFAPA)**. This partnership was key to our ability to provide Reasonable and Prudent Parent Training to 2246 participants statewide during the fiscal year. State Office personnel, in collaboration with AFAPA, provided this training in a co-training model for foster parents, child-placing agencies and providers (See also under **ITEM 31, State Engagement and Consultation with Stakeholders**).

The Office of Foster Care and ILP have participated in the quarterly meetings with Alabama Association of Child Care Agencies (AACCA) and the Foster Family-based Treatment Association (FFTA) in an effort to partner, and provide needed support and information. In FY2017, the service providers were offered additional training to better support youth as they participate in their ISPs, updates on the unit’s Congregate Care Study, PL-113-183 (Sex trafficking) and the state’s Fostering Hope Legislation.

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.

Psychotropic Medication and Monitoring Protocol - See material under ITEM 30, Individualizing Services

MEPA

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

Item 5. Permanency goal for child

Purpose of Assessment:

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

QSR Measurement Description

Is the child living in a home or setting that the child, caregivers, and other stakeholders believe will endure until the child becomes independent? • If not, is a permanency plan presently being implemented on a timely basis [consistent with ASFA timelines] that will ensure that the child will live in a safe, appropriate, and permanent home?

Measurement Data

QA Baseline:	40%
QA Benchmark #1:	17%
QA Benchmark #2:	34%
QA Benchmark #3:	23%
QA Benchmark #4:	25%
QA Avg. FYs 15-17:	26%
Year Goal:	43%

Data / Data Trend – Item Assessment

Best Practice Indicators number 11 measures whether permanency planning is in compliance with policy. The summary of the best practice indicators for on-site reviews conducted indicate 62% of the counties reviewed during FY 2017 had this as a strength.

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 41% have been noted.
- Numbers of youth in care have also increased significantly in a relatively short time. From October 2014 through October 2017 children in DHR custody has increased by 1211 youth, a 25% increase. This has put increased stress on out of home care providers, both foster family homes and congregate care providers.

A positive trend noted in some on-site reviews, IL youth on IL surveys indicate they know what a permanency goal is and further, they know what their own personal permanency goal is.

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 2013	28.26 Months (approximate)
FY 2014	25.68 Months (approximate)
FY 2015	23.64 Months (approximate)
FY2016	21.86 Months (approximate)
FY 2017	20.08 Months (approximate)

Training and Policy

The Adoption Policy Manual contains a section on “DHR placements”. The decision to place a child for adoption is considered in various ways. If the goal for a particular child is to be adopted by his or her current foster parent, the policies outline things to consider in determining if it is in the child’s best interest to be adopted by their current foster parent or to have a goal of ANIR (Adoption No Identified Resource) and to thus be referred for recruitment. This decision is made by the child/family service planning team. If the child is not going to be adopted by the current foster parent and thus has a goal of ANIR, they are referred for recruitment. Home studies for both in- and out-of-state families are considered. If the placement Specialist for a particular child/sibling group identifies a potential family, information on the family (home study document) and the child (non-identifying background summary) are reviewed by a state-level adoption staffing team. A team staffing meeting is held, which includes the county/agency worker for both the child/sibling group and the family. Strengths and needs of the potential placement are identified and weighed at length, then a decision regarding how (or if) to move forward is made. After the team staffing meeting, the family’s resource worker and the adoption placement Specialist will provide additional information to the family and a mutual decision is made regarding how to move forward with pre-placement activities. When families could use assistance in this process, they are given a referral to APAC for helpful pre-adoptive services.

The Office partners with OQCWP Behavioral Analysts, on an as-needed basis, to observe children and work with families toward a behavioral management plan from the beginning of pre-placement visits. These partnerships assist families in making informed decisions that are best for the children and the prospective families.

Alabama continues to review and, as needed, revise policies that aid in expediting permanency for children waiting for an adoptive resource. This includes recruitment, home approval and matching policies. In some cases, specific timeframes are waived to aid in expediting adoption for children with special needs. The legal process of adoption in Alabama includes the Adoptive Home Placement Agreement being entered into between the adoptive resource and the Department. The Consent to Adopt is usually issued in Foster Parent Adoptions immediately, while in non-foster parent adoptions there is a three-month post placement supervision period before the Consent to Adopt is given. The Petition to Adopt can then be

filed in the Probate Court, along with a report from the County Department. The Court issues an Interlocutory Order pending the post placement report and a dispositional hearing is held and the final decree issued.

Children in Foster Care < Age Five: Reducing Length of Stay & Providing Developmentally Appropriate Services (See also under ITEM 31, State Engagement and Consultation with Stakeholders).

In FY2017, 1703 children under the age of five entered the foster care system. This represents a 12% increase from FY2016 (1527 children). This substantive increase in numbers coming into care mirrored a corresponding increase in the percentage of children entering care due to parental substance abuse. In FY 2017 this accounted for 38.8% 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, 11.34 months compared to 11.15 and 11.06 respectively. In 2015, 1260 youth under five years of age left foster care. This number increased to 1278 in FY2016 and 1293 in FY2017. 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 the 2,291 children in care under age 5 on 02/01/18, 11,049 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.

Goals for 2015-2019 (Children Under the Age of Five)

Implement policy for the age group under five to specifically address the timeliness of permanency and the resources available to assist this population. Continue to assess, with the Office of Child Welfare Training, training needs for new/current staff and/or resource parents in working with the under-age five population.

- Beginning with FY 2015, analyze data quarterly from FACTS, QSR, and AFCARS to seek information on and develop/implement improvement plans for the five year and under age group so comparisons by race, length of time in care and timeliness of permanency can be evaluated to note differences when compared to overall foster care youth.
- The office of foster care continues to meet with the DHR 0 to 5 Stakeholder Group to engage community partners around research and other proposals for improving current services for children under age five. A few of the current initiatives are: A revised 10-day medical form for children entering foster care, linking biological and foster families with the Alabama Quality STARS initiative for high quality early child care. This initiative provides a STAR level system for child care centers above state minimum requirements. The Office of Data management runs a quarterly query spreadsheet for all vulnerable children under age five receiving services in- home and foster care. This detailed spreadsheet provides county information, type of service, service initiation and completion dates.
- Utilize data gathered by the Services to Foster Youth Under Five Stakeholder Group to inform and develop policy and practice strategies. **Children Under Age 5 years on 4/10/17 – Sorted By Children**

Race	# of Children Under Age 5 Years	Average # of Months in Care	% of Population
White	1191	11.20	65.7
Black or African American	600	13.12	33.09
Declined	15	9.47	1.21
Asian	2	22.00	
Incapacitated / Unable to Communicate	2	30.00	
Native Hawaiian or Other Pacific Islander	2	13.00	
American Indian/Alaskan Native	1	2.00	
Unable to determine	0	NA	
Not Documented	0	NA	

Sorted by Average # Months in Care

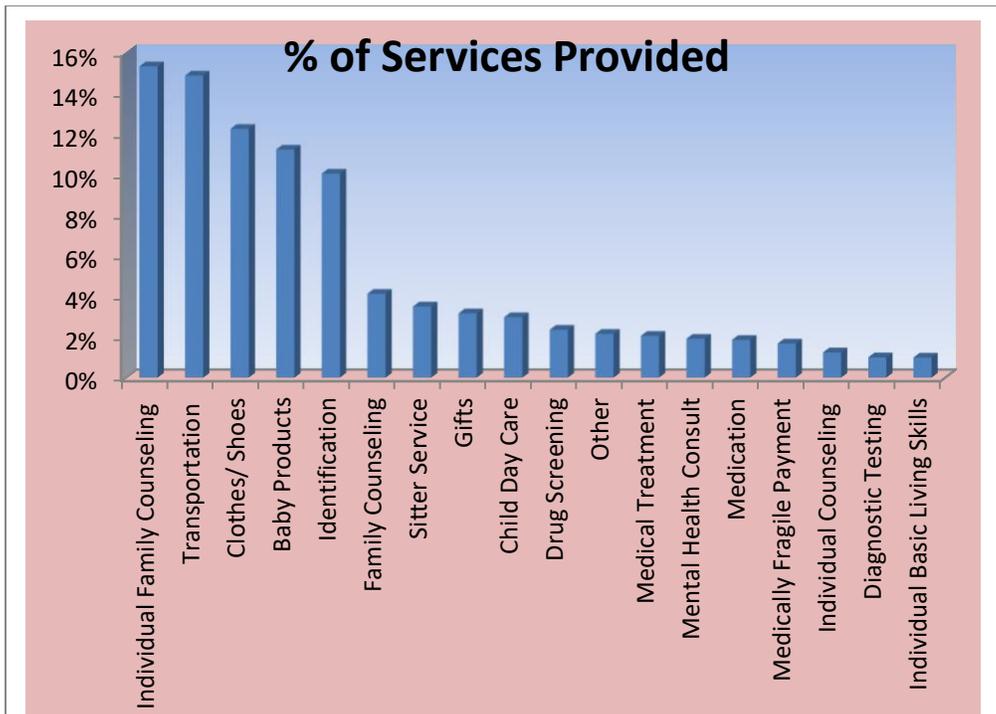
Race	# of Children Under Age 5 Years	Average # of Months in Care
Incapacitated / Unable to Communicate	2	30.00
Asian	2	22.00
Black or African American	600	13.12
Native Hawaiian or Other Pacific Islander	2	13.00
White	1191	11.2
Declined	15	9.47
American Indian/Alaskan Native	1	2.00
Unable to determine	0	NA
Not Documented	0	NA

Comparison of Data for 2015 -2017

Race	May-15	May-15	Apr-16	Apr-16	Apr-17	Apr-17
	# of Children	Average # of Months in Care	# of Children	Average # of Months in Care	# of Children	Average # of Months in Care
White	952	11.35	1062	11.39	1191	11.20
Black or African American	473	13.94	538	12.63	600	13.12
Declined	5	26	1	9	15	9.47
Asian	4	27	6	7.5	2	22.00
Incapacitated / Unable to Communicate	1	19	1	13	2	30.00
Native Hawaiian or Other Pacific Islander	2	4			2	13.00
American Indian/Alaskan Native	3	15.33	4	19.25	1	2.00
Unable to determine	1	11	3	13		
Not Documented	1	4				

Adoption of Children under age 5

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



Congregate Care Study

Since this project began in 2016, it has evolved into a cross-division collaboration between Family Services (FSD), Quality Assurance, and Resource Management (RM). During the period under review, youth have been placed in congregate placements in ever increasing numbers. The most recent data available (01/18) reflects that 211 youth are in congregate care at the moderate level. In order to be placed at this level the youth must have a DSM V diagnosis falling in the range of 299 – 316. In addition, a detailed assessment (MATS) must be completed in order for the youth to be placed at this level. The cross-division collaboration has been tasked with doing an analysis of all youth in treatment at this level whose care extends beyond 180 days. The Quality Division staff comprised of licensed behavioral analysts (BC/BA) have visited all of the moderate facilities and interviewed all youth over this time limit to assist in determining why the youth remain in the facilities. Through this assessment they determine whether issues are behavior management related, or involve issues with the county DHR offices and/or the facilities. If behavioral related, they will assume primary responsibility for assisting the facilities and youth to address through behavioral plans and/or assistance. If county worker related, FSD will be tasked with addressing barriers to movement toward permanency, with RM tasked with addressing any specific facility related issues. For those youth (148) scheduled for review in the period from 11/2017 to 02/18, 70 were no longer in a moderate level of care, thus leaving 78 that were assessed. This data has been incorporated in a master tracking document for assignment of cases to all divisions before 04/01/18.

A standardized list of questions was developed and used by the Office of Foster Care and ILP to facilitate the conversations with youth, providers and DHR staff. However, there were several trends or themes noted, which have a significant impact on Departmental practice and the youth served. Those are:

- The lack of availability of more appropriate family-like placements;
- Congregate care providers' struggles related to providing individualized services based on the needs of children referred and served;
- Lack of training for staff and providers to equip them regarding engaging and supporting older youth; and
- ISP and treatment planning at the facilities being dissimilar in content.

The interview has remained consistent and the Office of Quality Child Welfare Practice has joined the Office of Foster Care in conducting the interviews, providing case consultation and processing the data. The trends related to positive permanency are encouraging as 30 youth have stepped down to less restrictive placements, post our initial contacts. The Offices of Foster Care and ILP and the Office of Quality Child Welfare Practice will continue to work jointly to safely facilitate

appropriate transitions for these young people. We will continue to monitor the progress of youth in congregate settings and will expand the process to youth currently in intensive residential placement.

The focus on these issues with regard to this population, and improving outcomes for them, will promote positive partnering with birth families, foster families and vendor/providers, collaborative planning with the ISP Team and realistic goal-setting for the young people with a renewed focus on the importance of living in a family-like setting.

Item 6. Achieving Reunification, Guardianship, Adoption or OPPLA

Purpose of Assessment:

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

QSR Measurement Description

Is the child living in a home or setting that the child, caregivers, and other stakeholders believe will endure until the child becomes independent? • If not, is a permanency plan presently being implemented on a timely basis [consistent with ASFA timelines] that will ensure that the child will live in a safe, appropriate, and permanent home?

Measurement Data	Reunification	Adoption	OPPLA
QA Baseline:	35%	30%	63%/27%/50%/44%
QA Benchmark #1	16%	9%	27%
QA Benchmark #2	33%	22%	50%
QA Benchmark #3	22%	16%	44%
QA Benchmark #4	21%	29%	29%
QA Avg. FYs 15-17:	24%	21%	42%
5 Year Goal:	38%	33%	65%

Data / Data Trend – Item Assessment

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

- In most counties, when the permanency goal is return to parent or placement with relatives, permanency achievement is within ASFA time frames. Some counties have attributed this to the on-going use of permanency roundtables at state intervals during the life of the case.
- 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.
- In the largest county, at the time of their on-site review, the majority of children in care, regardless of permanency goal, had exceeded ASFA time frames for achieving permanency. Stakeholders identified the following issues as barriers to timely permanency achievement:
 1. ICPC
 2. Publication/service issues
 3. Caseworker turnover

The permanency assessment completed during this same review identified additional reasons such as:

1. Lack of parental progress
2. Unrealistic plans
3. Change in caseworker (consistent with stakeholder input).

- State QA reviewers indicated that ISP’s don’t contain specified steps to achieve the identified permanency goals. ISP’s need clearly stated goals, behaviorally-specific steps and designated responsibilities with due dates and monitoring components.
- When the goal is placement with relatives and there are delays, it is typically due to lack of relative participation in the process.

In addition to QSR data, please see below data from a Permanency Achievement Query that is in place. The Query reports data based on percentage of discharge to federally-recognized permanent placements:

	FY 17	FY16	FY15
Returned to Parent	37.51	38.1	40.0
Placed with Relatives	38.43	37.1	33.8
Adoption Finalization	14.90	14.8	15.3
Kinship Guardianship	0.76	1.2	1.5

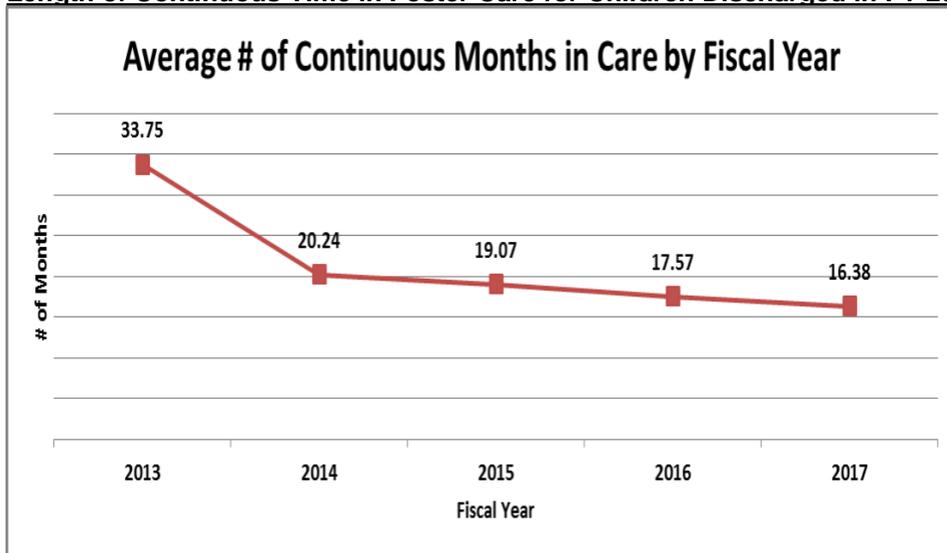
Percentages not accounted for include Runaway, Aging out, Custody placed with Another Agency, Death, Commitment to DYS or MH.

Length of Continuous Time in Foster Care for Children Discharged in FY 2016

The below table captures the length of time until discharge to the respective permanency goals for FY 2017.

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	918	801	31	27
Kinship Guardianship	829	795	28	27
Return to Parent	289	211	10	7
Relative Placement	278	175	9	6

Length of Continuous Time in Foster Care for Children Discharged in FY 2016



Data Profile:

The data profile for Alabama, reflects that Alabama is below the National Performance levels desired for the Permanency indicators, or did not have sufficient data quality

- For contextual purposes, the RSP for Permanency in 12 months (entries) for FY14B, 15A (the state performance time frame used by the Children’s Bureau) could not be determined due to data quality issues.
- For contextual purposes, the RSP for Permanency in 12 months (for those who were already in care for 12-23 months) for FY16B, 17A (the state performance time frame used by the Children’s Bureau) of 40.3%, was below (ANI) the National Performance of 45.9%.
- For contextual purposes, the RSP for Permanency in 12 months (for those who were already in care for 24+ months) for FY16B, 17A (the state performance time frame used by the Children’s Bureau) of 28.3%, was below (ANI) the National Performance of 31.8%.

The QSR data used for reporting progress in this area indicates the percentage of cases reviewed by State QA where working toward achieving the stated permanency goal is reported as a strength or for APPLA cases, if the permanency goal

can be considered achieved. Achievement of the goal of APPLA is viewed as (1) court-approved and (2) the youth is living in what can be considered a permanent living arrangement, preferably with a signed APPLA agreement in place. Generally that occurs with youth who are in foster homes with foster parents verbalizing their commitment to the youth. This is not rated a strength for youth in residential treatment or any facility that is not planned or intended to be permanent. The Division is making every effort to encourage, support and train child welfare staff regarding the importance of being trauma-informed and permanency-focused from the point of first contact with children, youth and their families. The Department has launched a new provider training, detailed in another section of the report, which is based on a trauma model throughout the curriculum. There is also new basic Child Welfare worker training, Striving Toward Excellent Practice (STEP) being piloted. There are plans to continue to provide training and support to our staff also.

Permanency trainings, direct consultation, judicial summits, expanded drug courts, and re-education related to kinship guardianship have had a positive impact with regard to shorter times spent in foster care and a reduction in placement disruption/change and re-entries into foster care. The Office of Foster Care and ILP, the Office of Adoption and the Office of Quality Child Welfare Practice have partnered with the Office of Resource Management in a focused effort to improve how children experience foster care in the state, via scheduled meetings, cooperative consultation and individualized service planning with counties to promote permanency and stability while in foster care. There is a renewed focus on congregate care and a safe and thoughtful transition for those youth which has been integral in the success of our congregate study. With changes to Federal law related to APPLA, staff have been provided coordinated consultation with the Office of Foster Care and the Office of Quality, specific trainings at our Annual Permanency Conference, Annual Supervisor's Conferences, regional Judicial Summits, Regional ILP trainings and Adoption Market Segmentation Trainings to relentlessly pursue permanency for all children in foster case.

There are currently 13 drug courts around the state. The continued expansion of our drug courts to serve the entire state, the continuing work of the Alabama Psychotropic Medication Review Team, specialized recruitment for families to serve our young people with autism, severe mental health issues, intellectual disabilities and complex medical issues and older youth will continue to be the focus of our work.

Reunification, Guardianship, and Placement with Relatives

Services to support Reunification/Relative Care (See also under ITEM 29, Array of Services, Child & Family Services Continuum)

Services to support Kinship Care – See under ITEM 10

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.

Continued support of their educational and vocational goals will equip the youth to provide for themselves financially through education and support regarding their mental health needs, housing services and physical health services. Consultation regarding real experiences for these youth will allow them to demonstrate their ability to be age-appropriately independent. The ILP Specialists have specific county assignments and that affords the ILP Program opportunities to provide specific training for staff, supervisors, vendor/providers and stakeholders regarding the extraordinary needs these young people have to be connected to their communities and to caring, positive adults. These young people receive group and individualized supportive services in placement settings which vary from their own apartments to traditional foster homes. Emphasis is placed on the monitoring and support of the individual goals of these youth.

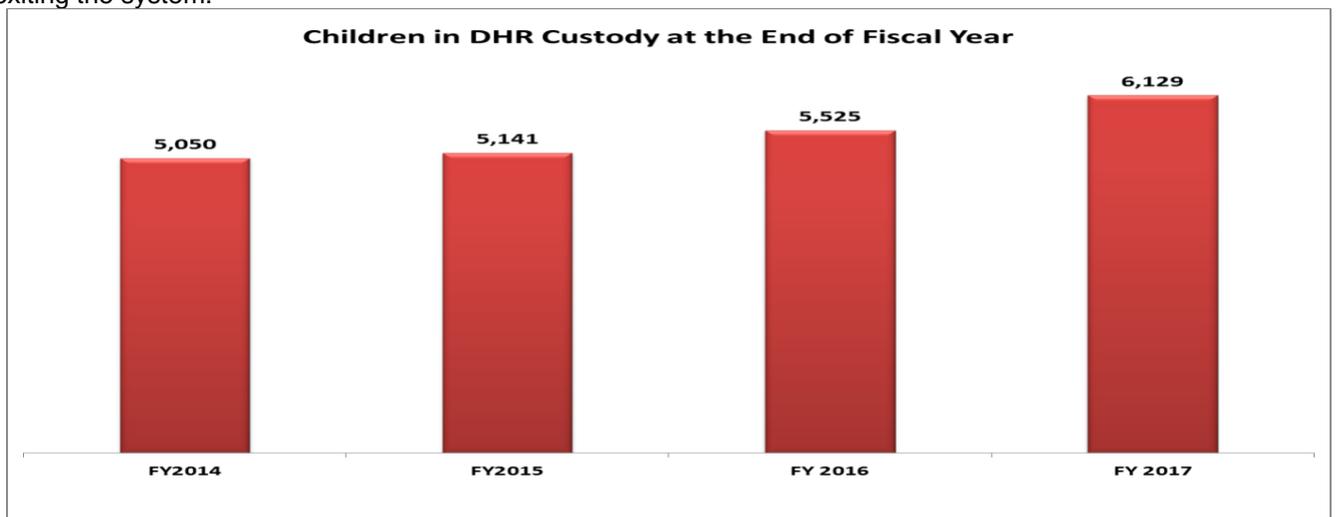
There are a number of available and important services and supports for APPLA Youth in Alabama. Permanency review/planning processes in counties help to identify permanent connections. Annual Independent Living Conferences which provides ILP training and education around ETV, NYTD, basic living skills, healthcare, Medicaid, preparing for college and leadership. Monthly DREAM Council meetings are held in a different county each month, providing peer training to youth across the state. Local ILP meetings held in each county include trainings based on the needs of the youth from and placed in the counties. Those services also include field trips to local Health Departments, college tours and other opportunities. Participation in the Annual Daniel Memorial Conferences gives APPLA Youth an opportunity to receive training from nationally recognized experts and to meet and network with like-minded youth. The Alabama Reach

Program provides services and supports to youth in college at the University of Alabama, Shelton State Community College and Stillman College in the form of monthly meetings, service projects, and assistance with housing, food and gas. The students also receive support regarding their educational goals and access to host families. The National Social Work Enrichment Program (NSEP) offers rising juniors and seniors in high school an opportunity to have a six-week, on-campus college experience. NSEP was held at Alabama State University and the University of Alabama in 2016. There are 31 participants for 2017, and they are all at the University of Alabama. Children’s Aid Society employs two former foster youth to design and provide trainings across the state to youth, staff, community providers and community stakeholders.

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 are in need of a permanent adoptive family. These services include: recruitment and preparation of prospective adoptive families, placement of children, supervision of children in placement and other post-placement services, legal services, administering the state and Federal adoption subsidy programs, clearing Petitions to Adopt and acknowledging the receipt of the petition and documenting the findings in an acknowledgment letter to the court as mandated by the Adoption Code; providing public information on adoption, administering the Interstate Compact on Adoption and Medical Assistance (ICAMA), and maintaining the Putative Father Registry. As of February 28, 2018, 631 youth in the Department’s Care have a permanency plan of APPLA. That number represents 34% of the state’s ILP population. The current number is a 8% decrease in the APPLA population even though the overall number of these youth has increased 6% from the same point in time in FY 2016. County staff, supervisors and county directors have been provided training regarding supports and services to be provided to these young people per PL-113-183 at the annual ILP Networking, Permanency and Supervisors Conferences. The Department is working to improve specific services data collection related to these young people related to the NYTD PIP.

With changes to Federal law related to APPLA, staff have been provided coordinated consultation with the Office of Foster Care and the Office of Quality, specific trainings at our Annual Permanency Conference, Annual Supervisor’s Conferences, regional Judicial Summits, Regional ILP trainings and Adoption Market Segmentation Trainings to relentlessly pursue permanency for all children in foster case- This has resulted in the number of young people in foster care for more than 72 months or more going from a high of 480 at the end of FY 2014 to 346 in FY2016, and a further reduction to 287 in FY2017. Over the three year period, this results in a 40% decrease in the number of youth remaining in care 72 months or over before exiting the system.



Though our foster care outcomes appear to be improving, the number of children in out of home care is steadily increasing. As indicated in the chart above, the number of children in out of home care is continuing to increase. The impact of multi-generational drug use has dramatic impact on our out of home population. We have a much higher population which is having a serious impact on our ability to serve families and children. We will continue to pursue additional preventive/supportive services to biological families, focusing on the drug court model and seeking out innovations related to treating opioid addicted family systems and increase the use of kin care in order to safely reduce the number of children in out of home care.

Adoption

DATA & SERVICES - Finalized Adoptions:

FY14	548
FY15	512
FY16	503
FY 17	500

Since October 1, 2008, 4,084 children have found permanency through adoption from Alabama's foster care system. These placements include youth from institutions and congregate care facilities. Although the overall number of children over 14 placed for adoption has declined in the last three fiscal years, the Department has been successfully placing older children and children with more significant special needs. Since FY 2014, we have placed multiple children for adoption with significant special health care needs, severe to profound developmental disabilities, significant special some of whom have previously living in skilled nursing facilities the majority of their lives.

Services and supports for the children who moved from skilled nursing facilities were accessed for families through the Alabama Community Transition Waiver. One of these children was placed out-of-state where the ACT waiver does not exist or is limited to children who were residents of said state prior to adoption. As a Wendy's Wonderful Kids grantee, we have embraced the concept of "Unadoptable is Unacceptable". At the 2017 Permanency Conference, leadership of the Office of Adoption and the child-specific recruiter from one of our contract agencies did a presentation on creative means for achieving permanency through adoption. The presentation included photos and information on several of the children successfully placed through the Wendy's Wonderful Kids Project at the APAC Pre-Adoption Services Child-specific Recruitment Project. **See the chart below for statistical information on children 14 and older who realized finalized adoptions.**

Age @ Adoption Finalization	FY2014	FY2015	FY2016	FY 2017
14	18	14	15	15
15	17	13	8	10
16	10	13	8	8
17	9	5	9	3
18	3	12	8	4
19	2	1	2	0
20	0	0	0	0
Total	59	58	50	40

Termination of Parental Rights

The State's SACWIS system (FACTS) is interfaced with the Administrative Office of Courts, which aids in accessing court information that is significant as TPR is pursued in cases. As a result of the Department's collaboration with the Court system, training and emphasis has been provided to judges and court personnel on the importance of TPR trials being given priority over other nonjury trials pursuant to Rule 16(D), Alabama Rules of Judicial Administration. See also Alabama Code Section 12-15-320 (a). In 2013 "The Best Interests of the Child Act," Alabama Act 2013-157 was signed into law by the Governor effective April 25, 2013. This legislation requires the Department to file a petition to terminate parental rights of a parent(s) of a child who has been in foster care for 12 of the last 22 months instead of the current 15 out of 22 months in statute unless there is a compelling reason(s) identified. The legislation also gives judges a maximum of 90 days to hear a termination of parental rights petition case once service of process has been perfected and final TPR orders must be entered within 30 days of completion the trial. Effective April 8, 2014, Act 2014-350 amended Alabama Code 1975, § 12-15-114 to provide that the juvenile court shall have exclusive, original jurisdiction over all actions for the termination of parental rights.

Children / Services for Children Adopted from Other Countries (Inter-Country Adoptions)

In terms of inter-country adoptions, the Department tracks and reports only those children adopted from other countries who enter state custody. Alabama has two private licensed child placing agencies that have received Hague accreditation status. These agencies provide adoption services in Inter-country adoption cases involving the United States and Hague convention countries. The Inter-country Adoption Act (ICAA) of 2000 (P.L. 106-279) was signed into law October 6,

2000. As of June 1, 2018, no child, adopted from another country, had entered foster care in FY 2018.

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

STRENGTHS	CHALLENGES
<ol style="list-style-type: none"> 1. There has been a low level of re-entry into care. 2. There has been an emphasis and much success in the area of adoptions by current foster parents. 3. There have been a number of adoptions involving older youth. 4. 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. 5. Adoption Placement Specialist Activity is being tracked and performance standards have been created and are being included in staff performance appraisals. 6. There has been an increase in the number of older youth completing high school. 7. There has been an increase in the number of older youth attending college. 8. Children from Alabama's foster care system attending colleges are receiving supports from mentors and staff on college campuses through Alabama Reach. 9. There has been an increase in the number of permanent connections for older youth in care emancipating from the foster care system. 10. Leadership among youth in care is being strengthened. 11. There is a successful partnership in place between Children's Aid Society, Alabama Reach and the National Social Work Enrichment Project. 12. A new, trauma-informed training curriculum has been launched for foster and adoptive parents. 	<ol style="list-style-type: none"> 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. Decreasing the number of youth in care with TPR who do not consent to adoption. 3. Foster Families need to be able to better address the special care needs of children/youth in care. 4. Matching children/youth in care with appropriate placement resources. 5. Address the increasing use of congregate care facilities for youth in care. 6. 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. 7. At the end of FY 2016 there were 252 children in the custody of the Department with TPR and a goal of ANIR (Adoption No Identified Resource). Midway through FY 2017 the number is up to 267. 8. Improve county-by-county consistency and support/services in handling adoptive placements that are at risk of disruption (particularly for adolescents). 9. Explore with stakeholders a consideration for "therapeutic adoption", e.g. what it would consist of, what resources are available/needed, etc.

Putative Father Registry - The Office of Adoption continues to maintain the Putative Father Registry. When an adoption petition is received, names are checked against the Putative Father Registry and the court is notified if a putative or adjudicated father not included on the petition is listed. By law, the Department should receive a copy of all petitions filed in the state and respond within 30 days as to whether there is information that needs to be shared with the court. The Office of Adoption has developed and disseminated via LETS a power point presentation for county staff that provides information on the purpose and utilization of the Putative Father Registry. This training is mandatory for all new Family Services workers. The presentation is used during conferences and the Department has produced a brochure on the Putative Father Registry that is believed to be family friendly and readable for the community and has been distributed to local offices and agencies. The DHR website has a link to Putative Father Brochure and all forms associated with registering so the public can easily access the information and start the registration process. Putative Father Registry activity is among the Specialist activities now being tracked. Below, is information about the statewide registrations and searches conducted of this registry in FY 2017, and thus far (as of 3/28/18) in FY 2018.

<u>ACTIVITY</u>	<u>TOTAL FY 2017</u>	<u>TOTAL FY 2018 (as of 3/28/18)</u>
PFR Registrations	540	91
PFR Searches	106	60

Adult Adoptees

Adult adoptees are served each year by providing non-identifying background information on their birth families and the reasons for their placement. Searches for birth parents are initiated if the Department is appointed as an intermediary by the court or if birth parents have previously written the Department and given consent to be contacted. In cases where siblings were placed for adoption by the Department in separate adoptive homes, a search for siblings is initiated at the adoptee's request without a court referral and a reunion facilitated if a sibling is located. A court order is required for birth parent searches as a reunion search is not a mandated service. The ability of the Department to assist with searches has decreased with fewer to no free Internet search sites. At the same time, as older child adoptions are being completed, the adult adoptees are able to search the Internet for themselves as they remember their birth family's identifying information.

Numbers of adult adoptees served are tracked manually by the Specialist providing the service. In FY 2015, 57 requests were received from adult adoptees. In FY 2016, requests for information were received from 15 adult adoptees. Through March 31, 2017 nine requests have been received. Since 2000, adult adoptees born in the state of Alabama are permitted to obtain a non-certified copy of their original birth certificate through the State Department of Public Health. Birth parents are also permitted to complete a Contact Preference Form to be filed with the original birth certificate that can be forwarded to an adoptee if the original certificate is requested. (This form can be completed years after the adoptee's birth). The Department often refers both adoptees and birth parents to the Department of Public Health to utilize this service.

We believe that, through our ongoing partnership with the Administrative Office of Courts (AOC); the expansion of Family Drug Courts around the State; the development of a trauma assessment tool; the continued development of the Psychotropic Medication Oversight and Monitoring Project through our partnership with Auburn University; and our recent changes to the requirements related to our FOCUS and In-Home Intensive service model should result in a decrease in foster care numbers.

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

Item 7. Placement with siblings

Purpose of Assessment:

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

QSR Measurement Description

Placement with siblings – 1.) Placed with all siblings who are in foster care; 2.) Placed with one or more siblings who are in foster care; 3.) Placed apart from all siblings who are in foster care; 4.) N/A – no siblings in foster care. If child is not placed with all siblings in foster care, was there clear evidence that separation was necessary to meet the needs of the children?

Measurement Data

QA Baseline:	92%
QA Benchmark #1:	82%
QA Benchmark #2:	94%
QA Benchmark #3:	83%
QA Benchmark #4:	90%
QA Avg. FYs 15-17:	88%
5 Year Goal:	95.5%

Data / Data Trend – Item Assessment

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 on-site 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.

Managers from the Office of Foster Care and Adoption have become increasingly concerned about the number of siblings that appear to be separated in cases where technical assistance or consultation is provided to counties by the State DHR office. During on-site reviews by State Quality Assurance, appropriateness of separation is measured. It was our desire to have a better understanding of the actual number of sibling groups that are separated.

The Office of Data Analysis was asked to pull together this information through a special query. A report of the children in care was sorted by case number in an effort to identify the sibling groups. The sibling group information was then sorted by provider numbers so that we could tell which groups were together. The chart below provides this information:

REPORTING PERIOD	TOTAL NUMBER OF SIBLING GROUPS	TOTAL NUMBER OF GROUPS PLACED TOGETHER	PERCENTAGE OF GROUPS PLACED TOGETHER
FY 2016	1,272	597	47%
10/1/2016 – 03/31/2017	1,312	630	48%
04/01/2017 -11/30/2017	1,361	669	49%

The Office of Data Analysis (Family Services), FACTS Functional and Report staff has been working on the FC380 report. The report will provide information on children in foster care that are part of a sibling group and how many (number and percent) that are placed together. As of 11/17/2017 the report has been coded and is being tested. This report will be in production by the end of December. Specialists will continue to assess reasons for separations in an attempt to reduce them overall.

Item 8. Visiting with Parents and Siblings in Foster Care

Purpose of Assessment:

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

QSR Measurement Description

When children, siblings, and parents are living temporarily away from one another, are family connections maintained through appropriate visits and other means, unless compelling reasons exist for keeping them apart?

Measurement Data

QA Baseline:	51%
QA Benchmark #1:	37%
QA Benchmark #2:	65% Five year goal achieved.
QA Benchmark #3:	47%
QA Benchmark #4:	21%
QA Avg. FYs 15-17:	42%
5 Year Goal:	56%

Data / Data Trend – Item Assessment

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

Consistent parental visitation is a key component to safely and timely returning children to their parents care and per ASFA guidelines. Visitation plans are developed at each family’s ISP meeting. Visitation is increased or decreased based on family participation, progress and the continual assessment of child safety. The Camp Hope also facilitates sibling

visitation. The Department works closely with foster parents and child placing agencies to encourage creative planning related to parental and sibling visitation. Workers have been provided training at the most recent Permanency Conference trainings to facilitate parent’s visitation with their children in group home settings. Young people are encouraged to maintain contact with their siblings, when they are separated, using social media and Skype, when it is available. In regard to this item, the **Quality Service Review** rates “**Maintaining Family Connections**” for children who are in foster care; in FY 2016, this item was rated as a “Strength” 47% of the time. In FY 2017, it dropped to 21%. The Department will continue to encourage the use of community resources, therapeutic visitation, Camp Hope, case aides and volunteers to support and promote improvements regarding maintaining family connections.

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) is dedicated to providing 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 2016 110 children were served by CAMP HOPE. (for all services: weekend camp, pre-placement visits with potential adoptive resources, NAM events, etc.). The leadership of CAMP HOPE report the following breakout of services for FY 2017:

SERVICE OR EVENT	NUMBER OF CHILDREN/FAMILIES SERVED
Weekend camps	52 children representing 13 families
NAM Dinner/Celebration (Nov 2016)	70 people representing 13 adoptive families
FCAM Family Day (May 2017)	75 children/youth representing 25 families
Initial pre-adoptive placement visit	2 children with 1 potential adoptive family
Out-of-state –family spent the weekend with their potential adoptive son who lived in a skilled nursing facility	1 foster child 2 potential adoptive parents (mother/father) 5 children (potential sibs) of adoptive family

However, qualitative data is available through State QA Reviews. Best practice indicator #13, examines whether visits between children in foster care and their families are in compliance with policies. This item was rated as a strength in 77% of the counties reviewed by State QA during FY 2017. A review of the QSR Summary documents provides the following observations:

- 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 inconsistencies 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.
- Inconsistencies 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.

Item 9. Preserving connections

Purpose of Assessment

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

QSR Measurement Description

Are/were the primary connections and characteristics of the child being preserved in the foster care placement (significantly, partially, not at all). Connections refer to ties with family members and other related or non-related individuals with whom the child in foster care has/had a significant, positive relationship before entering foster care. Characteristics of the child refer to positive aspects of the values, beliefs, religion, language, traditions, and other factors that distinguish the identity of the child and the child’s family. If the child is Native American are/were his interests being addressed through timely notification of the tribe or placement with the child’s extended family or tribe?

Measurement Data

This item is measured by completing an addendum to the QSR protocol. The item is not given a score of 1 – 6 as is given to the protocol items. The item is given a score of “N/A”, “strength” or an “area needing improvement”. The measurements below indicate the percentage of cases reviewed that received a strength in the item based on the case review.

QA Baseline:	77%	
QA Benchmark #1:	69%	
QA Benchmark #2:	88%	Five year goal achieved.
QA Benchmark #3:	76%	
QA Benchmark #4:	70%	
QA Avg. FYs 15-17:	76%	
5 Year Goal:	82%	

Data / Data Trend – Item Assessment

The following Best Practice Indicators measure items in this area:

- #15 – Locations of children’s placements are in compliance with policy. For the counties who experienced an on-site review by State QA during FY 2017, this indicator was rated as a strength 100%.
- #16 – Connections are maintained for children to their extended family, neighborhood, community, faith, tribe, school and friends. For the counties who experienced an on-site review by State QA during FY 2017, this indicator was rated as a strength 100%.

A review of the QSR Summaries for the counties reviewed by State QA during FY 2017 indicates the following:

Considering close proximity:

- When children are placed out-of-county is it typically because the child is in a treatment facility or therapeutic foster home to meet their specialized needs.
- Children are placed out-of-county when necessary to be placed with relatives.

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 facilitate 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.

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.

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; Permanency Roundtables for APPLA and other teens occurred in 2013 and 2014, then some follow-up with counties to monitor how well those established connections have lasted. Preserving family connection for our youth in foster care has been a focus of training at the annual Permanency, Supervisors and ILP conferences. Staff has been provided training regarding using volunteers, community partners, therapeutic visitation and intensive in-home services to promote and strengthen family connections. In the QSRs conducted during the fiscal year, *Maintaining Family Connections*, was noted as a strength, receiving a 5 or 6 rating in 71% if the cases reviewed.

Item 10. Relative placement

Purpose of Assessment:

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

QSR Measurement Description

Is the child placed with relatives? If not, were relatives considered for placement of the child? Were both maternal/paternal relatives considered? If the child required special services/placement, was an assessment made to that effect and did the agency also determine that relative placements did not have the capacity, even with wrap-around services, to meet the child’s needs?

Measurement Data

QA Baseline:	81%	
QA Benchmark #1:	87%	Five year goal achieved.
QA Benchmark #2:	82%	
QA Benchmark #3:	89%	
QA Benchmark #4:	77%	
QA Avg. FYs 15-17:	83%	
5 Year Goal:	84%	

Data / Data Trend – Item Assessment:

The Plan for Improvement developed in response to the Round 2 CFSR in Goal 2, Objective 1 tracked the percentage of children in their own home, related home and related foster home placements.

Percentage of Children in Own Home, Related Home & Related Foster Home Placements

	1st Qtr	2nd Qtr	3rd Qtr	4th Qtr	Average
FY 2010	8.63%	9.52%	13.23%	9.19%	10.14%
FY 2011	16.08%	16.64%	16.66%	16.06%	16.36%
FY 2012	15.72%	14.26%	14.38%	15.93%	15.07%
FY 2013	15.39%	15.59%	15.30%	14.81%	15.27%
FY 2014	15.86%	15.47%	15.73%	16.06%	15.78%
FY 2015	16.85%	15.77%	15.41%	14.47%	15.63%
FY 2016	14.89%	13.63%	13.94%	13.68%	14.04%
FY 2017	15.00%	14.77%	15.28%	14.39%	14.86%

The FC 144 provides information about children in care by placement type and custody status. That report for October 2017 indicates:

PLACEMENT TYPE	NUMBER/PERCENT
Foster Family Related Home:	133 children (2.12%)
Own Home	304 children (4.84%)
Related Home	572 children (9.11%)
TOTAL	1,009 children (16.07%)

Additional information about children with permanency goals of kinship guardianship or placement with relatives:

Kinship Guardianship

- As of 9/30/17 a total of 98 providers were receiving kinship subsidy payments for 216 children.
- 26 children were discharged in FY17 with a goal of Kinship Guardianship which represents .08% of all children discharged in FY2017.
- Children discharged with a goal of Kinship Guardianship spent an average 27.64 months in care before being discharged.

Relative Placement

- As 10/3/17 there were 969 children with a permanency goal of Relative Placement
- 15% of children in care on 10/3/17 had a permanency goal of Relative Placement
- A total of 1316 children discharged from care with a plan of relative placement in FY17, which represents 38.4% of all children discharged in FY17.
- Children with a plan of relative placement spent an average of 9.26 months in care before being discharged.

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.

1,292 children exited foster care to placement with relatives during the FY 2016 reporting period. That number represents 37% 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 FY2014 31% exited foster care to relative and 34 % in 2015. In FY 2017, 1315 young people exited to relative care and 26 to kinship in FY2017. The number of exits to relatives is up one percent to 38.4% of total number of children discharged. Staff and supervisors encourage relative placements for children at the time of home removal and along with the Courts work to solicit relative placement information prior and subsequent to home removal. With a renewed focus on benefits of kinship guardianship, the Department will continue to improve this outcome area.

The KinShare Program (TANF)

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

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.

Alabama continues to support foster, adoptive and, most recently, kinship caregivers, especially through collaboration with the Alabama Foster and Adoptive Parent Association (AFAPA). In FY2010, Alabama passed Kinship Guardianship Legislation which provides for certain children to be eligible for subsidy assistance in cases where the court ordered kinship guardianship. Policy was developed and became effective October 2010.

Dramatically Increasing the use of Kinship-Guardianship as a permanency goal has been discussed with the Three Branch Committee and is a statewide goal through the Court Improvement Program as well. Alabama is currently researching the reasons for the low numbers of Kinship, and may be in a position to have new eligibility criteria in place depending on findings. With the passage of Kinship Guardianship legislation IN FY 2010, the Department now provides Guardianship Assistance Payments (GAP) to families who are awarded kinship guardianship of children in foster care. To be eligible for GAP, the family must become a licensed related foster family home and the children must be IV-E eligible. The Out of Home Care policies and procedures manual was revised to include policies on the permanency goal of kinship guardianship and outlines the legal and payment assistance processes. It should also be noted that on January 31, 2018, the Commissioner approved a policy change that authorized state-funded kinship guardianship payments for those foster youth that did not meet IV-E eligibility requirements. Legislation passed this session and effective 06/01/18, removed the requirement of obtaining written permission from birth parents to proceed with kinship guardianship. Several years ago the Alabama Foster and Adoptive Parent Association decided to include relative caregivers (including those with Kinship Guardianship) as members of the association. This allows them to get the same services and supports through the Association as do foster and adoptive parents. As of February 28, 2018, there are 225 young people receiving kinship guardianship subsidy. The Department is receiving technical assistance from Casey Family Programs to improve our use of Kinship Care.

REPORTING PERIOD	NUMBER OF CHILDREN RECEIVING GAP*	NUMBER OF PROVIDERS (FAMILIES)*
FY 2014	111	53
FY 2015	152	69
FY 2016	194	85
FY 2017	216	98

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

Item 11. Relationship of child in care with parents

As noted above parental involvement is key to safely returning children to their parents timely. Parents are encouraged to attend medical and school meetings regarding their children in care. ISP meetings denote regular parental visitation. The number of children safely returned to parents has declined from the previous fiscal year; 40% of young people were able to safely return to their parent(s) in FY2015, that number slightly declined to 39% in FY2016. *Family Progress Towards Independence* also reflected a 40% strength rating in the Quality Service reviews conducted. We will continue to monitor this outcome and address any barriers noted related to timely reunification.

Purpose of Assessment:

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

QSR Measurement Description

Is there evidence of a strong, emotionally supportive relationship between the child and mother (unless contrary to safety interests)? Is there evidence that DHR made efforts to promote/maintain such a relationship (unless contrary to safety interests)? Is there evidence of a strong, emotionally supportive relationship between the child and father (unless contrary to safety interests)? Is there evidence that DHR made efforts to promote/maintain such a relationship (unless contrary to safety interests)?

Measurement Data

- QA Baseline: 73%
- QA Benchmark #1: 64%
- QA Benchmark #2: 71%
- QA Benchmark #3: 64%
- QA Benchmark #4: 52%
- QA Avg. FYs 15-17: 61%
- 5 Year Goal: 76%

Data / Data Trend – Item Assessment:

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 of an addendum to the QSR protocol. A review of the addendum write-ups reveals the following observations when this item is considered an area needing improvement.

- Visits between children and birth parents are inconsistent.
- 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 its 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.

ASSESSMENT – PERMANENCY OUTCOME 2

STRENGTHS	CHALLENGES
<ol style="list-style-type: none">1. Permanency roundtables have been introduced and trained in all 67 counties.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.3. Training has been provided at Permanency Conferences, Supervisory Conferences, Judicial Summits, County Director Forums and the Education/Court/Child Welfare Summit.4. See the chart below that provides data currently available on caseworker visits.5. When children on the Adoption No Identified Resource (ANIR) waiting list are part of the Wendy’s Wonderful Kids or other Child-specific recruitment, and a part of separated sibling groups, the recruiters focus efforts on visits and connections between sibs as an assessment and recruitment strategy.6. When children on the ANIR waiting list are part of a sibling group, adoption planning and placement efforts focus on reuniting these children in adoptive placements. There have been some instances where large sib groups separated in FC placements have been placed together for adoption.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.	<ol style="list-style-type: none">1. Although the number of caseworker visits with children in the home is within the national standard, we are uncertain of the quality of those visits.2. We are not currently tracking caseworker visits with parents/family.3. Permanency round tables for older youth did not include participation on the part of the young person. We need training and opportunities for youth to participate in youth-centered roundtables.4. Counties continue to underuse the permanency goal of Kinship-Guardianship.5. When it is in the best interest of siblings to be separated, the Agency needs to continually assess the need for on-going separation.6. Services need to be put in place that address the need for the separation7. 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.8. Alabama’s Kinship Guardianship numbers are significantly lower on a percentage-basis than other states in the region.

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.) Continue to increase post adoptive services by expanding current contract with Children's Aid Society which currently provides post adoptive services in/to the larger and surrounding counties. These services are also available to related caregivers.
- 2.) Increase awareness and recruitment through funding initiatives with Heart Gallery of Alabama. As noted earlier, this organization has partnered with Alabama in photographing waiting children and maintaining a website to see and hear from waiting children;
- 3.) Increase capacity for the delivery of/accessibility to the Group Preparation and Selection Process (GPS); ALGIF were utilized this year to purchase the new TIPS (Trauma Informed Partnerships in Safety) curriculum. Provide projectors and laptops to enable counties to fully implement the slides and videos used in the new curriculum.
- 4.) Continue partnership agreement with AdoptUsKids through annual fees;
- 5.) Purchase equipment that would enhance staff ability to manage the work needed to conduct day to day tasks more efficiently; and,
- 6.) Provide opportunities for adoption and ICPC staff to attend adoption specific workshops, trainings and conferences to increase knowledge and capacity to prepare, match and place waiting children. Funds have also been utilized to implement a statewide recruitment plan in an effort to identify, train and approve adoptive resources.

All counties received an allotment of Adoption and Guardianship Incentive funds to use for local adoption recruitment and training efforts. Additionally, county and state office staff have used the funds to remove child/case specific barriers to permanency through adoption including but not limited to: counseling, diagnostic testing that could not be paid for through other avenues, behavioral management services, 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 are able to secure more funds through the Office of Adoption. The State Office utilizes a large portion of the Adoption and Legal Guardianship Incentive Funds to pay for a number of recruitment and public awareness activities. Heart Gallery Alabama's contract is funded with Adoption & Legal Guardianship Assistance Funds. The contract for CAS/APAC's pre-adoption contract, which provides for recruitment, training/preparation and home studies for families interested in adopting children meeting the Department's Special Needs definition, is paid for through these funds. Both of these agencies, as do the County Departments, focus a substantial amount of the recruitment activities in Faith-based settings. As the funding stream become less available, there is concern that services authorized through use of these dollars will be harder to continue.

CAS/APAC's Pre-adoption Program has ongoing partnerships with the following faith-based groups.

Dothan: Partnership to conduct orientations and trainings approximately 3 years

Calvary Baptist Church
901 Montezuma Avenue
Dothan, AL 36303

Huntsville: Partnership to conduct orientations and trainings approximately 4 years

Mayfair Church of Christ
1905 Carl T Jones Drive Southeast
Huntsville, AL 35802

Montgomery: Partnership to conduct orientations and trainings since 2015

Frazer United Methodist Church
6000 Atlanta Highway
Montgomery, AL 36117

Tallasse: Partnership to conduct orientations and trainings since 2016

East Tallasse Baptist Church
314 Central Blvd
Tallasse, AL 36078

Birmingham: For Panel on 6/6/16 only

Baptist Church of the Covenant
2117 University Blvd. Birmingham, AL

Birmingham: Homewood Church of Christ hosted Panel for 1st 2017 Birmingham GPS
265 W Oxmoor Rd.
Birmingham, AL 35209

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

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

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

Sports have historically been an important part of Alabama's culture, and a ripe source for recruitment or other information-sharing. We entered into agreements with Crimson Tide Network Sports (Learfield) and Auburn/IMG sports (now Auburn/Fox Sports Marketing) to purchase radio advertising during the 2016-2017 Regular Season. As we prepare for the 2017-18 season, we will utilize television and radio spots that feature Alabama Head Football Coach, Nick Saban, as well as Auburn Head Football Coach, Gus Malzahn.

Extension of Adoption Incentive Funds through PL 113-183

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

CHAFEE FOSTER CARE INDEPENDENCE PROGRAM (CFCIP)

Program Design and Delivery

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

As of December 31, 2017, there were 1893 young people in foster care age 14 to 20. 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 and Program Improvement Plan and will be working 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. Our Independent Living contract provided training, supports and direct services to 893 young people across the state.

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.

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

Strategic planning is a key component to the successful delivery of services to our youth in care. Each year the state staff, county staff, former foster youth, community care providers, foster parents and community stakeholders convene to share successes and challenges and develop networks of support to ensure that our young people receive appropriate services related to their health, education, employment opportunities, financial management, housing and mental health so that they may become self-sufficient, interdependent adults with strong and supportive ties to their communities. The development of the current service plan was in collaboration with current and former foster youth, community providers, congregate care providers and county and state staff from both the foster care and Independent Living programs. 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. 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 work moving forward into FY2018 will include the statewide training, implementation and support of the Reasonable and Prudent Parenting Standard, Serving Youth in Congregate Care and youth participation in court and their Individualized Service Plans. Training regarding these issues has been provided to the staff and foster parents, service providers and stakeholders at the Annual Foster and Adoptive Parent, Permanency and ILP Networking Conferences. Education and

training will be provided to youth at the Annual ILP Camps held in June and July 2018. 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.

Training was provided to line staff at the Annual Permanency Conference related to serving LGBTQ youth in foster care in 2017. That training was repeated at the Annual Supervisors Conference. There are limited services currently available to LGBTQ youth in the State. Consultation is provided to counties regarding services available to these young people. There is a support group for LGBTQ youth in our largest county. Services are provided to all young people without regard to their sexual orientation. Training has been provided regarding appropriate placement for all young people to staff at our annual Permanency Conference. The new foster parent training model Trauma Informed Partnering for Safety (TIPS) will provide additional instructions and support so that our foster parents will be better equipped to serve these youth. We recognize the needs of this growing population of youth and know that more discussion must occur around best practices and service development.

The National Youth in Transition Database (NYTD)

The information received from NYTD has been important to our understanding of the lives and well-being of youth after leaving our care. The data has been shared with providers and community stakeholders, staff, Tribal partners and our young people since the initial results collection was released in 2011. The NYTD information was shared in a series of trainings, consultations and presentations. Alabama did reach the benchmarks set, but we remain concerned about the outcomes for youth who have exited the System of Care and the reluctance of our foster care alumni to participate in the survey. Though we met the benchmarks required for the first 21- year-old baseline group, we have concerns regarding our ability to meet the benchmarks moving forward in light of the too-often transient nature of our young people and their unwillingness to participate in the NYTD survey once they have left foster care.

In fiscal year 2017, a new group of 17 year olds were surveyed. We will work with our current DREAM Council and youth participating in our DREAM Council meetings and summer camps and conferences regarding the importance of NYTD. We will continue work with our young people to develop strategies to ensure that youth are aware that they are required to participate at age 19 and at age 21. Incentives are provided. We have requested additional staff in this program to ensure that the data is properly collected and utilized to improve services and supports to older youth in foster care.

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

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. This training will occur yearly. All available services and supports are offered to all foster youth in Alabama. Youth and their caregivers and social workers can access information regarding ILP policy, NYTD, camps, conference, services, job opportunities, health services, Medicaid and trainings at our website, www.ilconnect.org. Services to our foster youth and those youth being served in their own homes are individualized to meet each youth's unique needs. Smaller counties often struggle with placing youth in their home counties, as there are a limited number of resources in our rural counties. We are working with our Resource Management Division and Foster Care Recruitment and Retention and Alabama Foster and Adoptive Parents in order to develop and train foster homes specifically designed to provide care to this population.

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 or fall conferences/camps.

Serving Youth of Various Ages and Stages of Achieving Independence

The focus of our Independent Living Program is to provide services and supports to promote healthy interdependence. Our young people enter care at various stages and levels of maturity. Because of the unique nature of their circumstances, proper assessment and youth engagement are key when serving this age group. Our ILP Partner, Children's Aid Society, developed transition toolkits based on levels of maturity and competence identified by the Individualized Service Planning (ISP) team. We will continue to focus on and provide training to staff regarding the appropriate use of the Daniel Memorial Assessment in the development and delivery of identified needed services and supports. More importantly our focus will be on identifying and facilitating authentic permanent connections. The provision of service is 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. 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 or fall conferences/camps. Those youth aged 14-16 participate in a camp which provides introductory training regarding what they are eligible for as a foster youth, how to effectively participate in their in ISP's, basic NYTD, social media safety, money management, preparing for college by successfully completing high school, sex education and human trafficking. The older youth aged 17 to 21 participate in more detailed trainings focused on college, technical and trade school success, credit reporting, household management, permanency pact, sexual safety, NYTD, internet safety, health and fitness, and Medicaid to 26. All youth in the System of Care can participate in state and county trainings. ILP age youth in our protective service caseloads are encouraged to participate in ILP activities, but there are no incentives offered for their participation. Unlike many states, Alabama allows youth to remain in foster care until they reach age 21. There are no additional supports specific to those young people outside of existing services detailed in policy. However, services are intensified to promote a smooth transition into adulthood concurrent with a concentrated focus on the need for each youth to be connected to a caring and capable adult.

Providing personal and emotional supports to young people 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.

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

Alabama offered foster care to youth up to age 21 prior to the 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. 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 seven of the two and four year colleges and technical and training schools in the area. Alabama Reach will continue to work with the Department to expand their programs to other colleges and universities in the State. Our young people are grateful to participate in the ETV Program, but as college costs increase, their ability to remain in college, technical, and training programs is seriously challenged.

Fostering Hope

The Fostering Hope Bill passed in April 2015. Since the passage of the scholarship bill, 164 young people across the state have participated. It has provided \$1,878,875.50 in funding to young people attending 36 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. There is current state legislation pending to expand the program to include more former foster youth. The recipients eligible will also increase related to a legal opinion received making young people exiting foster care after age 14 to kinship care eligible for the scholarship. The bill also provides for DHR staff who will 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.

Five hundred twenty-four (524) young people have been served by this program attending the 42 state, two and four year universities and job preparation/certification programs around the state.

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). Additional services and supports included:

- 51 families/children received emergency assistance through our wardrobe warehouse
- 110 children served Camp Hope
- 152 requests for foster/adoptive parenting information
- 20 completed GPS through our APAC partnership
- 25 children profiled for adoption
- 13 KTECH graduates (3 were former foster/adoptive children)
- 48 foster youth received college scholarships
- 1,254 children received full Christmas wish lists across 25 counties in Alabama, Tennessee & Mississippi
- 428 "See Meth Stop Meth" phone and web tips / 208 reporting children at risk in 28 states.

Alabama National Guard – See under ITEM 32, Coordination with Federal Programs

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, 2017 32% of our young people had chosen to remain in foster care. This percentage has remained consistent for the last two fiscal years. 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 regarding resume' writing and interview techniques. All youth exiting foster care receive the \$1000 aftercare payment and services and supports three months post their exit from foster care to ensure smooth transitions. There are two counties, Montgomery and Madison, which have specific staff designated to provide intensive ILP services to youth who are 20 years old and other youth per the workers' requests. Per the 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. Thirty-three percent of our young people over 18 reside in traditional and Therapeutic Foster Care settings and 28% percent reside in congregate care settings. Young people, without regard to age, receive the placement setting services deemed most appropriate by their ISP teams.

Foster Youth 18 and Older Placements as of April, 2018			
Placement Types	# of Foster Youth	# of Foster Youth	# of Foster Youth
Adoptive Home	1	94	0
DYS Operated or Licensed Facility	1	88	2
Group Home	70	84	79
Independent Living	45	46	41
Child Care Institution	79	43	85
Other	16	40	18
MH Operated or Licensed Facility	20	36	21
Own Home	16	24	19
Therapeutic Foster Care	59	19	40
Foster Family Home	101	17	93
Foster Family Related Home	1	15	5
Nursing Home	5	5	2
Out of State Residential Treatment Facility	6	4	0
Transitional Living	19	4	44
Related Home	11	2	16
Residential Treatment Facility	0	2	0
Runaway Status	29	0	58
Unrelated Home Court Ordered	0	0	1
Psychiatric Hospital	3	0	5
Missing Placement	10	0	3
Total	492	523	532
	FY2016	FY2017	FY2018

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 Camp Life, summer youth conferences. Health care proxies are a new area of focus for the Department. They are encouraged with youth who have not identified permanency resources to speak on their behalf, should they become incapacitated. Individualized consultation regarding this matter will continue to be provided to staff.

Collaboration with other Private and Public Agencies – See under ITEM 32, Coordination with Federal Programs

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

Youth are supported with CFCIP monies allotted for Education and Training Vouchers through our partnership with Foster Care to Success. The Department works in partnership with Foster Care to Success to ensure that the total amount of educational assistance to youth does not exceed the total cost of school attendance. Foster Care to Success maintains a web portal which our 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. Foster Care to Success provides 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 169 youth participating in FY2017. The data collected by Foster Care to Success 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 freshman enrolling far outnumbers our seniors near completion. We will work with our partners at the State Department of Education, the National Social Work Enrichment Program, Alabama Reach, Casey Family Programs and NSORO to improve our college completion success rate through better preparation for college and additional supportive services while participating in post-secondary education. 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 will have a positive impact on college success. We have worked closely with colleges and universities to ensure college success for our young people. When providing counties with funds for their ILP services, each are reminded that Appropriations Law precludes the use of Chafee funds to supplement the \$5,000 per-year ceiling for a youth in the Chafee Educational and Training Voucher (ETV) program.

Alabama's Youth participating in the Program received an average of \$3357 per year. There are 169 current and former foster Youth participating in the program, attending 56 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. There are 187 youth currently participating in the Scholarship program for the 2017-2018 school year.

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 late summer 2018. 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.

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 will also participate as presenters at the 2018 Daniel Memorial Conference in San Antonio, Texas

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.

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 youth in care 18 years and older has increased to 28.5%. This is consistent with the overall increase in our state of young people in out of home care in all age categories. It is encouraging that more of the young people are 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 2016 Supervisors Conferences and our 2017 Strategic Planning Meeting and our 2017 ILP Networking Conference. The 2018 ILP Networking Conference was held April 2-4, 2018 at the Alabama 4-H Center and focused on building relationships with our youth in foster care and future planning related to education and vocational opportunities. 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 be 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:

FY2006 – 24.1%	FY2010 – 17.9%	
FY2007 – 21.8%	FY2011 (as of 6/30/11)	16.8%
FY2008 - 20.3%	FY2012 (as of 5/31/12) @	18.6%*
	FY2013 (as of 5/31/2013)	18.8%
	FY2014 (as of 4/30/2014)	18.8%
	FY2015 (as of 4/30/2015)	17.51%
	FY2016 (as of 3/31/2016)	14.65%
	FY2017 (as of 3/31/2017)	12.46%
	FY2018 (as of 3/31/2018)	10.24%

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

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

APPLA permanency goal numbers continue to decrease, with a 2.22% decline this fiscal year. The passage of P L-113-183 and its restrictions regarding the use of APPLA as a permanency goal for young teens had an immediate positive impact. We will continue to monitor and review the impact the legislative changes will have on the number of children who experience positive permanency and the length of time required to achieve permanency with youth 14 to 18.

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

See chart below. The program's goal is to help students attend, succeed, and graduate from post-secondary schools, ready to enter the workforce (Source Foster Care to Success). Alabama had 115 foster youth graduate from high school in 2015. There were 151 high school graduates in 2016, 158 high school graduates in 2017 and 180 graduated high school in 2018.

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

Awarded	Total ETV's	Returning Students	Number of New Students
Final Number: 2010-2011 School Year (July 1, 2010 to June 30, 2011)	198		103
2011-2012 School Year* (July 1, 2011 to June 30, 2012)	188	95	93
2012-2013 School Year	185	94	91
2013-2014 School Year	183	96	87
2014-2015 School Year	202	91	111
2015-2016 School Year	202	81	75
2016-2017 School Year	169	81	88
2017-2018 School Year	180	98	82

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

Care Packages:

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

Toolkits

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

Scholarships and Internships- During the 2015-2016 school year four of our young people received \$10,000 in scholarships provided through Foster Care to Success. In the 2016-17 school year, five Alabama young people received \$11,049 in scholarships.

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.

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. They meet with college advisors and provide necessary supports to promote academic success.

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 youth in foster care has increased 8% since the same reporting period last year, the number of 14 to 21 year old youth in our foster care system continues to decline. However, we experienced our smallest decline in the population of one percent between FY2015 to the same time period in FY 2016. Permanency outcome data will continue to be closely monitored. New partnerships in the form of Second Shift 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 66.

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

NEW CFCIP PROGRAM PURPOSE FOR 2016 APSR:

8. Ensure children who are likely to remain in foster care until 18 years of age have regular, ongoing opportunities to engage in age or developmentally-appropriate activities as defined in section 475(11) of the Act.

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

Expanded partnership information is listed in the section above.

FIVE-YEAR PLAN: 2015 – 2019, OBJECTIVES

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

1. OBJECTIVE

The Independent Living Program will conduct, coordinate, and provide consultation and training for all county social workers with ILP responsibilities, community providers, transitional and Independent Living providers, congregate care providers, foster parents and Federally recognized Tribes and community stakeholders to develop programs to promote successful outcomes for youth. The Office of Foster Care and Independent Living will work to expand support to counties in building

capacity to understand and serve older youth needs through funds available through Chafee. There is currently one State Office staff serving as a Specialist for our Program. Having one staff person serving 67 counties is a challenge. We will continue to seek to expand the program. Adding additional staff will enhance our ability to serve the counties, provide a dedicated Specialist to focus on our NYTD Data Collection, and enhance our ability to assist those youth who are exiting our System of Care due to their age. We will continue to provide annual trainings and regional consultations for state office and county staff, Tribal staff, foster parents and community stakeholders. In order to enhance our capacity to properly consult and train around permanency and transition goals, IL Specialists will complete one site visit per quarter to assess current practices and programs provided to older youth served by the transitional and Independent Living programs and congregate care facilities. We will use the feedback provided to the county site to include recommendations and strategies to improve outcomes through the IL program. With strong support from our partners, we have been able to provide training in both a large and small group settings utilizing The ILP Regional Consultation Model coupled with the Annual ILP Networking Conference. The Annual ILP Networking Conference was held April 4-6, 2017 at Fort McClellan as a part of our partnership with the Alabama National Guard. Staff members and 15 older youth service providers were provided training information regarding PL-113-183, College Readiness, Effectively Working with Foster Parents, Innovations Related to Working with Older Foster Youth, Internet and Social Media Safety, Permanency for Older Youth, Human Trafficking Services and Effective Strategies for Serving Children in Congregate Care. The ILP Regional Trainings began in November 2016 in Montgomery County and concluded in April 2017, with ILP consultation being provided to all 67 counties. The 2018 ILP Networking Conference was held April 2-4, 2018 at the 4- H Center in Columbiana, Alabama. The focus of this year's training was focused on "Connecting the Dots" maximizing worker contacts through meaningful caseworker visits, improving and facilitating post foster care supports, improving high school graduation rate, facilitating work and Job Corp opportunities for youth in foster care. The ILP Regional Trainings began in October 2018 focusing on the new ILP Framework, improving services to older youth. All Regional Trainings will be completed by September 30, 2018.

2. OBJECTIVE

Safely reduce the number of Youth who have APPLA as a permanency goal.

Improved policy regarding positive permanency, focused transition planning, placement stability, a focus on positive permanency through family, sibling and community connections are the keys to reducing the numbers of Young People who have a permanency goal of Another Permanent Planned Living Arrangement. We partner with community stakeholders and our ILP Youth and Alumni, develop a Transition Toolkit that not only addresses the global needs related to safety, health, transportation, education and the financial competency of our Youth, but one that focuses on individual goals of Youth with emphasis placed on their input to the overall transition plan. This will also be a focus on quarterly monitoring of transition plans for older youth. Improving placement stability through the use of appropriate matching and assessment tools is essential. The DREAM Council has the development of a placement assessment tool as a goal of their work this fiscal year. Appropriate matching has been identified as a barrier to their overall success. We will work with our Foster Parent Association to deliver additional training to those parents who are interested in serving older Youth and seek their input in the development of a placement matching tool. We will emphasize the use of the permanency tools delivered in the Achieving Permanency through Roundtable, formerly Permanency Roundtables consultation model supported by our partnership with Casey Family Programs. That training was successfully delivered to all 67 counties. We will also focus on tools to support older Youth in their current placement, reducing placement moves and enhancing their ability to manage and mitigate crisis. We will partner with our member agencies, Office of Adoption, AFAPA, CAS, the Poarch Creek Band of Indians and our DREAM Council to develop additional training for all stakeholders serving our Youth in an effort to improve placement stability with an emphasis on the changes and development typical to teens based on current research. Focus on increasing responsibility and accountability balancing safety, crisis stabilization and increased autonomy regarding foster parent decision making and permissions will be essential. We will train Youth regarding the importance of permanency at our monthly and annual Youth trainings. We will also employ the Youth Centered Roundtable process to improve positive permanency outcomes. Youth will be provided all documents as outlined in PL-113-183 at the time of discharge.

The number of youth in foster care with APPLA as a primary permanency goal has had its most significant decrease related to the PL-113-183 legislation. The Program will continue to provide consultation and support to reduce the APPLA permanency goal through increased support of young people related to the Reasonable and Prudent Parent Standard, recruitment and development of therapeutic-style foster/adoptive placements, and specialized older youth ISP planning and support. As described above, though the number of youth 16 to 21 has increased, the number with APPLA as a permanency goal has decreased again this fiscal year by nearly 3%. There was another 2.4% decrease in the number of 14 to 21 year old foster youth with an APPLA permanency goal. Though our overall foster care numbers have increased, this number is still declining. Staff is providing on-going training related to the relentless pursuit of permanency for older youth with an emphasis on the key role that youth play in their permanency. The continued focus on the reduction of congregate care and older youth adoption should continually positively impact APPLA permanency data.

3. OBJECTIVE

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

The DREAM Council will receive and provide leadership training to their peers on a monthly and annual basis. The State ILP staff will assist Children's Aid Society, (ILP partners) with providing relevant and appropriate content for our www.ILConnect.org. This website will provide pertinent information and helpful tips for teens regarding foster care policy, educational and vocational information, scholarship opportunities, peer achievements, information regarding camps and conferences, NYTD portal, policy relevant to foster parents, Independent Living and transitional living providers, congregate care providers and the community at large. The site is regularly updated. Our peer to peer training model has yielded 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 survey as is described in the NYTD PIP. They will be featured in the introduction to the re-design and will their input will be a included in improvements to the current provision and delivery of NYTD related services.

4. OBJECTIVE

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

We have continued to focus on positive educational outcomes for our older foster youth in out of home care. The Children's Aid Society, NSEP, NSORO and Alabama Reach and ASU Connect Programs have all worked to promote higher education, increase interest in trade and technical schools, and dual enrollment in high schools. The Kids to Love Foundation, which has focused on positive foster youth outcomes, has also expanded their services to include 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. There are 943 eligible youth. As of May 2018, 524 young people have participated in the scholarship program. The Department initially provided two trainings to college and university partners, one in September 2015 and a second in May 2016.

5. OBJECTIVE

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

Enhanced aftercare services will be available to all teens eligible and served for participating in the ILP Program.

The Independent Living Program is currently developing a plan to continue to support around activities and monitoring of NYTD requirements. NYTD information gathered will be used to develop needed services and to craft more intensive aftercare services based on recent studies regarding the full maturation of young adults occurring at age 26. The Department will continue to monitor trends in youth who request or need aftercare services beyond our monitoring period and work to develop resources in communities and connect youth to available supports. This objective continues to present challenges as young people exit care due to their age but refuse our requests for information that would allow them to participate in the NYTD survey. We have sought and will continue to seek input from our ILP teens at the summer camps and conferences and at our DREAM Council meetings to enhance our ability to stay connected with this group of young people to not only improve outcomes, but also their relationship with the Department. The Program provided effective youth engagement training at both the 2018 ILP Networking Conference and the 2018 Permanency Conferences. An ILP Specialist was assigned to the NYTD project which resulted in improved outcomes in both the initial baseline population successfully completing the survey at age 21 and the subsequent new 17 year old cohort population participation. Alabama will participate in a NYTD review in August 2017. The Program participated in their first NYTD Review in August 2017. Work has begun related to the resulting PIP.

6. OBJECTIVE

The Department considers all children as "Alabama's Children" without regard to race or culture.

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

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

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

Purpose of Assessment:

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

QSR Measurement Description

Is the ISP relevant to the child and family's needs and goals? • Is the ISP consistent with the long-term view? • Does the ISP address focal concerns, underlying causes of behavior, known health or safety risks, and stress positive outcomes? • Does the selection of ISP strategies, supports, services, and timelines make sense? • Does the ISP reflect the preferences and choices of those who are expected to participate in and benefit from the services offered? • Does the ISP provide concurrent planning and safety components, as necessary? • Are the services/activities specified in the ISP being implemented in a timely manner?

Measurement Data

QA Baseline:	21%
QA Benchmark #1:	17%
QA Benchmark #2:	14%
QA Benchmark #3:	18%
QA Benchmark #4:	10%
QA Avg. FYs 15-17:	14%
5 Year Goal:	24%

Data / Data Trend – Item Assessment

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 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.
- The random record reviews that have been conducted by QCWP consultants 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.
- There have been a number of strategies that are being implemented in the 2017 year to assess needs of the children, parents and foster parents. This initiative will aggressively continue in an effort to improve outcomes for children and families.
- In the QSRs completed in State QA onsite reviews, QSRs identified a lack of initial and ongoing assessment of the underlying needs of children and their families. QSRs also identified a lack of initial and ongoing assessment of parental capacities. The lack of assessment resulted in the lack of appropriate service being provided to the family.
- QSRs have also identified that families do not always feel the ISP is a plan developed through collaboration with them and further reported little input in the preference of the services they receive.
- 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 that are anticipated will help strengthen the work the Department does with children, families, and stakeholders.

Skills around parenting and child development through services provided by the Behavioral Analysts has continued. These services have shown much success as documented in the Tools of Choice program.

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

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

Item 13. Child/family involvement in case planning

Purpose of Assessment:

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

QSR Measurement Description

If this review is on a child in foster care, the child involvement in the ISP applies to the target child only (if age-appropriate). If this review is on a child in CPS, the child involvement in the ISP applies to all age-appropriate children residing with the family or receiving services.

Were all appropriate members of the family involved in the ISP, including fathers, absent parents and age appropriate children. Were efforts made to engage family members and was the input and opinions of family members actively considered in the development of the ISP (e.g. identifying strengths/needs, establishing goals, identifying services, etc.). Were attempts made to locate and involve absent parents?

Measurement Data

QA Baseline:	67%
QA Benchmark #1:	52%
QA Benchmark #2:	54%
QA Benchmark #3:	56%
QA Benchmark #4:	46%
QA Avg. FYs 15-17:	52%
5 Year Goal:	70%

Data / Data Trend – Item Assessment

Based on Quality Assurance 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.

The Behavioral Services Unit within the Quality Assurance Division conducted a behavioral parent training that proved

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

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

Through the OQCWP record review process and subsequent feedback, attention has been focused on strengthening the ISP process. There continues to be feedback around ISP's and what is needed to strengthen the planning in the cases reviewed. The Office of QCWP in 2016/2017 has implemented a Continuous Quality Improvement Process that will build capacity around the Comprehensive Family Assessment and the Individualized Service Plan. OQCWP will assist in ensuring this process is carried out by providing support to counties through random record reviews, supervisor capacity building and support, peer reviews, support of the County Improvement Plan prep work and meetings, and the County Bi-Annual Self Assessment, and individual working agreements with each County Director and Supervisor staff. The OQCWP has one Program Supervisor, and six Program Specialists (there are two vacant Program Specialist positions). In 2016 and 2017, QCWP reviewed a total of 20 counties and 2,700 cases as part of the CQI process. From January 2018 to June of 2018 there have been 7 counties and a total of 600 cases reviewed. There are 7 counties remaining in the review schedule for the 2018 year, with 600 additional cases projected to be reviewed. *Counties will continue to be added and reviewed based on the CQI process.

Continuous Quality Improvement Process (CQI) – See under ITEM 25, Quality Assurance System

Item 14. Caseworker visits with child

Purpose of Assessment:

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

QSR Measurement Description

If this review is on a child in foster care, this item applies to the target child only. If this review is on a child in CPS, this item applies to all children residing with the family or receiving services. What was the most typical pattern of visitation between the worker and child (FC) or children (CPS) – weekly, bi-weekly, monthly, less than monthly? Is the frequency of visits consistent with the needs of the child(ren)? Do the visits between the worker and child(ren) focus on issues pertinent to the ISP and its implementation?

Measurement Data

QA Baseline:	92%
QA Benchmark #1:	87%
QA Benchmark #2:	77%
QA Benchmark #3:	89%
QA Benchmark #4:	79%
QA Avg. FYs 15-17:	82%
5 Year Goal:	94%

Data / Data Trend – Item Assessment

The critical nature of family relationships has been reiterated many times with staff at every opportunity, including onsite case reviews from Specialists, and trainings such as Permanency and Supervisory Conferences. OQCWP will provide support through the CQI process and support to county supervisors and staff. The CFA, ISP, and Meaningful Caseworker Visit training is provided by the OQCWP Specialist.

A renewed focus has been placed on the importance of engagement with families, and how it ties into the ongoing assessment of the families' strengths and needs. The Quality Assurance Division has added a Behavioral Services Unit with 1 Behavior Manager, 5 Board Certified Behavioral Specialist (BCBA), 1 Psychological Associate, and 1 vacant BCBA position, which provides support to parents and caregivers around the child's behavior and ways to modify behavior. This is achieved through the Tools of Choice Parenting Program and individual referrals that are received from county workers.

The BCBA also oversees two fellowship positions and interns from two major Alabama Universities. These fellowship and intern positions are an important aspect of the focus on engagement of families that will lead to the best outcomes, in line with policy and best case practice.

Time Frames for caseworker visits with children and families will continue to be identified in the RFP/Contracts (Request for Proposal) for Family Preservation and Support Services. The expectation, in which includes time frames for caseworker visits, is outlined in the Request for Proposal.

In the QSRs completed during State QA onsite reviews, QSRs identified caseworker visits are typically happening on monthly basis and at times more often. Although children and families report caseworker visits are happening and are meaningful, the scope and purpose of the visits cannot always be gleaned from the documentation to determine if safety, permanency and well-being of the child was assessed. QSRs have also identified that caseworker visits with children are not always private and individual, but in a group setting with other family members.

Caseworker Visits With Child

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%

Alabama standards for Meaningful Caseworker Visits include children in foster care, homes of relatives, emergency shelters, residential facilities, childcare institutions and pre-adoptive homes as well as children in ICPC placements. Quality Caseworker Visits continue to be consistently made each month and planned through the ISP process to include scheduled and unannounced visits to the child's living environment. Visits include exploration of goals and examination of any changes. Workers are supportive and prepared to deal with any changes or challenges through individualized assessment

and skill building so that the child and family feel prepared and safe to explore both known and new opportunities. Visits are carefully documented with plans for follow up and continuing ongoing assessment of strengths and needs. Caseworkers continue to contact children and families through telephone calls. Visits to children in other settings may occur to provide opportunities for private discussions. Visits to parents and caretakers may also occur in other settings for the same reason, however these types of visits in no way take the place of the required face to face in home monthly visits. When the goal is reunification, the workers continue to visit parents and caretakers monthly where they live. Caseworkers are able to assess strengths and needs on an ongoing basis and they are able to identify these through the ISP process to support the child and family in meeting their goals. Workers visit foster homes, related homes, pre-adoptive homes and other providers on a monthly basis at their location or residence. These visits are scheduled or unannounced and may occur when visits to the child are made. Documentation in the record includes narrative that reflects the substance and quality of casework. It includes monitoring of child's safety and wellbeing, engagement of birth and foster parents in development and involvement of the ISP, assessment, of permanency options on an ongoing basis, monitoring progress and helping children to perceive their wellbeing is a priority to the caseworker.

The Office of QCWP will continue to provide training to County staff in regard to Meaningful Caseworker visits. The Practice Specialist staff have incorporated Meaningful Casework Visit Training with ISP and CFA training, as best practice is that these should flow seamlessly in the ISP process. Practice Specialists will coach and model to County Supervisors in training County front line staff to understand the importance of the meaningful visits with children and families.

The OQCWP provides training around Meaningful Caseworker visits, and within that training the model of SHEEPI has been added to promote all factors of safety, permanency and well-being. SHEEPI (Safety, Health, Emotional Well-Being, Education, Permanency, Progress of ISP, and ILP) is referred to as a SHEEPI frame of mind within this training, to prompt workers to cover all these areas when making their caseworker visits. The SHEEPI frame of mind is not to be used a narrative template, but a guide to ensure quality and meaningful caseworker visits.

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 and one area is jointly served through a MOA with the University of South Alabama. All classes are taught by Specialists. 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 (see Appendix 8). 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 2019 APSR, Training Plan.

Judicial Child Welfare Summit

Judicial child welfare summit will be held in Tuscaloosa, AL, in October, 2018. This was a collaborative meeting between AOC and DHR, with Casey Family Programs also being involved. Topics will include: Alabama Kinship Guardianship process and round-table discussions regarding the challenges of Kinship Guardianship and the Family First Prevention Services Act.

In the QSRs completed during State QA onsite reviews, QSRs identified caseworker visits are typically happening on monthly basis and at times more often. Although children and families report caseworker visits are happening and are meaningful, the scope and purpose of the visits cannot always be gleaned from the documentation to determine if safety, permanency and well-being of the child was assessed. QSRs have also identified that caseworker visits with children are not always private and individual, but in a group setting with other family members.

Item 15. Caseworker visits with parents

Purpose of Assessment:

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

QSR Measurement Description

If this review is on a child in foster care, this item applies to visits with parents relative to the target child only. If this review is on a child in CPS, this item applies to visits with parents relative to all children residing with the family or receiving services. What was the most typical pattern of visitation between the worker and mother – weekly, bi-weekly, monthly, less than monthly? Is the frequency of visits consistent with the needs of the child(ren)? Do the visits between the worker and child(ren) focus on issues pertinent to the ISP and its implementation?

What was the most typical pattern of visitation between the worker and father – weekly, bi-weekly, monthly, less than monthly? When visits occur less than monthly, is the frequency of visits consistent with the needs of the child(ren)? Do the visits between the worker and parents focus on issues pertinent to the ISP and its implementation?

Measurement Data

QA Baseline:	63%
QA Benchmark #1:	55%
QA Benchmark #2:	56%
QA Benchmark #3:	53%
QA Benchmark #4:	48%
QA Avg. FYs 15-17:	52%
5 Year Goal:	68%

Data / Data Trend – Item Assessment

The primary focus of caseworkers is to work with the child and caregiver, and to have meaningful caseworker visits each month. Based on QSR's and random record reviews 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.

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.

Through the OQCWP record review process and subsequent feedback, attention has been focused on strengthening the ISP process. There continues to be feedback around ISP's and what is needed to strengthen the planning in the cases reviewed. The Office of QCWP in 2016/2017 has implemented a Continuous Quality Improvement Process that will build capacity around the Comprehensive Family Assessment and the Individualized Service Plan. OQCWP will assist in ensuring this process is carried out by providing support to counties through random record reviews, supervisor capacity building and support, peer reviews, support of the County Improvement Plan prep work and meetings, and the County Bi-Annual Self Assessment, and individual working agreements with each County Director and Supervisor staff. OQCWP has 1 Program Supervisor, and 6 Program Specialists and 2 vacant Program Specialist positions. QCWP has reviewed a total of 1,500 child welfare cases during the 20% review process, in a total of 10 counties in the CQI process. There are 10 more counties scheduled for review in the 2017 year, and the projected number of cases to review is 1,200. *Counties will continue to be added and reviewed based on the CQI process.*

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

Item 16. Educational Needs of the Child

Purpose of Assessment:

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

QSR Measurement Description

(School age and older): Is the child, in accordance with his/her age and ability: (1) in an appropriate educational placement; (2) regularly attending school; (3) actively engaged in instructional activities; (4) making adequate academic progress in their assigned curriculum, e.g. at grade level, at IEP level, according to 504 Plan goals, GED/vocational program, college curriculum, etc. (Under School Age): Is the child developing, learning, progressing, and gaining skills at a rate commensurate with his/her age and developmental ability? • Does the child engage in age-appropriate interaction with others? • Does the child behave similar to other children his / her age while in a home or other setting?

Measurement Data

QA Baseline:	80%
QA Benchmark #1:	74%
QA Benchmark #2:	78%
QA Benchmark #3:	77%
QA Benchmark #4:	79%
QA Avg. FYs 15-17	78%
5 Year Goal:	84%

Data / Data Trend – Item Assessment

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. In the QSRs completed in State QA onsite reviews, a number of QSRs identified this area as a strength. The educational needs of children were being assessed and met. In the cases reviewed where 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.

Every Student Success Act (ESSA) – See Item 31

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

Item 17. Physical Health of Child

Purpose of Assessment:

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

QSR Measurement Description

Is the child in good health? • Are the child's basic physical needs being met? • Does the child have health care services, as needed? Healthy development of children requires that basic physical needs for proper nutrition, clothing, shelter, hygiene, and medical/dental care are met on a daily basis.

Measurement Data

QA Baseline:	98%
QA Benchmark #1:	94%
QA Benchmark #2:	96%
QA Benchmark #3:	95%
QA Benchmark #4:	95%
QA Avg. FYs 15-17:	95%
5 Year Goal:	99%

Data / Data Trend – Item Assessment

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 QSRs completed in State QA onsite reviews, QSRs 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. No concerns for lack of proper nutrition, clothing, shelter, hygiene were identified in completed QSRs.

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 QCWP completes a 20% random record review six months following the State QA review. 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 health and well-being.

The CPS and Foster Care review tool steps out type of case, case name, worker/ supervisor name, child name, child age, date the case was opened, reason case opened, safety/ physical and emotional 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 safety, permanency and child well-being is appropriately addressed.

Item 18. Mental/Behavioral Health of the Child

Purpose of Assessment:

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

QSR Measurement Description

Is the child symptom-free of anxiety, mood, thought, or behavioral disorders that interfere with his/her capacity to participate in daily living activities and benefit from his/her education? • If such symptoms are present, is the child making substantial progress toward normal functioning in school and at home while making use of supports and therapeutic services, as necessary?

Measurement Data

QA Baseline:	77%
QA Benchmark #1:	67%
QA Benchmark #2:	74%
QA Benchmark #3:	70%
QA Benchmark #4:	73%
QA Avg. FYs15-17:	72%
5 Year Goal:	79%

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. OQCWP random record reviews continue to provide counties with assessment of progress in meeting the physical and mental health needs of our children and families.

- A behavioral services unit has been developed within the State DHR, 1 Behavior manager, 5 Board Certified Behavior Analyst, 1 Psychological Associate, and 1 vacant BCBA position, strategically placed throughout the State.
- The OQCWP random record reviews continue to provide counties with assessment of progress in meeting the physical and mental health needs of our children and families.
- The Behavioral Services Unit, within the Quality Assurance Division, will work in conjunction with Family Services to address the emotional needs of children in congregate care, and what is necessary to step the foster child down into a less restrictive environment. Two hundred fifty (250) children in congregate care have been assessed for step down and assessment will continue as children enter congregate care. The counties are receiving this detailed information, and data that will provide insight on what is necessary to step these children down from congregate care. Follow up to insure step down is occurring is being monitored by the SDHR Behavior Services Unit and SDHR Foster Care Unit. At the present time seventy-five (75) of the two hundred fifty (250) children assessed, have been stepped down to a less 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.
- 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 QSR's and random record reviews, the following appears to be contributing to this 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.

Systemic Factor I: Statewide Information System

Item 19. Statewide information system

Measurement Data

See the charts that follow the narrative content.

Data / Data Trend – Item Assessment

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.

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. There is one more planned enhancement related to PL 113-183 around capturing and reporting missing and exploited children to NCMEC and local law enforcement. This enhancement is expected to be in production in July 2018.
- 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 2 will eliminate having to transfer the data to NEICE manually and will allow this information to be transferred from FACTS automatically. Phase 2 is expected to be completed by October 2018.
- 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 decreased 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 have been working on a 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. Additionally, there is a scanning app that workers can use to have forms signed, scanned, and also included in the child abuse and neglect assessment. All information entered into the app will automatically be transferred to FACTS through a synchronization process as workers dock their tablets in the normal course of their work day.

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 are being 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.

Policy provides instruction and guidance on the quality of submissions and timeframes for data entry into FACTS. Per policy, staff are to document information into FACTS such as intakes, contacts with child/family/adult, Medicaid, and any placement changes within three (3) working days of the action occurring. Data entry for narrative recordings per policy should be entered as soon as possible following the contacts, but no later than forty-five (45) calendar days following a contact. ISPs should be reviewed and updated at least every six (6) months from the date of the initial ISP and more frequently as needed. Permanency goals and the timeframes for achieving that goal should be reviewed at each ISP meeting. The Comprehensive Family Assessment (CFA) should be fully completed within thirty (30) days of the date that a family’s case is opened for child welfare services. The CFA should be updated within twelve (12) months of the initial completion date and every twelve (12) months thereafter as long as the family’s case remains open to child welfare services. To ensure quality, policy provides examples/samples of quality narrative entries, ISPs and CFAs.

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.

Measurement Data - From DHR Staff / Stakeholder Survey:

Is Alabama’s data collection/management via FACTS, accurate/operational, such that DHR staff can readily identify the status, demographic characteristics, location, and goals for the placement of every child in foster care (at both the individual county worker level and aggregate county/state level)?

<u># of Respondents</u>	<u>Never</u>	<u>Rarely</u>	<u>Occasionally</u>	<u>Often</u>	<u>Usually</u>	<u>Almost Always</u>
393	0.00%	3.05%	10.94%	16.54%	42.75%	26.72%

Comments:

Quite a few comments were made about FACTS not being “user friendly”, with a theme being concerns around the system being time consuming (e.g. a number of steps/screens needed to accomplish data entry and experiencing down times), and

not being available at times, e.g. maintenance, reports being fixed, after hours because of updates or a program being worked on.

DHR Response:

FACTS staff are consistently working to improve both the efficiency and ease of use. Enhancements to FACTS are identified and implemented per worker and management input to make the system easier to use and less time consuming. Maintenance to FACTS is done on a pre-existing schedule that has been identified as having the least amount of impact to workers as possible. Counties are notified at least 7 days in advance of any upcoming scheduled maintenance. Because FACTS is available seven days a week 24 hours a day, system maintenance, system builds, and system updates are done at a time when the least interruption to the users schedule is expected. The only occasions FACTS has been down unexpectedly have been when the state network itself has experienced issues and been unavailable. In terms of FACTS not being available as a result of fixing reports, these repairs are done while FACTS is up and running, and typically do not cause any interruptions to the system. FACTS training is also provided as a component of new worker training – STEP. See Item 26 for more information.

Data / Data Trend – Item Assessment

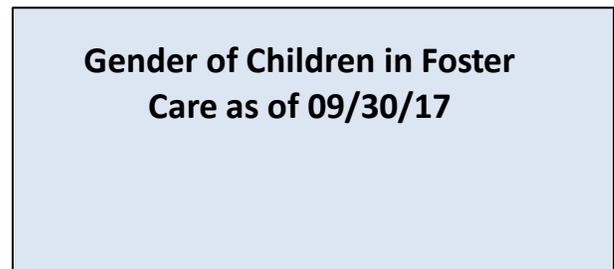
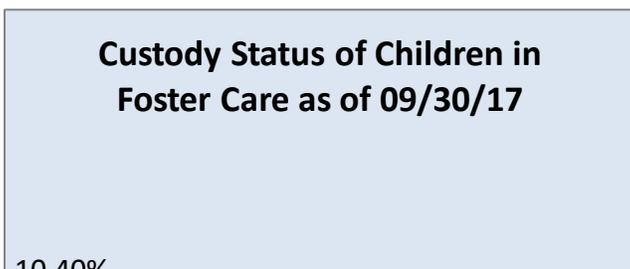
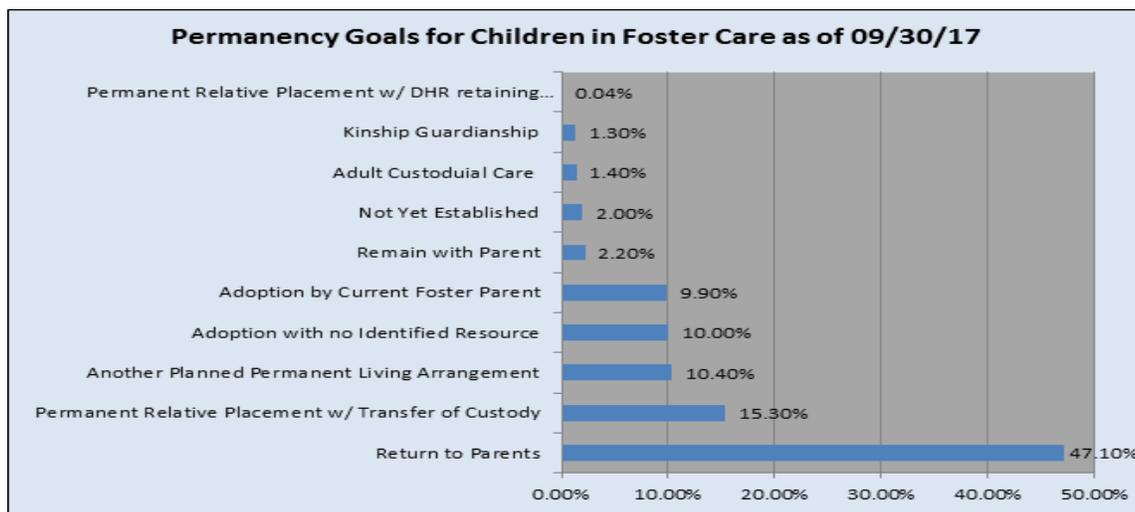
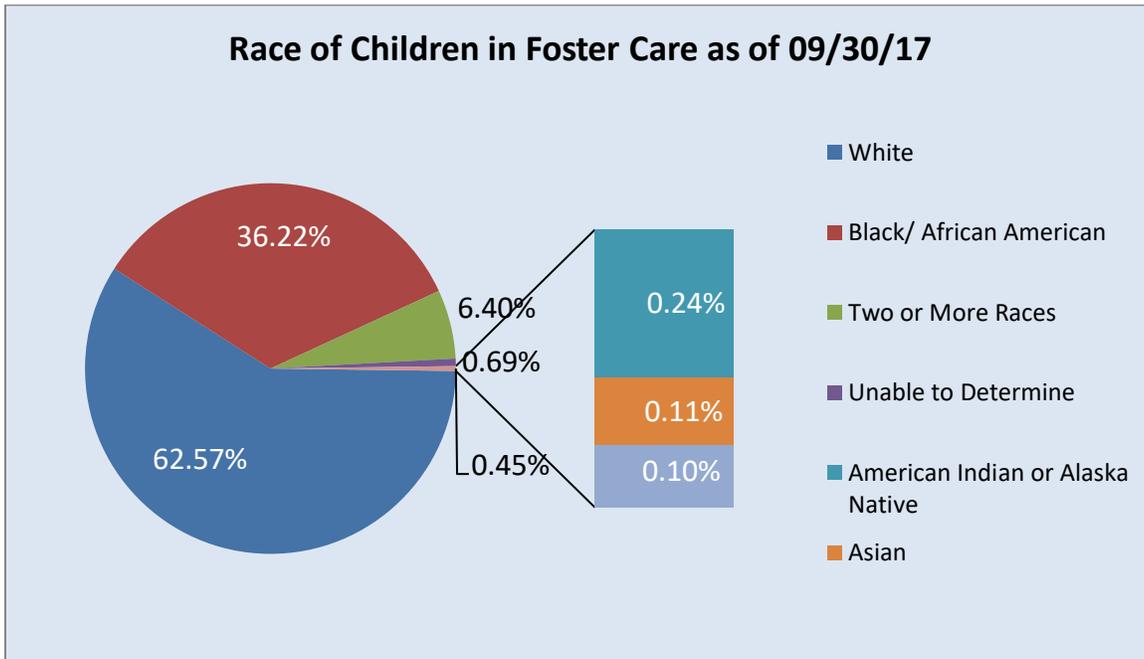
Two independent ACCESS data bases are maintained. The Child Death Database captures all child deaths reported per policy to the state office. The Quality Assurance Database captures all county and state quality service review data. Queries from this system provide qualitative data measures.

Strategies for improvement of data quality include:

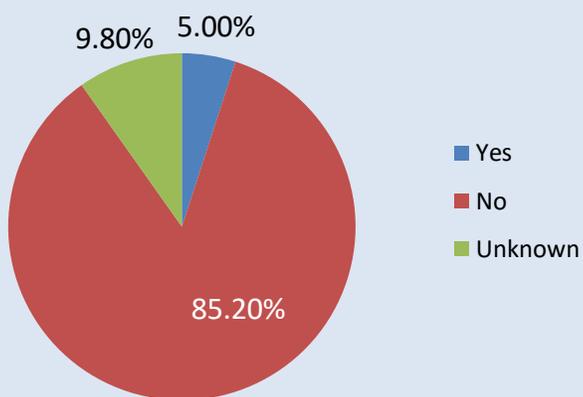
- Complete implementation of the AFCARS Improvement Plan through enhancements to FACTS, extraction program updates and data quality improvement steps.
- NCANDS Mapping Work Group will assess and improve data quality for all 154 data elements. Work began on this in FY2014 and continues into FY2018.
- 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.
- 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. So far corrections have been made to reports for children in foster care, children discharging from foster care and child placement & legal status.
- 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 Office of Data Analysis presented an introduction to Management and Statistical Reports during the 2017 Supervisors Conference. Training will continue at the 2018 Supervisor's Conference. Correction of reports via the FACTS Report Project will also increase the accuracy of Management and Statistical Reports.
- The Quality Assurance Division has worked with FACTS staff to develop a data management tool. Data from FACTS is pushed to a webpage within IDHR and displays on a state map as %. 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.

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.

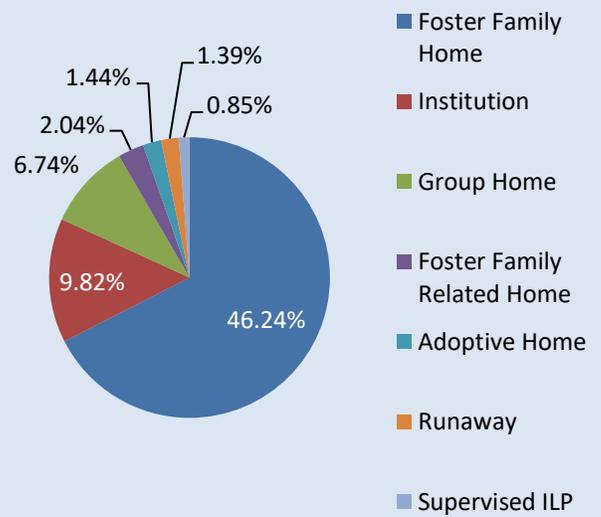
Additionally, FACTS users are required to verify the completeness and accuracy of the AFCARS data they have entered each month via an AFCARS report that is generated on the State's reports system. Some examples of FACTS functionality that provides status, characteristics, placement location, and permanency 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 available 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, child care institution, group home, etc.



Hispanic Origin of Children in Foster Care as of 09/30/17



Current Placement Setting for Children in Foster Care as of 09/30/17



Item 20. Written Case Plan

Alabama has an established QA system that includes 68 county QA Committees and a State QA unit that utilizes a QSR protocol to determine if children have a written case plan and the level of involvement of the child's parents or caregiver in the development of the written case plan. The QSR protocol requires interviews with case participants (child, parent, caregiver, etc.) and review of case documents (ISP, sign in sheets and narrative).

Measurement Data

The QSR identifies if all appropriate members of the family were involved in the ISP, including fathers, absent parents and age-appropriate children. It also identifies if efforts were made to engage with family members and if the input and opinions of family members were considered in the development of the plan. Lastly, the protocol identifies if attempts were made to locate and involve absent parents.

In the cases reviewed, QSR ratings for Family involvement in the ISP (item 13) were rated as a strength as indicated here:

2015	54%
2016	56%
2017	46%
Ave 2015-2017	52%

In the cases reviewed, QSR ratings for Child & Family engagement (Other Items) were rated as a strength as indicated here:

2015	57%
2016	54%
2017	47%
Ave 2015-2017	53%

The Statewide data shown below is point in time monthly.

For the end of FY 17, the average of the combined baselines for overall timeliness (initial ISPs & ISP reviews) = 90%

For the end of FY 16, the average of the combined baselines for overall timeliness (initial ISPs & ISP reviews) = 91%

For the end of FY 15, the average of the combined baselines for overall timeliness (initial ISPs & ISP reviews) = 91%

FY2015	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Average
FC-Initial	97.67	97.36	97.87	98.05	97.65	97.61	97.49	97.73	97.64	97.71	97.48	98.00	97.69
CPS-Initial	95.27	94.53	93.99	93.99	94.07	94.07	92.60	92.22	92.26	93.69	94.26	94.56	93.79
FY Average Initials													95.74
FC-Review	93.68	92.58	91.63	92.29	92.79	92.53	91.77	91.86	92.93	91.98	92.12	92.20	92.36
CPS-Review	84.20	84.07	82.31	82.81	82.02	81.50	79.41	78.63	79.35	81.47	82.99	84.75	81.96
FY Average Reviews													87.16
FY2016	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Average
FC-Initial	97.87	98.25	97.87	97.88	96.88	97.38	97.30	97.33	97.09	96.90	96.74	96.78	97.36
CPS-Initial	95.09	95.02	94.11	94.37	94.87	94.99	95.04	93.98	94.05	93.65	93.89	93.71	94.40
FY Average Initials													95.88
FC-Review	93.20	92.99	90.71	90.76	91.02	92.05	91.54	91.56	92.05	89.33	88.39	87.79	90.95
CPS-Review	84.14	84.27	82.90	82.68	83.41	82.56	83.28	82.71	82.35	82.12	82.14	81.18	82.81
FY Average Reviews													86.88

Timely ISPs													
FY2017	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Average
FC-Initial	97.26	96.70	97.13	97.23	97.56	97.48	97.56	97.72	97.59	97.74	97.05	97.38	97.37
CPS-Initial	93.49	92.65	92.83	93.47	93.91	93.95	93.97	93.28	91.86	92.44	93.43	93.82	93.26
FY Average Initials													95.31
FC-Review	88.47	88.04	88.82	90.34	88.60	89.48	89.62	88.47	88.88	86.90	87.24	88.19	88.59
CPS-Review	81.80	79.84	80.62	83.02	81.96	81.01	80.87	79.11	77.23	80.01	80.59	82.33	80.70
FY Average Reviews													84.64

Data / Data Trend – Item Assessment

While the quantitative data indicates that case review requirements are being met at the 90th per centile on average, QSR data (qualitative) reflects that family involvement/engagement was perceived as a strength in only 52-53% of the cases

reviewed. A closer look at the data indicates that while the county offices were responsive to the need to do ISPs and enter the information/data on computers in a timely manner, instances were noted of situations where families didn't know that an ISP was being held, or did not receive copies of the ISP from which to work/plan. Furthermore, the document was not being used effectively as a tool for working toward permanency, it was just another form to complete.

The FACTS data referenced in the above table is quantitative data that the Department believes accurately reflects the ISP (initial and review) data. However, as stated immediately above, the Department believes the qualitative data (e.g. the functionality of the ISP process) most reflects the areas of practice where improvement is needed. 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).

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.

Cases are methodically reviewed as a result of Quality Assurance site visits. These are conducted throughout the year according to a detailed schedule. However, other cases are reviewed through the course of work in the Office of Quality Child Welfare Practice in particular. These Specialists work in assigned counties, often with the task of review of child welfare cases. 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.

In the QSRs completed by State QA for FY2017, Family Progress Towards Independence was a Strength in 42.39% of the cases reviewed. Family Progress Towards Independence identifies if the family is making progress towards living together safely and functioning successfully independent of agency involvement. There is much improvement needed in this regard. The OQCWP specialists are working with supervisors in all the counties to increase their capacity and effectiveness in working with their staff to in turn increase their capacity and effectiveness in working with families to ensure service needs are met and the ISP process is uninterrupted.

The Department has recently started placing all CFA and ISP trainings held by QCWP in LETS. This will allow the Department to track the counties that have been trained, but that process just began in January 2018. The Department also keeps files on the amount of support given to counties, and how often the Department provides support. Data management tools are distributed monthly. The practice specialists are closely monitoring those as well as ERD data, to see if improvements are being made. Numbers of youth in care have also increased significantly in a relatively short time. From October 2014 through October 2017 children in DHR custody has increased by 1211 youth, a 25% increase. This has put increased stress on county workers as caseloads continue to grow.

Item 21. Periodic reviews

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

Measurement Data - From the DHR Staff / Stakeholder (DHR S/S), Court, and Youth Surveys:

• **DHR Staff / Stakeholders (DHR S / S) & Court**

Do judicial or administrative reviews (e.g., court or formal, official reviews of the child’s permanency plan) occur at least once every 6 months?

<u>Audience</u>	<u># of Respondents</u>	<u>Never</u>	<u>Rarely</u>	<u>Occasionally</u>	<u>Often</u>	<u>Usually</u>	<u>Almost Always</u>
DHR S / S	401	0.25%	1.50%	3.24%	6.48%	29.18%	59.35%
Court	336	2.38%	1.79%	4.76%	8.63%	23.21%	59.23%

Comments (Staff / Stakeholders):

A number of comments were provided that indicated judicial reviews were occurring in a timely manner, though court delays and continuances were cited with about the same level of frequency.

• **Youth**

How well are DHR or COURT STAFF doing in letting you know about your court hearings or legal proceedings and giving you the opportunity to be present and speak in those hearing or proceedings?

<u># of respondents</u>	<u>Very Poor</u>	<u>Poor</u>	<u>Could be Better</u>	<u>Average</u>	<u>Good</u>	<u>Very Good</u>
73	6.85%	5.48%	13.70%	12.33%	28.77%	30.14%

How well is YOUR WORKER or GUARDIAN AD LITEM (your attorney) doing in giving you opportunities to meet YOUR GUARDIAN AD LITEM prior to court hearings and discuss with him/her your wishes and plans?

<u># of respondents</u>	<u>Very Poor</u>	<u>Poor</u>	<u>Could be Better</u>	<u>Average</u>	<u>Good</u>	<u>Very Good</u>
75	9.33%	5.33%	5.33%	20.00%	25.33%	29.33%

Best Practice Indicator number 18, the case review system, meets the requirements of PL 96-272 and ASFA for periodic case reviews and permanency hearings, was rated as a strength in 77% of the counties reviewed in FY 2017. In order to better identify the barriers and needs, the following QSR data is taken from stakeholder interviews relevant to this item in counties that had ANI for their review system. In these select counties:

- 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 agency. There were concerns that that these were not consistently occurring timely. Permanency hearings were generally full hearings with testimony taken. Foster parents were invited to hearings and many did attend hearings but were not allowed in the court room.

Often foster parents are transporting the children to court for the hearing. In some counties, the foster parents do not understand their ability to speak in court. Some courts do not take testimony from participants, including foster parents, and work through agreements reached by the attorneys.
- Children were typically at court. GALs typically see foster children although this can vary. GALs are typically seeing the children and speaking to them at court, but this could be the only place they see and speak to the children. Some do not have a relationship with the children outside of court. We are seeing some improvement across the state in this area though.
- Court reports were reported to be very lengthy and contain a good bit of hearsay. The judge no longer reads them. The new agency attorney is working with staff to ensure that they are prepared for court and to testify. There was room for improvement in this area.
- In the foster care cases reviewed, permanency hearings and judicial reviews were generally being held timely. The Court notifies the parents and the Department. The Department notifies foster parents of the hearings.
- Foster parents and children were present and the GAL was only actively involved in one case.
- In the 5 IL surveys 3 youth reported attending their permanency hearings and 4 of them knew their GAL.

- Internal and external stakeholders reported judicial reviews are being held timely; however, permanency hearings have not been held timely in the past few months due to confusion as to how to petition the courts for a hearing date. During the 13 onsite reviews completed in FY2017, reviewers utilizing the QSR protocol and completing permanency assessments, reviewed case files for court documents and corresponding court dates to identify if permanency hearings and judicial reviews were being held in alternate 6 month cycles. In 10 of the 13 onsite reviews completed in FY2017, it was found that permanency hearings and judicial reviews were being held timely. In the 3 counties where they were not being held timely, it was due to scheduling issues between the agency and the courts.
- Stakeholders further reported judicial reviews are completed by submitting a written report to the court, which is reviewed and signed by the judge. Permanency hearings are full hearings with testimony taken. Age appropriate children may not attend their hearings. Foster parents are not always in attendance and were unaware they were able to provide testimony. It is DHR's responsibility to inform foster parents of court hearings. Some foster parents do attend court hearings, but may not be given the opportunity to provide testimony in all counties. In some situations foster parents are not considered to be a party in the case and they are not allowed in the actual hearing, but in those situations some foster parents do have an opportunity to be heard by the court prior to the hearing or through the DHR attorney or GAL.
- Birth parents are given notice of hearings and do attend hearings when actively involved in case planning. When in attendance, they are allowed to have a voice in the court hearings. In terms of age-appropriate children, some GALs will waive the presence of age-appropriate children citing they do not need to miss school.
- The FACTS system also tracks how often a judicial, permanency or other hearings are held. A report is generated on the FC055 report and county supervisors can use this report to track the timeliness of reviews.
- In the foster care cases reviewed, neither one had not been open for a full year; however, the reviewers identified hearings were not being held timely. In one case, the child's judicial review was not held timely and in another the child's shelter care hearing was not held timely. In the re-review cases, the reviewer identified that hearings not held timely.
- Three of four ILP respondents reported knowing their guardian ad litem and attending their permanency hearing. The one respondent who did not answer yes for these questions had entered foster care very recently.
- Stakeholders reported that generally judicial reviews are paper reviews unless parties disagree and there is a need for testimony. Involved parties, including foster parents, are notified of permanency hearings and most attend. Children/youth attend unless they are not capable or their presence is waived by their GAL. Stakeholders reported there have been some issues with the court that have been and continue to be addressed. One of the agency attorneys from the department's legal office provided training to the court, but stakeholders agree additional training could be beneficial for both the judge and the local department attorney.
- In cases reviewed one reviewer noted one child had a shelter care hearing four months prior when entering care but because of continuances there had been no additional hearings. Another hearing date had been scheduled for January, 2017. In another case a youth had been in care nine months and there had been two hearings since the adjudication hearing; however, both court orders stated the hearings were dispositional. There were no judicial orders in the record. In another case involving a youth who had been in care since 2013, there was no evidence judicial reviews had occurred. A few court orders were located in the record but had not been imported into the FACTS file cabinet.
- Data available from AFCARS provides the following insight on the timeliness of required reviews:
 1. 2015A AFCARS File reflected that **84%** of children in foster care had a timely court review
 2. 2015B AFCARS File reflected that **81%** of children in foster care had a timely court review
 3. 2016A AFCARS File reflected that **79%** of children in foster care had a timely court review
 4. 2016B AFCARS File reflected that **81%** of children in foster care had a timely court review
 5. 2017A AFCARS File reflected that **81%** of children in foster care had a timely court review
 6. 2017B AFCARS File reflected that **83%** of children in foster care had a timely court review

This court review captures Judicial Reviews and Permanency Hearings. There should be a court review every 6 months. A Judicial Review is due 6 months after a child comes into care and every 12 months thereafter. A Permanency Hearing is due 12 months after a child comes into care and every 12 months thereafter.

Data / Data Trend – Item Assessment

Potential contributing factors impacting the timeliness of court reviews include items that have been detailed elsewhere, along with several that are unique to interactions with the court.

- 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 41% have been noted. This creates issues involving training relevant to court responsibilities as well as training on data input and management within the Departments data management system (FACTS).
- Numbers of youth in care have also increased significantly in a relatively short time. From October 2016 through October 2017 children in DHR custody has increased by 722 youth, a 14% increase. This has put increased stress on both agency staff and the corresponding court systems.
- 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 or be allowed in the court. For many reasons, hearings may also be continued which directly impacts timeliness.

Item 22. Permanency hearings

Measurement Data - From the DHR Staff / Stakeholder (DHR S/S), Court, and Youth Surveys:

• **DHR Staff / Stakeholders (DHR S / S) & Court**

Do permanency hearings (court hearings to examine the child’s permanency plan) occur at least once every 12 months (unless reasonable efforts are not required to be made)?

<u>Audience</u>	<u># of Respondents</u>	<u>Never</u>	<u>Rarely</u>	<u>Occasionally</u>	<u>Often</u>	<u>Usually</u>	<u>Almost Always</u>
DHR S / S	400	0.75%	1.50%	2.25%	3.00%	29.75%	62.75%
Court	336	0.89%	1.19%	2.98%	5.36%	20.83%	68.75%

Comments:

The comments highlighted both the affirmation of permanency hearings occurring in a timely manner, as well as times/examples when it did not. Highlights of the importance of partnership and collaboration with the court were also provided.

• **Youth**

How well are DHR or COURT STAFF doing in letting you know about your court hearings or legal proceedings and giving you the opportunity to be present and speak in those hearing or proceedings?

<u># of respondents</u>	<u>Very Poor</u>	<u>Poor</u>	<u>Could be Better</u>	<u>Average</u>	<u>Good</u>	<u>Very Good</u>
73	6.85%	5.48%	13.70%	12.33%	28.77%	30.14%

FACTS data and data available for this item is quite similar to the data available for Item 21 as the reviews and permanency hearings are in alternate six month cycles. During the 13 onsite reviews completed in FY2017, reviewers utilizing the QSR protocol and completing permanency assessments, reviewed case files for court documents and corresponding court dates to identify if permanency hearings and judicial reviews were being held in alternate 6 month cycles. In 10 of the 13 onsite reviews completed in FY2017 it was found that permanency hearings and judicial reviews were being held timely. In the 3 counties where they were not being held timely, it was due to scheduling issues between the agency and the courts.

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	FY 2011	FY 2012	FY 2013	FY 2014	FY 2015	FY 2016 thru 3rd Qtr	FY 2017
Average # of Days	141	244	312	283	529	477	366
Median # of Days	123	269	344	323	381	364	344
% of Timely Hearings	100%	78%	65%	72%	42%	51%	64%
% of Untimely Hearings	0%	22%	35%	28%	58%	49%	36%
% children > 365 days with no hearing documented	N/A	33%	28%	21%	52%	17%	16%
Initial Permanency Hearing to 1st Subsequent Hearing	FY 2011	FY 2012	FY 2013	FY 2014	FY 2015	FY 2016 thru 3rd Qtr	FY 2017
Average # of Days	86	160	232	253	109	216	228
Median # of Days	89	155	200	258	92	182	189
% of Timely Hearings	100%	97%	72%	84%	83%	65%	66%
% of Untimely Hearings	N/A	3%	28%	16%	17%	35%	34%
% children who should have had a subsequent hearing, but did not	N/A	6%	16%	19%	81%	49%	52%
1st Subsequent Hearing to 2nd Subsequent Hearing	FY 2011	FY 2012	FY 2013	FY 2014	FY 2015	FY 2016 thru 3rd Qtr	FY 2017
Average # of Days	27	123	166	214	85	142	194
Median # of Days	27	98	173	175	85	154	182
% of Timely Hearings	100%	97%	97%	86%	96%	85%	76%
% of Untimely Hearings	0%	3%	3%	14%	4%	15%	24%
% children who should have had a subsequent hearing, but did not	0%	5%	8%	21%	84%	75%	32%
2nd Subsequent Hearing to 3rd Subsequent Hearing	FY 2011	FY 2012	FY 2013	FY 2014	FY 2015	FY 2016 thru 3rd Qtr	FY 2017
Average # of Days	N/A	136	118	202	58	134	171
Median # of Days	N/A	111	91	112	62	119	164
% of Timely Hearings	N/A	100%	100%	82%	100%	87%	98%
% of Untimely Hearings	N/A	0%	0%	18%	0%	13%	2%
% children who should have had a subsequent hearing, but did not	N/A	0%	11%	24%	82%	80%	34%
3rd Subsequent Hearing to 4th Subsequent Hearing	FY 2011	FY 2012	FY 2013	FY 2014	FY 2015	FY 2016 thru 3rd Qtr	FY 2017
Average # of Days	N/A	130	182	110	19	111	151
Median # of Days	N/A	161	175	98	14	91	119
% of Timely Hearings	N/A	100%	100%	100%	100%	100%	99%
% of Untimely Hearings	N/A	0%	0%	0%	0%	0%	1%
% children who should have had a subsequent hearing, but did not	N/A	0%	15%	26%	0%	57%	52%

Data / Data Trend – Item Assessment

SDHR Administration reviews reports monthly regarding permanency hearings to monitor the 12-month threshold. This information is frequently discussed with County leadership from staff in Field Administration. Best Practice Indicator number 18, the Case Review System, meets the requirements of PL 96-272 and ASFA for periodic case reviews and permanency hearings, was rated as a strength in 77% of the counties reviewed in FY 2017. Our requirements around timely permanency hearings are addressed in “Out-of-Home Care Policy” – section “Permanency & Concurrent Planning”

The quantitative data indicates that the state has timeliness issues across the spectrum of hearings. Stakeholder comments from Item 21 have been repeated as they address both of these areas (21 and 22). Barriers include not filing with the courts timely, parent’s attorneys requesting hearings to be reset, and workers failing to document hearings in the FACTS system.

- 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 agency. There were concerns that that these were not consistently occurring timely. Permanency hearings were generally full hearings with testimony taken. Foster parents were invited to hearings and many did attend hearings but were not allowed in the court room.
- Children were typically at court. GALs typically see foster children although this can vary. Court reports were reported to be very lengthy and contain a good bit of hearsay. The judge no longer reads them. The new agency attorney is working with staff to ensure that they are prepared for court and to testify. There was room for improvement in this area.

- In the foster care cases reviewed, permanency hearings and judicial reviews were generally being held timely. Foster parents and children were present and the GAL was only actively involved in one case.
- In the 5 IL surveys 3 youth reported attending their permanency hearings and 4 of them knew their GAL.
- Internal and external stakeholders reported judicial reviews are being held timely; however, permanency hearings have not been held timely in the past few months due to confusion as to how to petition the courts for a hearing date. Stakeholders further reported judicial reviews are completed by submitting a written report to the court, which is reviewed and signed by the judge. Permanency hearings are full hearings with testimony taken. Age appropriate children may not attend their hearings. Foster parents are not always in attendance and were unaware they were able to provide testimony.
- In the foster care cases reviewed, both full reviews had not been open for a full year; however, the reviewers identified hearings were not being held timely. In one case, the child's judicial review was not held timely and in another the child's shelter care hearing was not held timely. In the re-review cases, the reviewer identified that hearings not held timely.
- Three of four ILP respondents reported knowing their guardian ad litem and attending their permanency hearing. The one respondent who did not answer yes for these questions had entered foster care very recently.
- Stakeholders reported that generally judicial reviews are paper reviews unless parties disagree and there is a need for testimony. Involved parties, including foster parents, are notified of permanency hearings and most attend. Children/youth attend unless they are not capable or their presence is waived by their GAL. Stakeholders reported there have been some issues with the court that have been and continue to be addressed. One of the agency attorneys from the department's legal office provided training to the court, but stakeholders agree additional training could be beneficial for both the judge and the local department attorney.
- In cases reviewed one reviewer noted one child had a shelter care hearing four months prior when entering care but because of continuances there had been no additional hearings. Another hearing date had been scheduled for January, 2017. In another case a youth had been in care nine months and there had been two hearings since the adjudication hearing; however, both court orders stated the hearings were dispositional. There were no judicial orders in the record. In another case involving a youth who had been in care since 2013, there was no evidence judicial reviews had occurred. A few court orders were located in the record but had not been imported into the FACTS file cabinet.

Contributing factors addressing quality concerns include:

- Non-involvement of the foster parents in the process, as in many cases their testimony is not being taken.
- Permanency hearings don't engage all parties involved in the case and multiple times end up being attorney agreements between the attorneys and the judge.
- 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.
- The appropriateness of data being entered by DHR staff into the FACTS system is another potential contributing factor. There is a court tracking screen available on the FACTS system for workers to enter court-related data. With high turnover rates among line staff training and knowledge about court responsibilities and tracking of data is suspect. Child welfare staff turnover rates are noted below.

	<u>FY13</u>	<u>FY14</u>	<u>FY15</u>	<u>FY16</u>	<u>FY17</u>
Child Welfare	17.76%	23.19%	23.80%	33.64%	30.05%
Child Welfare Direct Staff	21.05%	28.84%	28.99%	41.44%	37.56%

Input Received from Initial Stakeholder Focus Group

On November 7, 2017, an initial focus group was convened of stakeholders from Alabama's State QA Committee, and Alabama's Child Welfare Collaborative Team. Additionally, opportunity was provided to the members of both groups to provide feedback after the meeting. While the information obtained is considered preliminary at the time of the draft Statewide Assessment, the input from stakeholders, relative to permanency hearings is hereby provided:

Data analyzed for the Court Improvement Project reflects that of the children who entered foster care on or after 10/1/2010 and were subsequently discharged, 64% had initial permanency hearings that were completed on time.

It appears that there is some confusion among workers as to the starting point of measuring timeliness of initial (and subsequent) permanency hearings.

Item 23. Termination of Parental Rights

From the DHR Staff / Stakeholder (DHR S/S) and Court Surveys:

DHR Staff / Stakeholders (DHR S / S) & Court

Do the filings of Termination of Parental Rights (TPR) proceedings occur according to the legal provisions (12/22 months a child is in foster care in the custody of DHR and other reasons, unless one of three exceptions apply)?

<u>Audience</u>	<u># of Respondents</u>	<u>Never</u>	<u>Rarely</u>	<u>Occasionally</u>	<u>Often</u>	<u>Usually</u>	<u>Almost Always</u>
DHR S & S	393	1.02%	3.05%	9.67%	12.98%	38.42%	34.86%
Court	336	1.79%	5.06%	9.82%	17.26%	29.76%	36.31%

Comments:

The theme was more around observing delays in filing TPR, with various reasons being cited as contributing to the delays. Contributing factors included the following: staff turnover, procrastination, completion of criminal cases, scheduling delays with GALs, finding absent fathers, slowness of ICPC in other states, and DHR staff wanting to give the family “one more chance”.

Measurement 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 Administration of the Courts (AOC) office has provided some rough data on FY 2017 TPR positions that is reflected below:

<u>FY2017 TPR Petitions</u>	<u>Median Days</u>	<u>Average Days</u>
<u>Original Dependency Disposition Date to TPR Petition File Date</u>	<u>418</u>	<u>513.5</u>
<u>TPR Petition Date to TPR Disposition Date</u>	<u>120</u>	<u>137.4</u>

Data / Data Trend – Item Assessment

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.

There is a new Adoption Report (Adpt090) that is scheduled for soon production that will track the timeliness of TPR petition filings, TPR Hearing Dates, TPR Disposition Dates, Adoption Filing Dates, and Adoption Finalization Dates. Until this report starts running, the Department does not have another report or query that is capturing the time between TPR Petition and TPR Hearing date. In QSR’s that are completed in state QA reviews, the reviewer rates on ASFA timeframes and does not capture TPR petition dates and subsequent hearings afterwards. SDHR

Administration reviews reports monthly regarding TPR data. The level of research is significant enough that individual cases may be discussed with SDHR Administration. This information is frequently discussed with County leadership from the Division of Field Administration.

The Quality Assurance Division trains TPR and Concurrent Planning as an additional piece complementing our fundamental child welfare training. Particular jurisdictions remain challenging in regard to timely hearings of TPR petitions. Federal law and best practice information have been shared through training with Guardians-ad-Litem, judges, agency attorneys and members of the Court Improvement Program in an effort to have more consistency and urgency around these cases.

Input Received from Initial Stakeholder Focus Group

On November 7, 2017, an initial focus group was convened of stakeholders from Alabama's State QA Committee, and Alabama's Child Welfare Collaborative Team. Additionally, opportunity was provided to the members of both groups to provide feedback after the meeting. While the information obtained is considered preliminary at the time of the draft Statewide Assessment, the input from stakeholders, relative to TPR hearings is hereby provided:

Some delays were also cited relative to TPR hearings. There are several factors that are possibly contributing to this issue, including DHR worker turn-over.

Item 24. Notice of Hearings and Reviews to Caregivers

Measurement Data - From the DHR Staff / Stakeholder (DHR S/S), Court, and Caregiver Surveys:

Are foster parents, pre-adoptive parents and relative caregivers notified of, and given a right to be heard (Right TBH) in, any review or court hearing with respect to the child(ren) in their care?

	<u># of Respondents</u>	<u>Never</u>	<u>Rarely</u>	<u>Occasionally</u>	<u>Often</u>	<u>Usually</u>	<u>Almost Always</u>
DHR S /S Survey	398	1.26%	2.51%	5.03%	8.04%	28.39%	54.77%
Court Survey	336	1.49%	6.85%	14.58%	10.71%	27.38%	38.99%
FP Srvy: DHR Notifies	612	4.25%	8.17%	13.73%	9.97%	21.24%	42.65%
FP Srvy: Crt Notifies	596	41.11%	11.58%	8.22%	4.87%	11.74%	22.48%
FP Srvy: Right TBH	573	24.61%	12.39%	13.26%	6.63%	17.98%	25.13%

Comments:

In the caregiver survey, it was more common that caregivers were not provided with an opportunity to be heard in court, even if the social worker had encouraged them to attend court. Many respondents indicated they had not had a chance to attend court because a court hearing had not been held while the children have been in their home. It was unclear if this was due to court hearings being delayed or because the children have been in homes a short time and court hearing has not been needed/required. Very few reported feeling that their opinion mattered in court.

In the caregiver surveys, a question was asked as to whether DHR staff notified caregivers of any review or court hearings with respect to children in their care. There were examples of prior notification occurring and some responses indicating that the situation had not yet arisen. However, it was far more common that notification came as a result of the caregiver inquiring, finding out at the last minute or in a few instances, hearing about it after the court hearing. Worker variability was also highlighted.

In the caregiver surveys, a question was asked as to whether the Court notified caregivers of any review or court hearings with respect to children in their care. There were a few examples cited of court notification occurring and a number of responses indicating that a court hearing had not yet occurred, or they were not sure. The majority of foster parents responding to this question indicated that the child(ren), GAL or social worker made them aware of Court (see also responses to the question above, specifically asking about DHR notification).

At the present time there is no Best Practice indicator or QSR item that addresses the issue of hearing notifications being sent to ensure that foster parents, pre-adoptive parents, and relative caregivers of children in foster care are notified of, and have a right to be heard in, any review or hearing held with respect to the child. Although it may be possible to ascertain when notices are being sent out through FACTS, reports are presently not available to assess quantitative data on this item.

Data / Data Trend – Item Assessment

Current policy found in the Out of Home Policies and Procedures Manual, Permanency & Concurrent Planning section, references the following around permanency hearings:

To qualify as a permanency hearing, the hearing must be open to the age-appropriate child, the child's parents, legal custodians, relative caregivers, legal guardians, the child's foster parents, and any pre-adoptive parents. Alabama law does not currently provide for a permanency hearing to be conducted by an administrative body; therefore a permanency hearing must be conducted by a juvenile court. [Code of Alabama 1975, § 12-15-106(g)].

Foster parents, pre-adoptive parents, and relatives providing care for children must be provided written notification of juvenile court hearings (Code of Alabama 1975, § 12-15-307). County child welfare staff is responsible for providing this

notification or ensuring that it is provided by the juvenile court staff. Additionally, foster parents, pre-adoptive parents or relatives providing care for a child have a right to be heard in any proceeding to be held with respect to the child during the time the child is in the care of the specific caregiver. Notice of right to be heard does not make the caregiver a party to the proceeding.

In addition, the Department's Social Worker Guide for Working with the Courts, notes that child welfare staff is responsible for providing the clerk of the court appropriate names and mailing addresses of all parties. Conversations with the Administrative Offices of the Court (AOC) note that approximately six (6) years ago, local protocols were developed between courts of local jurisdiction and county DHR offices that included information on which agency was to send notices to the individuals involved in the hearing. Current status of these protocols is unknown.

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 or ensuring that it is provided by the juvenile court staff. Policy addresses that the courts are responsible for sending out all summons related to initial dependency hearing, but summons only go out for adjudicatory - phase hearings, not all hearings.
- While the item also stresses that notification indicate 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 up and including the County Director level, there is no knowledge readily available that can address the status of the local court/DHR protocols on notifications.

Systemic Factor III: Quality Assurance System / Continuous Quality Improvement (CQI)

Item 25. Quality Assurance System

Measurement Data

Round Three (R3) CFSR

Alabama has chosen to have a traditional CFSR to be completed in July 2018. While we have previously shared Alabama's case review instrument with the Children's Bureau, we understand that the Federal Onsite Review Instrument must be used for the CFSR. The case review instrument was designed to measure child and family status and system performance using a rating scale of 1-6. There are 14 status items used to measure child and family status and 12 status items for system performance. Over the course of the last few fiscal years, the number of cases reviewed by state QA review teams is shown below. In addition to these totals, county QA review teams have reviewed many other cases, using the same instrument as that used by state QA review teams.

Use of the OSRI

In terms of the state's use of the OSRI, no decision has yet been made regarding use of the OSRI beyond CFSR purposes.

FY Total # of cases reviewed by State QA Review Teams: foster care (FC); ongoing services within the home (CPS)

	TOTAL	FC	CPS
2010	168	95	73
2011	219	127	92
2012	267	145	122
2013	170	87	83
2014	134	70	64
2015	69	35	34
2016	103	57	46
2017	116	62	54

There were 13 onsite reviews completed in FY 2017 and it is anticipated that 14 will be completed in FY 2018. As of May 2018, State QA has a Program Manager and six QA Specialists. Since 2012 the number of onsite reviews and QSRs were reduced to allow the QA specialist to provide more support/training in the counties to strengthen the QA system. In 2015, the number of onsite reviews was reduced due to state office staff being placed on special assignments.

Data / Data Trend – Item Assessment - From the DHR Staff / Stakeholder Survey:

Is the QA system functioning statewide and does it evaluate the quality of practice and service delivery, identify strengths and needs, provide reports, and evaluate program improvement efforts?

# of Respondents	Never	Rarely	Occasionally	Often	Usually	Almost Always
405	0.25%	.99%	5.43%	10.37%	37.53%	45.43%

Comments:

Most comments were quite positive in terms of local QA operations, though a number expressed lack of knowledge in terms of statewide functioning.

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 Department's Best Practice Indicators, the QA system identifies areas of need and recommends corrective actions necessary to improve services, capacity, outcomes and conformity with Federal, State and Department program requirements. It also confirms strengths, identifies successful strategies, and recommends ways in which effective practice and/or system performance can be replicated and/or improved. The QA/CQI system has been implemented statewide. Every county has completed a county self-assessment utilizing the indicators of best practice 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

Technical Assistance Plans

Alabama has been in communication with HHS's regional office and a liaison from the Capacity Building Center for States, through ongoing conference calls. This effort has been a collaboration between the Family Services Division's (Office of Data Analysis) the Division of Quality Assurance. The two Divisions have been sharing information around child safety, and permanency to assess the cause(s) surrounding the increase of children coming into the care and custody of the Department. The calls are also focused on the next steps related to capacity building assistance that will be requested. An informal preliminary assessment has been completed, and it was determined that assistance could be provided around continuous quality improvement, advanced data management and root cause analysis training. The two divisions are to collaborate with the guidance of the Capacity Building Center for States to develop next steps. Early conversations around the CFPS PIP planning led the Department to decide to draw upon the knowledge and expertise of the PIC. We are also calling on other states best practices for their experience and input. Collaboration with the Capacity Building Center for States continues in other respects, with future TA already under discussion.

ASSESSMENT UPDATE: Alabama's Continuous Quality Improvement Components

I. Foundational Administrative Record Structure

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

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

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

- When a State Onsite Review is not scheduled for a county, the county's QA system is continuing to function. 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 Supervisor and six 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 QA onsite review or county self-assessment, 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, Fifty (50) Best Practice Indicators* and a *QSR Protocol Instrument*.
- There is also an Office of Quality Child Welfare Practice (QCWP) which is a state office team under the Quality Assurance Division who follows up after onsite reviews to ensure the development and implementation of a county Improvement plans.
- QCWP 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 and sustainable.
- 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 onsite reviews completed by State QA, each county is to complete a county self-assessment bi annually (May and November). The county self-assessment includes the indicators of best practice 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 county has an onsite review or completes their county self-assessment, the county, along with their QA specialist and Practice specialist, identifies 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 two remaining persons who completed the CQI Training Academy in 2014. Those two persons are the CFSR Coordinator and the Director of the Quality Assurance Division.
- As of June 2017, the County Improvement Plan process has been strengthened to include multiple assessment tools, integration of more individuals in the county improvement plan process and better ways of monitoring progress.
- A plan has been developed where the month of January has been set aside to ensure 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 January, 2017. The adjunct reviewer training that was scheduled for January 2018 had to be cancelled due to inclement weather. Presently, there are plans to conduct this meeting in October, 2018.

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

- Providing mechanisms and opportunities for input from county staff on all CQI foundational components.
- Standardized statewide training plans / meeting schedule for county QA coordinators and county QA committee chairpersons. Statewide meetings for county QA coordinators and QA committee chairpersons as well as State QA Committee members were held in May 2014, January 2016 and January 2017. 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 January, 2017 with the next meeting scheduled in January 2018. Adjunct reviewer training is also scheduled for January 2018.
- Written guidelines as to what activities will comprise state QA onsite county reviews across all counties. The best practice indicators were revised in November 2014 to better reflect current practice expectations and to be more closely aligned with the CFSR. This resulted in an additional revision of the reporting format and revisions of some forms utilized in the onsite review process. The rating for the Best Practice Indicators was also revised to remove "Both" as an option. Remaining rating options are now "Strength" and "Area Needing Improvement". These changes were incorporated into the QA Guide which was revised in November 2015. The additional component in the onsite review process of review of QSRs completed by county QA committees added for 2014 remains in place.

This component has enhanced the assessment of the performance of the county QA system during onsite reviews.

- Consistent and complete accountability for, and implementation / monitoring of, the County Improvement Plan process. One required subject of 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 District Administrative Specialist (DAS) is included on the 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.

- 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. This will be done during CY 2018.

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 resources, functioning of the case review system, and service array.
- The State monitors existing Federal requirements or guidelines and uses appropriate quality utilities and tools to ensure that data is accurate, including, but not limited to:
- The most recent AFCARS Assessment Review findings documents and/or AFCARS Improvement Plan (AIP), if applicable, indicates whether the State is accurately collecting, mapping, and extracting the AFCARS data in accordance with the requirements in the AFCARS regulation at 45 CFR 1355.40 and steps the State is to take to correct its AFCARS collection. This includes steps to improve the accuracy of the data through ongoing training, oversight, and incorporation into a quality assurance process.
- The most recent NCANDS data, or other safety data that impact the outcome indicators being measured, meet any CB quality guidelines.
- The most recent data profile used for the CFSR accurately reports the status of the child welfare program as indicated by data errors falling below acceptable thresholds.

- NYTD data meets the regulatory requirements at 45 CFR 1356.80 – 86 and other CB quality guidelines.

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

- State does monitor existing Federal data requirements through the use of appropriate data quality utilities and tools.
- Regular monitoring of PIP-related data is in place.
- The state met the National Standards associated with the Round 2 CFSR.
- State has 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.
- Consistent distribution of the Summary and Findings of state QA onsite reviews.
- 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.
- State QA consistently uses the QSR protocol to gather qualitative data across the state. The Office of QA has one program manager and five QA specialists that are very proficient in the use of the protocol. Each county has a QA coordinator with access to their QA specialist for guidance and training. The QA specialists provide protocol training to the county committees 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.
- Consistent distribution within FSD/other SDHR Divisions of the Summary and Findings of State QA Reviews. The Summary of Findings of State QA reviews are provided to the Deputy Commissioners for Field Administration Quality Assurance, and Children and Family Services, the Director of Family Services, and the ~~two~~ Deputy Director. Beginning with the onsite review reports for FY2015, Program Managers in Family Services were added to the distribution list.

As a June 2017 update, it should be noted that the District Administrative Specialists (within the Field Administration Division), the Deputy Director of the Quality Assurance Division, the Program Managers of the Quality Assurance Division (formerly within the Family Services Division), and the State QA staff also receive the Summary of Findings and Recommendations from all county onsite reviews. The County Director and the County QA Coordinator also receive the Summary of Findings and Recommendations for the review that occurred in their county. The Summary of Findings and Recommendations are typically provided to the above individuals within 30 days of the completion of the onsite review. Further, the Child Welfare Practice Specialists conduct a 20% case review approximately 6 months after the onsite review, as one means of following up on the progress being made.

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).
- Attention to promoting consistency in applying the QSR protocol ratings across all reviewers. Each QSR is debriefed onsite with the lead and co-lead for each onsite review as well as with the other case reviewers. Also

present in the debriefing are the county director and county QA coordinator. Debriefings are utilized to promote consistency across reviewers.

- Process by which the collection/distribution of qualitative and quantitative information “informs” key systemic issues such as training (of staff/resource parents), policy development, adequacy of service array, etc.
- 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.

Recommendations:

1. Implement ways in which the feedback loop for quantitative and qualitative data can be improved/enhanced.
2. Assess the process for the qualifying of, and promoting consistency among (QSR) reviewers currently in use via training, onsite QA of the review instrument/findings, etc. and implement any needed improvements. Two QA Coordinator Trainings are scheduled for August 2017 to increase the capacity of county QA Coordinators and their ability to ensure consistent use of the QSR protocol. One of the training components will be on the review tool to promote consistency among reviewers. Plans are to provide adjunct reviewer training annually over the next four years. Adjunct reviewers are additionally required to shadow a QA Specialist prior to serving in that role in an onsite review. Eleven additional adjunct reviewers were trained individually through shadowing the onsite review process in 2015 and 13 were trained in 2016. Twenty-four (24) adjunct reviewers were trained in 2017.

III. Case Record Review Data and Process

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

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

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

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

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

- While at the state level there are ways of giving attention to rating consistency, the process for ensuring inter-rater reliability can be strengthened. State QA staff continue to train county QA committee members on the use of the rating instrument. County QA committees are encouraged to debrief cases during committee meetings to promote rating reliability. State QA staff will continue to train county QA committee members in the use of the rating instrument.
- Two QA Coordinator Trainings were completed in August 2017 to increase the capacity of QA Coordinators and their ability to ensure consistent use of the QSR protocol.
- A process is currently being used to train state reviewers; however, having a uniform and consistent training process that qualifies reviewers to serve in that role could be strengthened. See Item II, Quality Data Collection, recommendation #3. The QA unit is in the process of implementing a certification process for adjunct reviewers beginning in January 2018 where adjunct reviewers are certified through a training program and to retain their certification must take part as an adjunct reviewer within the year to maintain their certification.

One Adjunct Reviewer training was held on January 10-11, 2018, but the second training had to be cancelled due to inclement weather. The second training was held April 17-18, 2018. The training is conducted by the Office of QA and it is a 2 day classroom training. The training walks the participants through the QSR protocol and requires them to rate a mock case as a group. Once the participants have completed they training and shadowed an QSR (county level or state level) they are certified to participate as an adjunct reviewer.

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 state and county QSR ratings.
- There is a process for analyzing and commenting upon qualitative data in the form of QSR write-ups which are provided to QA coordinators, county workers and supervisors.
- Some informal means of aggregating results related to the Best Practice Indicators has been utilized. A summary of Onsite Reviews for fiscal years 2012 to present with percentages of “Strength” and “Area Needing Improvements” are maintained.
- 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.
- Data profiles are developed/used for onsite (state) QA reviews. Data profiles were revised in 2014 to include the data utilized for county director evaluations.

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

- Emphasis / training on and monitoring of, effective use of data as a child welfare management tool related to impacting outcomes of safety, permanency and well-being. One of the best practice indicators was developed to assess and make recommendations on the county utilization of data to assess, plan and monitor their child welfare program. Specific recommendations will continue to be provided when this indicator is not determined to be a strength of practice.
- Tracking / distribution of (qualitative/quantitative) data across regions of the state, child demographics, etc. A portion of the adjunct reviewer training focused on the use of the Data Management Tool. Counties were encouraged to use the tool to collect data to be presented at management meetings.
- Emphasis / training on and monitoring of, complete, accurate, and timely data entry by county staff. One of the best practice indicators was developed to assess and make recommendations on the timely and correct entry of data. Specific recommendations will continue to be provided when this indicator is not determined to be a strength of practice. The Office of Data Analysis provided AFCARS Data Quality Training to all foster care and/or adoption workers and supervisors statewide beginning in June 2015 in order to improve the quality of the data. The training was completed in April 2016.
- Consistent provision of information as to where to look for data outside of FACTS.

- Determining ways in which CFSP outcome data can be explained/distributed .
- Consistently involving other SDHR Divisions and external stakeholders (partner agencies/groups) in meaningful discussion, analysis, and dissemination of quantitative and qualitative data. Practice meetings (now referenced as “CQI Meetings”) were initiated early in 2014 for the Family Services Management Teams to review data, assess practice, and develop the Plan for Improvement. These (CQI) meetings continue, with present plans to maintain regular data discussions. 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 summary of the findings from onsite reviews by best practice indicator is revised at the completion of each onsite review. Distribution of this data was recently expanded to include applicable program managers within Family Services as well as program supervisors with the Office of Child Welfare Consultation.

V. Feedback to Stakeholders and Decision-makers and Adjustment of Programs and Process

Collecting information and analyzing results are important steps in CQI; however, *how* States use this information is a critical component to driving change within the organization and is key to improving outcomes for children and families. A functioning CQI system will ensure that:

- Results (i.e., trends, comparisons and findings) are used by agency leadership/top management, courts, tribes, entities with title IV-E agreements, and other stakeholders to help guide collaborative efforts, inform the goals and strategies of the CFSP and other State plans for Federal funds such as the Court Improvement Program strategic plan, and to improve practice, services and monitor/track progress toward goals.
- Supervisors and field staff understand how results link to daily casework practices; results are used by supervisors and field staff to assess and improve practice.
- Results are used to inform training, policy, practice, community partnerships, service array (service gaps, quality, etc.), automated system development, and other supportive systems.
- The CQI process itself is adjusted as needed over time as results indicate a need for additional study, information and/or analysis.
- Resource Management Staff and others are actively reviewing current 2017 data as a result of the opioid addiction crisis in an effort to assess possible changes in service development

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

- The County improvement plan meetings review the indicators of best practice with supporting quantitative and qualitative data. The meetings are to include internal and external stakeholders and frontline staff. All QSRs completed by either State QA or the local QA Committee provide write up with ratings and feedback with recommendations to improve practice. The State’s CQI process is in the implementation stage, but counties are encouraged 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 QA report is to be shared with the county QA committee, and signed by the county QA committee chairperson.
- Of the 50 Best Practice Indicators, there are items that address data collection and planning. The Best Practice Indicators were revised in November 2014 to 50 indicators. Two of the indicators directly address data collection and utilization for assessment and monitoring of child welfare practice.
- Data is utilized as a factor in the evaluation of 28 of the 50 Best Practice Indicators in determining whether the indicator is primarily a strength of practice or systemic performance or an area needing improvement.
- On a monthly basis data related to child protective services, child abuse and neglect reporting and permanency, are provided to the District Administrative Specialists (DAS), who are to reference/use the data in their work across all 67 counties. This data, along with trend data, is sent via email each month to the DASs from the Division of QA.
- For each state QA review that is conducted, the Office of Data Analysis provides a data profile to the state QA team on the county that is being reviewed.

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

- Ensuring consistency between the data provided to counties and that provided to the state QA review team. Data profiles developed for onsite reviews were revised in 2014 to include the data utilized for county director evaluations.
- Assessment/provision of data needs/request from the state QA review team and the Family Services Management team.
- Distribution of both quantitative and qualitative data trends, comparisons, findings, results and recommendations (from various sources) to key external and internal stakeholders in order to better inform collaboration, system performance and ongoing practice monitoring. Data on some safety and permanency indicators (e.g., CAN and Prevention assessments received and disposed, reports pending over 90 days, children in foster care, open CPS cases, etc.) is regularly provided to the State QA Committee at their quarterly meetings. The State QA Committee will continue to be afforded the opportunity to provide comment and recommendations on data information. This distribution of data continued throughout 2015, 2016, 2017 and will continue through 2018.

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 a 20% random record review six months following the State QA review. Thus far the key areas identified in the CQI process are engagement/assessment, understanding of protective capacity/ safety, ISP's, and ILP. QCWP will address these key focus areas in the County Improvement Plan. The OQCWP will build capacity around the Comprehensive Family Assessment and the Individualized Service Plan. The OQCWP will also assist in ensuring this process is carried out by providing support to counties through random record reviews, supervisor capacity building and support, peer reviews, support of the County Improvement Plan prep work and meetings, and the County Bi-Annual Self Assessment, and individual working agreements with each County Director and Supervisor staff. In 2016/2017, QCWP has reviewed a total of 2976 child welfare cases during the 20% review process, in a total of 23 counties in the CQI process.

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.

Summary/Report: After every 20% 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 in regards to 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 has traditionally been updated following every QSR review, however, there have been some changes since the recent CQI reset. The CIP is now a working document that is not only updated after the QSR review, 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: As part of the reset in 2016/2017, QCWP has met with each county director and developed a working agreement based on primary focus areas identified in the County Improvement Plan. 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.

The OQCWP Program Specialists are collecting and using data on well-being to focus on areas of need, and provide support through the working agreement in regards to how to best address those needs in the County Improvement Plan. 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 state office and county to identify improvement or ongoing needs. There is no data gathered. Additionally, both the onsite review and county self-assessment utilizes quantitative (ERD) and qualitative (QSR and stakeholder interviews) data to rate the Indicators of Best Practice. Random Record Reviews will be conducted in these counties and training and supportive work will focus on the needs identified from the reviews.

Systemic Factor IV: Staff and Provider Training

Item 26. Initial staff training

Measurement 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).

During 2017 the following number of staff was trained:

- | |
|---|
| <ul style="list-style-type: none"> • Training of New Child Welfare Workers:
348 in ACT/STEP: Foundations, STEP: Intake – 94, STEP: Investigation - 94, STEP: Case Management – 111, and STEP: Adoption - 24 |
| <ul style="list-style-type: none"> • Certification of TIPS(Trauma Informed Partnering for Safety and Permanence – Model Approach to Partnerships in Parenting) Leaders – 295, Certification of TIPS/Deciding Together Leaders – 48 |

The number of new staff being hired by DHR is averaging out to 34 new workers a month. OCWT is providing enough slots to handle at least 40 new hires a month.

Evaluations through Survey Monkey show an average approval rating of 4.7 out of 5. OCWT is using the evaluations to guide what is working and what is not and making changes as needed. All supervisors go through DHR Supervisory Management Training that includes coaching and using a working agreement with their staff regarding staff performance. Supervisors are taught that as their staff go through training, to discuss what they are learning and what they need. Survey monkey compiles and saves all of the data that is put into the surveys. See Tables 26 1-3. There are also questions related to skills learning (See Tables 26 1-3); however, here are no exams in that are taken at the end of training. It should be noted that the survey questions were designed with the guidance and support of the Capacity Center For States.

- ACT I and STEP Foundations Completion Rates for CW staff with case management responsibilities, Table Item 26-1

Course Name	CY 2015	CY 2016	CY 2017
ACT 1 (recently discontinued)*	163	268	66
STEP Foundations (Replaced ACT I)*	NA	NA	288
STEP - Intake	NA	NA	94
STEP - Investigations	NA	NA	94
STEP - Case management	NA	NA	111
STEP - Adoption	NA	NA	24

- Initial training for staff who train foster/adoptive providers: Table 26 -2

GPS Staff Co-Leader training (recently discontinued)*	62	NA	NA
GPS Staff Deciding Together Training (recently discontinued)*	33	NA	NA
TIPS - Staff Co-Leader training (Recently replaced GPS)	NA	134	298
TIPS - Staff Deciding Together training (recently replaced GPS)	NA	53	77

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.

In terms of Adoption training, it is not a required training unless the worker deals with adoption. We could use LETS to track who has not had the training. The County Supervisors tell us which staff need Adoption training and all of them are then enrolled. Thus, the number of staff who need it, but have not completed it, is zero. The completion of this training is also tracked by LETS, as described above.

The last training for (the now discontinued) GPS Co-Leader Certification training was 10/01/15 (as noted above, 62 DHR staff completed this training in FY 2015). The last training for (the now discontinued) Deciding Together Certification training was 09/02/15 (as noted above, 33 DHR staff completed this training in FY 2015). The first TIPS Staff Co-Leader Certification training was held on 03/16/16. The number of DHR staff trained in FY 2016 was 134, and in FY 2017, 298.

Table Item 26-1: TRAINING PROGRAM MATERIALS

	STRONGLY AGREE	AGREE	UNDECIDED	DISAGREE	STRONGLY DISAGREE	TOTAL	WEIGHTED AVERAGE
1. Well organized	71.73% 411	23.04% 132	1.75% 10	3.14% 18	0.35% 2	573	4.63
2. Clearly Written	72.60% 416	24.08% 138	2.62% 15	0.52% 3	0.17% 1	573	4.68
3. Easy to use	71.90% 412	24.26% 139	1.92% 11	1.57% 9	0.35% 2	573	4.66
4. Valuable to my learning	68.59% 393	26.53% 152	3.14% 18	1.57% 9	0.17% 1	573	4.62
5. Potentially useful to me back on the job	69.98% 401	25.48% 146	3.49% 20	0.70% 4	0.35% 2	573	4.64

As noted from reviewing tables in Item 26-1, there have been 573 respondents to the surveys for training program materials which was administered to each group of new workers (initial staff training). The average rating for all areas under the training materials section ranged from 4.62 to 4.68 and indicates that the respondents strongly agreed that the program materials were well organized, clearly written, easy to use, valuable to learning, and useful on the job.

Table Item 26-2: TRAINING PROGRAM CONTENT

	STRONGLY AGREE	AGREE	UNDECIDED	DISAGREE	STRONGLY DISAGREE	TOTAL	WEIGHTED AVERAGE
6. The concepts and skills taught were relevant to my job	70.86% 406	26.00% 149	2.09% 12	0.87% 5	0.17% 1	573	4.66
7. The program content was sufficiently challenging	60.03% 344	27.75% 159	4.01% 23	4.71% 27	3.49% 20	573	4.36
8. The program content was covered in sufficient detail	70.33% 403	25.48% 146	2.27% 13	1.75% 10	0.17% 1	573	4.64
9. The hands-on exercises (if applicable) were valuable to my learning.	68.76% 394	25.65% 147	3.14% 18	1.57% 9	0.87% 5	573	4.60

As noted from reviewing tables Item 26-2 There have been 573 respondents to the surveys for training program, content, which was administered to each group of new workers (initial staff training) The average rating for all areas under the training content section ranged from 4.36 to 4.66 and indicates that the respondents strongly agreed that the program taught a skill that was relevant, sufficiently challenging, covered sufficient details, and included hands-on exercises that were useful to the respondents.

Table Item 26-3: OVERALL TRAINING EXPERIENCE

	STRONGLY AGREE	AGREE	UNDECIDED	DISAGREE	STRONGLY DISAGREE	TOTAL	WEIGHTED AVERAGE
18. The training program met my learning objectives	69.11% 396	24.08% 138	4.01% 23	2.27% 13	0.52% 3	573	4.59

As noted from reviewing tables Item 26-3. There have been 573 respondents to the surveys for the overall training experience. The average rating for all areas under the overall learning objectives section average out to be a 4.6 to indicate that the respondents strongly agreed that the overall training experience and learning objectives were met.

Data / Data Trend – Item Assessment

Alabama Child Welfare Training (ACT I) has been the initial staff development and training program for staff. However, it has now been revised. The new training, Striving Toward Excellent Practice (STEP), has more of a focus on such areas as Trauma, Meaningful Casework Visits, Sexual Trafficking, Use of Psychotropic Medications, and the Involvement of Fathers.

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

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

The new curriculum began pilot in May 2017. Eight sessions of STEP: Foundations are currently planned for the rest of the fiscal year and more will be added as new staff are hired. Four sessions of Step 2 modules and two sessions of Step 3 are planned for this fiscal year. Since last year (2016) the OCWT has had no waiting lists for training. We anticipate that we will continue this trend with STEP as we are working closely with Field Administration to be sure that as soon as staff are hired, they are able to get into the necessary pre-service training. The Department utilizes LETS to track the training that is completed. All new child welfare workers are required to take STEP. Their status in our LETS codes them as required. Additionally we are working with our largest county, Jefferson, to certify some of their staff as STEP trainers, so that they will be able to train their new workers as they are hired in Jefferson. They currently have a training unit of six persons who will manage the training needs of their county.

Data from tables item 26-1 and item 26-2 (provided above) reflects the number of who have completed ACT/STEP training for the last three calendar years. There has been an increase in new hires within the Department in the last several years. New course are added based on the need and number of new staff each month. It should also be noted that the individuals represented here may not be currently employed with the state and this is due to a high turnover rate. Many individuals complete training; however, they do not remain employed with the department in the years following. The Department, with the exception of talking with supervisors/directors by phone, basically relies on the surveys to assess how well the training addresses the basic skills and knowledge needed by staff to carry out their duties.

Initial Training – Directors and Supervisors

In 2016, OCWT and The Child Welfare Policy and Practice Group worked together to develop a new Supervisor's curriculum called DHR Supervisory Management Training. This training was developed, piloted, and presented to all of the County Directors and Supervisors by December 2016. The OCWT will continue to present this training as new supervisors are hired at DHR. All supervisors have either attended or are on the list for the next available DHR Supervisory Management Training.

DHR Supervisory Management Training is conducted by The Office of Child Welfare Training. When the training was first developed, all Directors went through the training from 8/22/16 - 9/15/16. The training curriculum addresses a number of supervisory issues, such as: Basics of Core Supervision, Challenges of Being a New Supervisor, Supervisory Use of Authority, Supervisory Role in Leading the Work, Stages of Change and Worker Resistance, Working Across Generations, Team Building, Case Conferences / Unit Meetings, Time Management, and Self-Care.

In FY 17, eleven (11) sessions of Supervisory Management Training were conducted, which included the initial sessions for all current supervisors. As of 04/11/18, two sessions have been provided (this training is only provided for new supervisors).

Director's training is conducted by Field Administration and is tracked through LETS. An initial county director training has not occurred in two years; however, one is being planned now. The District Administrative Specialist, or DAS (within the State's Field Administration Division), holds initial conferences with each new director individually to go over the job, expectations, etc. Each new director is monitored closely by the DAS. Once a person is hired or promoted to supervisor, LETS sends them an email to sign up for DHR Supervisory Management Training. The OCWT then uses LETS to see who is eligible and signs them up for the next session.

Alabama Child Welfare Training (ACT I / STEP)

Strengths

Participant evaluations reflect an overall satisfaction of STEP. Participants are enrolled in Pre-Service training as soon as they are hired and added to LETS. Within a week or two of a person being hired, they are added to LETS. Once they are added to LETS they immediately begin receiving the pre-work (independent study) material.

- 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%.

Alabama Child Welfare Training (ACT I / STEP)

Challenges

- 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 2018.
- The county turnover rate continues to be an issue of concern for the Office of Child Welfare Training. Over the past year great efforts have been taken to insure that pre-service training is provided to all county staff promptly. Upon being hired, each county staff member is scheduled for STEP Foundations training immediately. Once they are scheduled, they will receive initial foundational training, along with training on the department's SACWIS system. Since STEP has been initiated, most staff have started training within 3 months of being hired.

Item 27. Ongoing staff training

Provide relevant quantitative/qualitative data or information that shows how well the staff and provider training system is functioning statewide to ensure that ongoing training is provided for staff that addresses the skills and knowledge needed to carry out their duties.

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.

Measurement Data - From the statewide DHR Staff / Stakeholder Survey:

What ongoing training modules are most needed in order to address the job skills and knowledge needed by staff (including direct line workers and supervisors) to carry out their duties?

Comments:

Some themes (suggestions) for ongoing training content included the following areas:

- Substance abuse assessment for DHR workers
- Engagement
- Time management
- Documentation
- Trauma
- Policy
- Completing the STEP training before receiving a caseload was a repeated request.

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. 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. There is variation because the needs of the counties can be different. One area of the state may have issues with a particular drug (opioids, etc.) and need a particular training. Our counties that are on the border had border training that was specific to them. A majority of staff training is captured on 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. The ongoing training described above could occur at different sites, including hotels, church's, etc. As additional training needs surface, the state has a committee of County Directors (all part of the County Director's Association) who can request, advise and suggest additional and future training sessions as needed.

We have also worked with The Child Welfare Policy and Practice Group to develop a new Supervisor's Training called DHR Supervisory Management Training. At this time all current Supervisors have either had the training or are on the list for the next training session. Supervisory Management Training is considered as initial training for new supervisors in a new position. We survey all of our Supervisory Management training groups six months after the training to see additional needs they may have. 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. We are working with the Child Advocacy Center to contract with them to present Child Protective Service and Child Sexual Abuse training for our workers. Our original ACT II modules for CPS and Child Sexual Abuse were developed by the CAC. As they receive training from the CAC, workers will benefit from their expertise in this field and their involvement will ensure that the curriculum stays current.

The Office of Child Welfare Training has received the necessary train the trainer training to continue this training for new child welfare supervisors as they are hired. The training curriculum addresses a number of supervisory issues, such as: Basics of Core Supervision, Challenges of Being a New Supervisor, Supervisory Use of Authority, Supervisory Role in Leading the Work, Stages of Change and Worker Resistance, Working Across Generations, Team Building, Case Conferences / Unit Meetings, Time Management, and Self-Care. Finally, the Department is in the process of developing an ongoing child welfare caseworker training called "STEP IT UP", which will supplement the current training of STEP. STEP I is the basic child welfare training for new workers, and STEP IT UP will be for addressing the ongoing needs of more experienced child welfare case workers. This training will address many practice areas, to include, but not limited to, underlying conditions, treating families with substance abuse needs, understanding and addressing trauma, working with victims of domestic violence, and much more.

Data / Data Trend – Item Assessment

Child Welfare Workers are enrolled as soon as they are hired in both STEP 1 and STEP 2 classes. With the updating of ACT I into STEP, the ACT II modules, in their current form, will no longer be presented. However, much of the information from ACT II: Substance Abuse, Child Protective Service, Child Sexual Abuse, Underlying Conditions has been integrated into the STEP modules (see table below). The completion of training hours is tracked through LETS, and the measurement of the quality of ongoing training is done via Survey Monkey.

Course Name	CY 2015	CY 2016	CY 2017
ACT II – Underlying Conditions	15	0	NA
ACT II – Child Sexual Abuse Intervention	5	0	NA
ACT II – Substance Abuse	0	0	NA
STEP - Intake	NA	NA	94
STEP - Investigations	NA	NA	94
STEP - Case management	NA	NA	111
Directors/Supervisor Management Training (with the Child Welfare Policy Group)	NA	282	28

Our Electronic Training Delivery system LETS continues to provide immediate training for STEP, Language Assistance, Confidentiality, and Worker Safety. These trainings are provided by Field Administration.

Course Name	CY 2015	CY 2016	CY 2017
STEP: Adoption	NA	NA	23
Adoption and Foster Care Analysis and Reporting System (AFCARS)	125	250	386
Alabama's Prudent Parent Standard	NA	NA	1539
The Child Welfare Practice Model	120	242	378
DHR Child Abuse Mandated Reporters	260	374	447
DHR Adult Abuse Mandated Reporters	2681	903	450
Domestic Violence and Child Welfare: Maximizing Family and Worker Safety	128	245	388
Family Services Language Assistance	NA	NA	1015
Drug and Alcohol Awareness	128	247	375
Confidentiality in the Work Place,	NA	NA	3825
National Youth in Transition Database (NYTD)	118	238	387
Putative Father Registry	121	253	393

Item 28. Foster and adoptive parent training

In 2016, the state began to transition away from Group Preparation and Selection training for providers and moved toward a more trauma-focused curriculum known as **TIPS-MAPP (Trauma-Informed Partnering for Safety and Permanency in the Model Approach to Partnerships in Parenting – NOTE: TIPS will be used in the 2019 APSR)**. The OCWT continues to offer the three day update and the full eight day certification training for TIPS (Trauma Informed Partnering for Safety), our foster and adoptive parent pre-service curriculum. We anticipated that we would need two years to update the certification for current GPS leaders to TIPS. At this point we are on target to complete this within the tentative two-year timeframe of April 2016 – April 2018.

We partnered with the Alabama Foster and Adoption Parent Association (AFAPA) as we continue the transition from GPS to TIPS. They have assisted us greatly in providing support through editing our county based handouts, and providing foster/adoptive parent co-leaders for counties who have struggled to get a co-leader. Until all counties and agencies are converted to TIPS, some counties will continue to use GPS. Once they have capacity for TIPS, they will begin and continue to use the new program. At this time approximately 95.5% of counties have completed either TIPS 3-Day Update Certification or TIPS 8-Day Certification trainings.

The Office of Child Welfare Training has begun training certification training for leaders, certifying foster/adoptive parents and providers of residential services for 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.

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.

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.

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.

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.

Training for therapeutic foster care providers is offered and provided by the contract agencies which provide that particular 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. The Minimum Standards for Residential Child Care Facilities require staff development training for staff that consists of orientation, New Hire training, and annual continuing education. The required documentation of training is maintained in the employee's personnel file. Prior to the initial site visit before issuing the 6 month permit, State DHR must approve the facility policy regarding training. This policy must comply with the Minimum Standards for Residential Child Care Facilities.

Within six months after the six month permit has been given, a site visit will be conducted. Personnel records will be checked for compliance with training requirements. Licensing renewals are conducted every two years. During the site visit of the license renewal, personnel records are checked for documentation of initial and on-going training.

Requirements of Minimum Standards:

Staff Development

The following staff development training is required for all staff:

1. Orientation

- a. New staff shall receive orientation within 30 days of employment.

Orientation will cover:

- Agency philosophy, policies, and procedures.
- Generally accepted principles of child care and behavior management practices.
- Overview of the Child Care Institution, Group Homes, and Child Placing Agencies
- Confidentiality issues.
- *Reasonable and Prudent Parenting Standard training
(Residential child care facilities must have one trained official in RPPS onsite to be the designated caregiver authorized to apply the reasonable and prudent parent standard. This person must be approved by DHR).

- * All residential child care facilities must have a staff member trained in RPPS who will be responsible for approving requests to participate in age and developmentally appropriate activities. A designated staff member must receive training and approval by SDHR prior to training facility staff.

- b. This program must be under the supervision of qualified staff and appropriate to the position being assumed by the new employee. Completion of orientation shall be documented in the employee's file.

2. New Hire Training

- a. Training consisting of a minimum of thirty (30) hours of actual training time will be given within the first one hundred eighty (180) days of hire
- b. The training shall consist of the following components:
 - Child Development
 - Behavior Management
 - The Process of Grief and Loss
 - The Dynamics of Attachment and Separation
 - The Value of Families
 - Individualized Service Plan *
 - Identifying the Strengths and Needs of Families and Children
 - Behavior as an expression of Underlying Needs
 - The Value of Partnerships
 - How Children Enter the Foster Care System
 - Family Implications among Agency Personnel
 - Overview of the R.C. Consent Decree *
 - Understanding and Valuing Cultural Differences

* Exemptions from these sections are allowed for agencies not accepting DHR children into placement.

3. Continuing Education

- a. After the first anniversary of employment, a program of in-service training will provide staff with a minimum of fifteen (15) hours in-service training annually. Participation at conferences and workshops may be included as part of the 15 hours as documented by attendance certificates.
- b. Training may include, but is not limited to:
 - Child Safety Issues
 - Crisis Intervention/Engaging Families
 - The Impact of the Media on Children
 - Effects of Multiple Placements
 - Cultural Sensitivity and Responsive Services
 - Significance of Birth Families
 - Substance Abuse
 - Gang Activity
 - Universal Precautions and Infection Control
- c. Reasonable and Prudent Parenting Standard training must be provided annually.

As a part of recruitment plan follow-up counties were asked to self-report how many families completed GPS/TIPS last year. When Federal regulations have been changed, customized plans for providing training to already approved FP's are developed, as well as plans for adding this training to the requirements for new (incoming) foster parents. For example, when it became necessary to incorporate reasonable prudent parenting standards (RPPS) into the foster parents training plan, training materials were developed and a statewide training initiative was implemented so that all existing approved foster parents received a three - hour training on the standards. The training included relevant county DHR staff, therapeutic foster care providers and all facilities providing congregate care. Identical training materials were put on the Department's LETS training site as well as a separate site for all non-departmental training staff. Any foster parent unable to make it to the initial round of training was trained by their respective county staff. New foster parents entering the system were trained on RPPS as part of the TIPS training process. This way all current and future foster parents would be trained on the same materials for consistency.

Measurement Data

The number of certified TIPS leaders is 295. The number of certified Deciding Together (DT) leaders is 48.

Data / Data Trend – Item Assessment

The Quality Assurance Division has developed and initiated clear and precise trauma-focused training geared toward the development and capacity building of initial and ongoing foster parents/ training. Alabama has a set of strict approval standards that apply to all child care institutions, child placing agencies and approved foster homes. Providers are required to comply with training requirements as required by Minimum Standards for Child Placing Agencies, Minimum Standards for Residential Child Care Facilities, Minimum Standards for Family Foster Homes, and

Therapeutic Foster Care Guide. Providers are responsible for tracking and documenting all training in the personnel files of all staff members.

TIPS

Initial and follow-up training sessions are held in a variety of places, such as DHR offices, church facilities, offices of child placing agencies, etc. No accessibility issues have been brought to the Department’s attention.

Strengths

- The Department requires successful completion of a pre-service curriculum for foster/adoptive applicants. Thus, no one is approved as a resource without completing GPS or TIPS. However, the Department needs to establish a tracking report that provides information on prospective resource parents who complete TIPS, as well as those who are subsequently approved as a resource family.
- 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.
- 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. The number of resource records reviewed is based on the total number of approved homes at the time of the review (see below).

Number of Approved Homes	Number of Records to be Reviewed
1-25	5
26-100	10
101-200	20
201	30

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. The AFAPA state conference had 350 attendees that were offered fifteen hours of training per person. There were approximately 250 county association training meetings, and each meeting offered 1 to 2 hours training hour credits per session with an average of twenty participants per training. The AFAPA board members and SDHR offered at least 15 training sessions with three hours of training hour credits per person. One training had more than two hundred attendees with each attendee receiving three credit hours. All together approximately 500 individuals were trained. CAS/APAC (post-adoption service provider) provides an onsite and webinar based training at no-cost to foster and adoptive parents. See Item 30 for more information.

Participant evaluations reflect an overall satisfaction of the GPS Co-Leader and TIPS Co-Leader Certification Training.

Three Day Update Training Ratings (1 = lowest; 5 = highest)

	1	2	3	4	5
Training program was of great overall benefit to me	0	0	5	26	160
Content of this training program had considerable practical application to my work	0	0	4	23	163
Training program will enable me to put new ideas and skills into practice	0	0	5	23	163

Eight Day Certification Training Ratings (1 = lowest; 5 = highest)

	1	2	3	4	5
Training program was of great overall benefit to me	0	0	0	12	58
Content of this training program had considerable practical application to my work	0	0	3	7	59
Training program will enable me to put new ideas and skills into practice	0	0	2	9	59

TIPS / Deciding Together Training (1 = lowest; 5 = highest)

	1	2	3	4	5
Training program was of great overall benefit to me	0	0	0	9	41
Content of this training program had considerable practical application to my work	0	0	0	7	43
Training program will enable me to put new ideas and skills into practice	0	0	5	8	42

OCWT/Department staff coordinates and partners with the various contract providers who need the training for their staff.

- 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.
- 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:

1. 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.
2. The CFSR has documented the effectiveness of the MAPP programs in the following areas: reduced incidence of child abuse/neglect in foster care; reduced recurrence of maltreatment; reduced foster care re-entries; reduced length of time to achieve reunification; reduced length of time to achieve adoption; and, increased stability of foster care placement.
3. Alabama's Best Practice Indicator #29 – Foster parents and caregivers are provided with the supports necessary to meet the needs of the children in their care, was rated a strength 85% of the time in state onsite QA reviews in FY 17.

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.

In the statewide survey of foster/adoptive parents and relative caregivers, question 8 was:

"Do the DHR STAFF provide you with the needed supports, services, and training that enable you to carry out your duties and responsibilities"?

This was responded to by 629 respondents as follows:

NEVER	2.38%
RARELY	8.59%
OCCASIONALLY	15.26%
OFTEN	13.83%
USUALLY	22.58%
ALMOST ALWAYS	37.36%

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. In the 2017, SQA completed 15 Resource Assessments.

- Findings from the resource record reviews conducted during on-site State QA reviews indicate that the material for which families are given credit does not always agree with the intent of continuing education training requirement (i.e., credit is sometimes given for reading material that is of a fictional nature, etc.) – this is true in some, but not all counties. The Resource Record Review (RRR) sheet asks about on-going training requirement being met. (yes/no question). Until FY 2017 (and thus far in 2018) FSD was not provided copies of the RRR. The review sheets are typically

provided to the county upon completion of the review. However, neither State QA nor the local/county QA staff necessarily maintain copies of their review sheets.

- 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 LETS has the capability to register county staff for TIPS 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 Co-Leader 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 TIPS 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. According to the Children’s Alliance of Kansas our State currently has more Certified Master level trainers than any other state. If our numbers get to be low, we have the plan to contract with them to attain more.
- 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.

Training data – GPS / TIPS Co-Leader:

Course Name	CY 2015	CY 2016	CY 2017
GPS Staff Co-Leader training (recently discontinued)*	62	NA	NA
GPS Staff Deciding Together Training (recently discontinued)*	33	NA	NA
TIPS - Staff Co-Leader training (Recently replaced GPS)	NA	134	298

Program Support

Describe the state's training and technical assistance provided to counties and other local or regional entities that operate state programs and its impact on the achievement of CFSP/APSR goals and objectives since the submission of the 2015-2019 CFSP. Describe training and technical assistance that will be provided by the state in the upcoming fiscal year.

Staff from the Office of Quality Assurance provides periodic training to county quality assurance systems based on the needs and requests of the counties. Training is provided to new quality assurance coordinators as well as county quality assurance committee members from the duties of coordinators to the completion of QSRs. Additional technical assistance includes Specialist review of QSR write-ups and county biannual reports to provide feedback on the merits of those reporting formats as well as on practice issues as needed. Program Specialists and program supervisors in the Office of Adoption provide training and technical assistance to counties and stakeholders in the following manner:

Adoption Intake Specialist – provides telephone support to county workers, supervisors, attorneys, probate judges' offices on a variety of adoption –related tasks. 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. During the 2017-2018 portion of this reporting period, the Intake Specialist continued to serve on an Adoption Sub-committee for the Alabama Law Institute. The Sub-committee comprised of a number of judges, attorneys, law professors and other representative from the Department has been charged with the task of reviewing Alabama's Adoption Code and recommending changes as indicated. It is estimated that this sub-committee's work will take the next two years.

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. The Adoption Subsidy Specialist has also provided training during the statewide conference of the Alabama Foster & Adoptive Parent Association. Adoption Program Supervisor positions are currently vacant. The Program Manager currently provides phone support as well as on-site training to counties in the area of diligent recruitment planning and then implementing those plans. Further, the Program Manager participates in select staffings to discuss best practice, appropriate matches, and other permanency issues.

Describe the technical assistance and capacity building needs that the state anticipates in FY 2019 in support of the CFSP/APSR goals and objectives. Describe how capacity building services will assist in achieving the identified goals and objectives. The Office of Adoption plans to submit a request to the NRCDR for assistance in developing policies and procedures for use of social media in recruitment. During planning meetings with the Capacity Building Center, review of our Adoption Subsidy policies has discussed. This need has also been expressed to the Atlanta Regional Office. Alabama began work with the Capacity Building Center for States in July 2015 with an abbreviated meeting to gather information for assessment. Jacqueline Melton is Alabama's assigned liaison with the Center. Our Children's Bureau Regional Office Specialist, Donna Dummett, was in attendance, as well as state leadership and management. An assessment summary was produced which captured agency strengths and needs and the potential areas for capacity building. A Work Plan was developed for deeper problem exploration. A Capacity Building Work Planning Meeting was held on August 18, 2015 for the purpose of reviewing the Assessment Summary and the Theory of Change. In so doing, a high level Theory of Change was created for work related to capacity building for our state.

Alabama has been in communication with HHS's regional office and a liaison from the Capacity Building Center for States, through ongoing conference calls. This effort has been a collaboration between the Family Services Division's (Office of Data Analysis) the Division of Quality Assurance. The two Divisions have been sharing information around child safety, and permanency to assess the cause(s) surrounding the increase of children coming into the care and custody of the Department. The calls are also focused on the next steps related to capacity building assistance that will be requested. An informal preliminary assessment has been completed, and it was determined that assistance could be provided around continuous quality improvement, advanced data management and root cause analysis training. The two divisions are to collaborate with the guidance of the Capacity Building Center for States to develop next steps. Early conversations around the CFSP PIP planning led the Department to decide to draw upon the knowledge and expertise of the PIC. We are also calling on other states best practices for their experience and input. Collaboration with the Capacity Building Center for States continues in other respects, with future TA already under discussion.

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

Evaluation and Research- DHR’s Office of foster care 0 to Five Stakeholder group- linked with Alabama Quality Stars. A five year research project to explore how STAR rated programs demonstrate commitment to quality early care and education. This research project addresses areas that are critical to the overall development of children. The standards at each STAR level reflects the importance of impacting early care and education based research. There are four component areas in Alabama Quality STARS: staff qualifications and professional development, management and administrative practices, learning environment and curriculum, and family involvement/community partnerships. These centers are open to all of our children in care as well as our CPS families. Alabama Quality STARS is a ‘building block” system. Centers must meet all requirements at a STAR level before moving to the next level. Because Minimum Standards licensing requirements are the foundation on which this program is built, participating centers must be licensed. This is especially of interest to our 0 to 5 stakeholder group due to the standard of all Alabama foster children being placed in only licensed day care centers. An Alabama Quality STARS representative is an active member of our stakeholder group.

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 the Director, three Deputy Directors, and Program Managers for Family Services.

See also: Continuous Quality Improvement Through Partnership with the Office of Quality Child Welfare Practice, under the Systemic Factor of Quality Assurance System.

Systemic Factor V: Service Array & Resource Development

Item 29. Array of services – see also individualized services listed under Item 30

Measurement Data - From Staff/Stakeholders and Court Surveys

DHR Staff / Stakeholders (DHR S / S) & Court

Are services accessible statewide and within the county that assess / address child/family needs for safety, permanency, and well-being?

Audience	# of Respondents	Never	Rarely	Occasionally	Often	Usually	Almost Always
DHR S/ S	413	0.24%	3.39%	15.25%	19.37%	35.84%	25.91%
Court	336	1.19%	6.55%	16.67%	19.35%	31.85%	24.40%

Comments:

- Some of 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. North Alabama had some citations of specific needs across the array of resources.
- Attention to services available could be strengthened by virtue of having a statewide resource web page that was carefully updated and provided a ready means of seeing the services available in each locale, as well as current openings. In terms of residential placements, having a statewide registry that is maintained would allow workers to see openings or allow facilities to match client needs based on the criteria entered.

The below benchmark data is from the cases reviewed by state QA staff using Alabama’s QSR protocol, and of the case reviews conducted, reflects the frequency with which the particular item was rated a strength (see page six of the SA for time frames). The measurements related to “Indicators of Best Practice” (50 in total), are from onsite reviews conducted by the state QA office and reflects the percentage of counties (reviewed in FY 2017) in which the particular indicator was rated a strength of county practice.

QA Benchmark #4:	Resource Development and Utilization:	68%
Indicators of Best Practice:	Item – 27, Service Array:	100%
Indicators of Best Practice:	Item – 28, Parents provided w/ ample supports:	62%
Indicators of Best Practice:	Item – 29, FP & Caregivers have ample supports:	85%
QA Benchmark #4:	Cultural Accommodations:	93%

QSR Data on CULTURAL ACCOMMODATIONS: Item Description

Are any significant cultural issues of the child and family being identified and addressed in practice? • Are strategies, services, and supports provided made culturally appropriate via special accommodations for the family in the engagement, assessment, planning, and service delivery processes used by the practitioners involved?

In onsite reviews and the use of the QSR, no issues have been identified that shows services across the state are not culturally sensitive. Aside from and in addition to the statewide survey, an inquiry was sent to all 67 counties in March 2018 requesting examples of how the counties have responded to the culturally diverse populations they serve. Not all counties responded, but the following are some of the examples provided.

Several examples of providing families with interpreting services were cited. The majority of the families to receive the service were Spanish speaking; however other counties identified using the service for Vietnamese, Haitian and French speaking families. In one county, the county utilized an interpreter for a deaf family member who used American Sign Language. Use of the translator services is primarily a strength throughout the state; however a need has been identified for more interpreters to address the increasing need and more interpreters for all of the Guatemalan dialects.

Several counties reported ensuring children’s religious identities were protected while in care. In one county, the foster parents were Jewish. The department and the county worked together to ensure the children, who identified as Christian, were able to celebrate Christmas as they had prior to coming into foster care. Examples were also provided where accommodations were made to allow Hispanic children to attend Hispanic churches while in care. One county provided an

example of children that identified as Seventh Day Adventist. The foster parents were not associated with the Seven Day Adventists. Arrangements were made for a foster family affiliated with the church to provide transportation for the children to church. Another county reported working with a family who identified as Muslim. The mother requested the foster parents not serve the children pork and the foster family agreed to respect the mother's beliefs.

Some counties reported working with different Native American Tribes to ensure ICWA was followed. One county reported working with a Native American Tribe, after the tribe claimed jurisdiction, to secure ground and air transportation for the family to return to the reservation. Another county reported working with a Cherokee Tribe for a potential tribal placement for a 16 year old female. The juvenile judge and ISP team members participated via conference call with the tribe to facilitate the plan.

Two counties reported working with either a foster child or potential foster parent with sexual identity. In one county, a foster child, who was questioning her sexuality, requested to be placed in a same sex foster family home. The county was able to locate a same sex couple that was open to her being placed in their home. Another county reported a potential foster parent had concerns she would not be approved as a foster parent because she was not born female. The county assured her she would not be treated or judged any differently than any other potential foster parent throughout the selection process.

Most counties reported a need to access more interpreters for ISP meetings. There is also a need for more providers (counselors, psychologist, etc.) who speak Spanish. It is also recognized that workers do not always identify or assess when cultural differences are present and their impact on service provision. There is a need for ongoing cultural awareness training throughout the state.

Data / Data Trend – Item Assessment

Onsite reviews for fiscal year 2017 identified the best practice indicator for “Service Array” was rated 100% as strength. 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.

“Supports to Parents” was rated as a strength in 62% of the QSRs conducted and “Supports to foster parents/caregivers” was rated as a strength in 85% of QSRs conducted. 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.

Identified barriers 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.

In the QSRs completed for the fiscal year 2017, Resource Development and Utilization had an overall average of 68% as strength (which includes both in-home and foster care cases). QSRs completed by the State QA team identified the availability of in-home services and limited substance abuse services; however utilization of the services was identified as an issue. Issues concerning the utilization of services included: lack of engagement with family, lack of transportation and families left to initiate their own services without worker support.

Child & Family Services Continuum

Beginning on 10/01/16, the Department combined services formerly provided under the Continuum of Care and FOCUS contracts within a new Intensive In Home Services (IIHS) contract. The services are available in all 67 counties and slightly increased total slots available. There are currently 542 IIHS slots statewide; prior to the new contract, there were 490 slots available (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. These programs have the flexibility to design individualized services that are family driven and youth/child focused. The process for identifying services was initiated by a committee being established to assess the state at Commissioner Buckner's request. 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 Preservation Services – Intensive In-Home Services (IIHS)

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. 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 SDHR Office of Resource Development and Utilization Review has an assigned Program Specialist who consults, monitors and evaluates the programs. Providers have face-to-face consultation staffing with counties and she attends meetings in different counties. She also reviews monthly summaries that providers send to the county on a monthly basis for each family being served by IIHS. Reviewing and compiling monthly data is also a job requirement that she completes. Phone consultation is provided by the Program Specialist as well regarding any cases. Programmatic site visits are completed. If the program falls below standards or is not meeting core services the provider is asked to complete a plan of action in which she monitors. The Program Specialist also acts as the liaison between the counties and IIHS providers.

IIHS workers will provide services to a maximum of 4-6 families per worker. Providers may serve families for six to nine months and may request extensions from SDHR if additional service time is needed. The family also receives aftercare services for 90 days and is tracked at 3, 6, 12 and 24 months. The supervisor in the program and the DHR worker helps Specialists to determine when to conclude or extend services. The decision to extend services may be largely based upon the likelihood that continued services will substantially decrease the likelihood of placement occurring. SDHR Program Specialist approves the extension and period of time. The current caseloads still allow staff to work intensively with families to reduce barriers and increase family preservation and reunification.

It is anticipated that the services being provided (through IIHS) ensure that no family is experiencing a lengthy wait for services to be provided. At the time of the initial referral, an intake assessment meeting which meets Medicaid requirements will be completed by the DHR worker. IIHS staff are required to contact families face-to-face within 24 hours (immediately if an emergency) from the time of the referral, to conduct their initial assessment of family needs and strengths. If the IIHS provider is unable to contact the family within 24 hours, the DHR referral worker must be notified. IIHS staff and referral workers must maintain contact at a frequency sufficient to address the circumstances and needs of families. All referrals received will be listed in chronological order and contacted in the order of referral. The local County DHR Director or Resource Supervisor will reserve the right to advance a referral on the waiting list deemed to need immediate services. If there are no openings, DHR staff will look for another IIHS Vendor. Families needing crisis intervention will not be placed on the waiting list until the crisis has been stabilized. The IIHS Supervisor will contact the DHR referral worker, within two days of an anticipated opening, to obtain updated information and arrange an initial visit with a new family. Any variation of this procedure must be approved by the local County DHR.

The waiting list has the date of referral and the SDHR Program Specialist monitors the monthly reports that has the number of families on the waiting list. DHR also monitors the waiting list as well. The provider intake also has the date of referral and date of acceptance that can be viewed during programmatic site visits. Providers also discuss the waiting list during monthly county staffing's where the county has the authority to advance a family on the waiting list based on need or safety. Follow-up (on services offered through IIHS) should reflect that safety for children is being maintained. The safety of the child is the highest priority. IIHS staff will respond immediately to family crises, and workers generally see families within 24 hours of referral. This information can be identified through the site visits by looking at the intake and any incident reports. Referrals are also discussed in the monthly meetings. They meet with families in the home which allows for a more thorough assessment of safety and opportunities for effective intervention. There is no data available in terms of a spread sheet; however, information can be found on the intake form and in case narratives.

Number of Preservation Families Served: 402	Adults: 742	Children: 955
Number of Reunification Families Served: 586	Adults: 777	Children: 969

Children's Aid Society	Northwest Alabama/Southwest
Christian Services for Children	West Central Alabama
Family Services of Calhoun County	East Central Alabama
Gateway	Central Alabama
	East Central Alabama
	Jefferson/Shelby
	Northeast Alabama
	Northwest Alabama
	Southwest Alabama
Lee County Youth Development	East Alabama
Presbyterian Home for Children	East Central Alabama

SAFY of Alabama	Central Alabama Jefferson/Shelby Northeast Alabama Northwest Alabama
Seraaj Family Homes	Central Alabama East Alabama East Central Alabama Jefferson/Shelby Northeast Alabama
Tuscaloosa's One Place United Methodist Children's Home Youth Advocate Program	Tuscaloosa Hub Southeast Alabama Jefferson/Shelby Southwest Alabama
Youth Villages	Jefferson/Shelby Southwest Alabama

The counties in each region are as follows:

- Southwest: Mobile, Baldwin, Escambia, Conecuh, Monroe, Washington, Clarke, and Choctaw.
- Southeast: Covington, Coffee, Geneva, Dale, Houston, Henry, and Barbour.
- Central: Montgomery, Lowndes, Butler, Crenshaw, Pike and Bullock.
- West Central: Marengo, Wilcox, Dallas, Perry, Autauga, and Chilton.
- East Alabama: Russell, Macon, Lee, Elmore, Coosa, Tallapoosa and Chambers.
- Tuscaloosa Hub: Sumter, Greene, Hale, Pickens, Tuscaloosa, Bibb, Jefferson and Shelby.
- East Central: Cherokee, St. Clair, Calhoun, Cleburne, Talladega, Clay and Randolph.
- Jefferson/Shelby: Jefferson and Shelby
- Northwest: Lamar, Fayette, Walker, Marion, Winston, Franklin, Lawrence, Colbert, and Limestone
- Northeast: Madison, Jackson, Morgan, Marshall, Dekalb, Cullman, Blount, Etowah.

Every county in the state has access to IIHS, by virtue of the regional locations noted above. In terms of waiting lists, two counties were identified as needing (and being allotted additional slots; Lee County receiving ten (10) additional slots, and Bibb County receiving six (6). A couple other counties have indicated that providers are not able to work enough cases since going to longer time frames for the intervention work being done. In terms of service access, cases are prioritized based on the most urgent need. Each county director or program manager has the right to move someone up on the list based on crisis or need. Counties are also reminded to utilize other IIHS providers if they have openings to place other services in the home if IIHS cannot get into the home immediately.

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

Family support emphasizes a proactive approach toward preventing problems and helping families to function more effectively while fostering a sense of family self-sufficiency and empowerment. Family Support is not a "service" in itself. It is an improved approach to working with families, and is a departure from traditional thinking.

Approaches to Practice include:

- Long-term thinking (recognizing that changes in behavior take time and being willing to make a long-term commitment to families vs. relying on quick, easy solutions to serious problems).
- Emphasis on the prevention of crisis vs. emphasis on crisis intervention (treating problems after they have occurred).
- Seeing strengths of families (being aware of areas where families are able to function).

- Recognizing and affirming cultural differences vs. ignoring and/or devaluing cultural differences.
- Expecting much of program participants (families are seen as resources to the program) vs. expecting little of program participants (families are not expected to make any contribution to the program).
- The aspirations of individuals with different social and economic statuses are similar. Only their degrees of access to resources differ vs. believing that individuals of lower social and economic status have different aspirations than those with higher status.
- People have different kinds of knowledge (families have their own areas of expertise) vs. professionals have the right kind of knowledge (reliance on experts to have all the answers).
- “Families set norms and goals for themselves vs. the organization setting norms and goals for families.
- Families and practitioners choose solutions for families together vs. practitioners choosing solutions for families. Of course, this is also done through the Individualized Service Plan as well vs. practitioners choose solutions for families.
- Program staff and families share power vs. program staff have power over families using programs.
- My views and values are different vs. my (e.g. agency) views and values are better.

The above approach basically assists with engaging families as partners and helps them to develop their own capacities. Practice suggests an ongoing refinement, modification and learning. We when partner with the families they continually learn, discover, and develop their own potential. As a result we are afforded the opportunity to form strengthening relationships with families along the way and we are able to teach how to develop and nurture relationships. As a reminder, as a result of building relationships of trust, equality and respect we help families meet their needs while increasing their capacity to independently meet those needs.

When a family is referred to IIHS, the program will provide the majority of the services that are needed to achieve a permanency outcome. There are some counties who are requesting additional slots. Services are identified through the ISP. IIHS utilizes a team approach (Family Support Worker, Therapist and Supervisor); therefore, the county can utilize one provider for services rather than having to place multiple providers in the home. The request for proposals (RFP) identifies the following cores services must be provided:

- Schedule and coordinate the child’s treatment plan, initial treatment plan within 10 days, the comprehensive treatment plan within 30 days and reviews every 90 days. All treatment plans developed should be coordinated with the DHR county social worker and based upon the goals established in the ISP.
- Include discharge planning from the point of admission with emphasis on moving toward stability, safety and permanency as quickly as possible.
- Conduct 2 or more (as needed) in-home face-to-face contacts per week with the family.
- Provide face-to-face or telephone contact with school, therapists or other providers, once per month or more as needed, to monitor the child and family’s progress.
- Assist in the referral to other programs/services, advocate for the child and family by accompanying them to appointments as identified in the ISP including the coordination of transportation, family visits and activities.
- Provide education and support to enhance the child and family’s ability to function independently by assisting the family with locating and appropriately utilizing community resources, services and activities (housing, food, clothing, transportation, etc.).
- Provide family support with the birth family, supervise family visitation as outlined in the ISP/Treatment Plan (educating on the needs of the child, their illness, expected symptoms, medication management, parenting support, support educational advocacy and to encourage school success as identified in the ISP.
- Attend ISPs, IEPs, court hearings and other appointments along with the child and family to assure coordination of services.

- Provide progress/summary report to the referring DHR worker on a monthly basis and prior to any Family court hearing.
- Assist in creating a behavior management plan for the child with other members of the ISP team. (DHR shall assume the responsibility of completing behavioral management plans on all children that require them).
- Participate in the development of the safety plan as needed.
- Provide Crisis Intervention services on a 24/7 days a week basis, as needed, to alleviate a crisis for the child.
- Provide weekly consultation with DHR and an immediate response in the event health or safety issues pose a threat to the child.

Some examples of skills identified in the ISP that are taught by the Family Support Worker include: communication skills, budgeting, parenting (child development, positive disciplinary techniques, infant care, etc.) household management, coping skills, how to deal with parent-child conflict, behavior modification, setting rules, boundaries, how to build healthy relationships and seeking independence by learning how to access services and advocate for themselves and children. The state has the capacity to provide statewide, the individualized, Intensive In-Home Services (IIHS) that are needed. And, while the state is responsive to adding needed slots in a given region, there are times when the demands for IIHS still exceed the capacity to provide such services until the approval for additional slots has occurred. As the state continues to monitor needs and service delivery, attention will be given to determining ways in which “system prompters” can be more routinely provided and addressed. Still the state has made much progress, in that previously the Continuum Providers were in a select few counties. Since combining programs, counties are able to have access to multiple providers in their region versus one provider to choose from.

In reviewing data for FY 2017, it was noted that a number of vendors were placing families referred on waiting lists (range of 17% of referrals to 42%), or cited other reasons for delays (e.g. no openings, no slot available, or at capacity). There are 12 vendors who provide IIHS Services in the State of Alabama. They are listed below along with the regions they serve.

Family Preservation Services - Family Service Centers

The Family Service Centers are administered by the Family Preservation and Support Services (FP/SS) Programs, funded by Title IV-B, Subpart 2, “Promoting Safe and Stable Families Act”. The contracts are awarded Through the Request for Proposal process. Service interventions are based on a set of beliefs about children and their families that: 1) children belong with their families if they can safely live at home; 2) most parents love and want their children; 3) most maltreatment is an expression of an underlying, unmet need; 4) most people can change; 5) all children need to experience permanency in their lives; 6) and when children cannot continue to live at home, they still need family and community connections. There are eleven (11) Family Service Centers located throughout the state. The county locations are as follows:

- Madison: (North Alabama) 509 unduplicated families
- Calhoun: (Northeast Alabama) 2,764 unduplicated families
- Talladega – two locations (Northeast Alabama) First FSC- 2,184 Safe FSC-15,678 Unduplicated Families
- Chambers (East Central Alabama) Circle of Care 1,121 Unduplicated Families
- Russell (East Central Alabama) Children and Family Connection- 562 Unduplicated Families
- Montgomery/Lowndes (Central Alabama) The Center for Families-3,179 Unduplicated Families
- Houston (Southeast Alabama) Alfred Saliba FSC- 2,718
- Baldwin (Southwest Alabama) 531 Unduplicated Families
- Tuscaloosa (West Central Alabama) Tuscaloosa’s One Place 1,837 Unduplicated Families
- Jefferson (North Central Alabama) The Center for Families 4,001

During FY 2017 the total number of families served across all eleven locations was 35,084. Although the total, collective numbers per quarter (of 8773, 8579, 9588, 8144) represented an unduplicated count of families per each quarter, certainly the total number in all likelihood reflects a duplication. See below for a reflection of the services and supports that are offered. Families have access to other services on site and not just the ones funded by FP/SS; however, we count the families served by DHR funded programs. Numbers are routinely high in providers where programs utilize funding across the board and not just one specific program. As of Oct. 1, 2017, unduplicated children may be tracked as well. According to the RFP, each provider only has to serve 200 DHR families; however, they go above and beyond that. The whole purpose of Family Service Centers is to hopefully provide services in the community that are not a duplication of services provided by other agencies, in hopes of preventing children from entering care, or at least reducing the number who do.

The counties listed above are the only counties in the state that have FSC's that receive funding from SDHR (there are a couple more FSC's in the state, but they do not have a contract with us for funding). The FSC's listed above serve only the county in which they are located, with the exception being the FSC located in Montgomery County, that also serves Lowndes County. The Department has worked with the FSC's listed above for many years. The providers have DHR representatives (Mostly DHR Directors), community leaders, and consumers on their advisory boards who assess the needs within the community. They receive other grants for services and develop services within the range of their budget. Due to state budget, FSC's have not had an increase in funding for several years; therefore, unable to expand into other counties. At this time the children/families in any of the counties listed above are not experiencing undue delays or waiting lists in terms of access to services offered by the Family Service Centers.

Family Service Center sites are located in targeted counties/communities where there is a high concentration of families in need services to address their safety and stability issues. Family Service Centers provide: adult and family support program; parenting programs and youth-based programs. **Adult and family support programs** include the following: adult education, case management, counseling, employment preparation; English as a second language; financial assistance (food and clothing closets), literacy (adult education, etc.); marriage enrichment; medical; respite care; supervised visitation; and transportation. **Parenting programs** include: parenting education classes; support services (daycare), fatherhood; home visitation. **Youth-based programs** include: academic support, after-school support, mentoring, internet safety, personal safety; parenting education; pregnancy prevention; relationship education; substance abuse prevention; and violence prevention.

Core services provided by family service centers are based on a comprehensive assessment process that results in goals identified by the families. These services include: assessment and service planning, case management; and services which support families and parents, such as preventive, educational, or respite services. For example, parents might receive in-home services to coach and teach anger management or conflict resolutions skills, or parents might attend workshops which support their self-sufficiency, etc. They also provide services which address families' survival needs, including clothing, food, housing and transportation; family focused counseling, treatment, and therapy to address family functioning. The goal of such services is to strengthen and empower families so they can meet the needs which led to the occurrence of child maltreatment. Case management services are provided as a part of core services to facilitate access and follow-up. The **Family Service Centers** continue to provide many other supportive services that are not classified as core services; however, the reporting database no longer provides totals for these services. The variety of quality assurance processes in place indicates that the overwhelming majority of the Centers are meeting community needs and enabling families to become safe and stable.

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. We currently have over 799 children in Therapeutic Foster Care; this includes 101 children in TFC with Enhanced Services. There are 15 providers of TFC. The state has not experienced any waiting lists for TFC and matching of a child's needs to available services/supports consistently takes place. The 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. These services are tailored to each child's needs which may include, but not limited to:

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

Residential Services

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. During FY17 the following slots of service were available in the different programs: 6 slots in crisis stabilization; 213 slots in basic residential; 236 slots in moderate residential; 91 slots in transitional living; 93 slots in independent living; 32 slots in mothers and infants; 482 slots in intensive residential; 110 slots in sexual rehabilitation; and 40 slots in RISE. The RISE program serves youth up to 21 years of age that present with challenging behaviors and mental illness diagnoses. State QA identified **Sufficient Service Array** in 100% of counties in 2017 that experienced onsite reviews. 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.

Out of State Intensive Residential Placement 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. As it is the duty of the Department to serve these children and as the facilities in Alabama are not always equipped to do so, resources outside the State are sometimes required. 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 the Family Services Division and the Deputy Commissioner, Children and Family Services. Currently there are 11 youth placed out of state in Tennessee, Georgia, Kentucky and Virginia.

As of 01/31/18, the approximate number of children placed in-state in the respective age groups & programs were as follows:

	18+	16-17	14-15	12-13	10-11	7-9	6	<1	TOTALS
Mom & Infants	15	7	1	0	0	0	0	0	23
Residential - Basic	22	59	42	28	22	13	0	0	186
Residential - Moderate	28	83	48	27	9	2	0	0	197
Residential - Intensive	56	149	128	79	38	28	1	1	480
Crisis	0	3	1	1	0	0	0	0	5
RISE	3	13	5	3	0	0	0	0	24
RISE - Phase II	11	0	0	0	0	0	0	0	11
Sexual Rehabilitation	12	26	33	24	6	4	0	0	105
ILP	57	0	0	0	0	0	0	0	57
TLP	50	24	0	0	0	0	0	0	74
TOTALS	254	364	258	162	75	47	1	1	1162

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. The programs must assist with care for the infant during the hours that the young mother is developing her skills in parenting and preparing for Independent Living. An increase has been noted in terms of teen moms and their children being placed together. As of 12/31/17, there were 74 ILP age youth who were parents.

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

The Moderate Residential Care Programs are provided in a congregate setting for a child with moderate emotional and/or behavioral management problems that interfere with the child's ability to function at home, school or in the community. The children placed in a moderate level setting require 24-hour awake staff for proper supervision to prevent/respond to the

inappropriate behaviors such as inability to sleep and wandering around, fighting, attempted runaway behaviors. These children require a DSM diagnosis to enter into this level of care. Children at this level of care have a need of: 1) clinical treatment to be able to function in school, home or community because of multiple problems; 2) or have not responded successfully to less intensive treatment and/or have been denied admission or discharged from various less restrictive placements.

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

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. Services for these children include scheduling psychological evaluations, obtaining supporting documentation for the subsequent placement and obtaining a Multi-dimensional assessment to assist in determining the most appropriate placement.

The 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. These youth are in need of a highly individualized level of care due to struggling with a wide range of difficulties. They need a comprehensive treatment environment in which they can overcome the full spectrum of personal obstacles and, in time, can become whole again. The RISE Program provides a safe environment that facilitates behavioral stabilization, positive relationship building, and new learning experiences so children can be reunited with their families or moved to a less restrictive setting.

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

The 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. The Independent Living Programs (ILP) are offered in an alternative living arrangement whereby youth live in community-based housing rather than in a foster home or group home setting. The total number of youth served (unduplicated count) in FY 2017 was 113 in ILP and 142 in TLP. This type of living arrangement allows the youth the opportunity to continue the decreased care and supervision needed so that he/she will ultimately be responsible for their care and be prepared to live on their own in the same location when they leave the Department of Human Resources care. 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. The state has the ability to individualize the services to young persons through the IL assessment tool; however, case planning does not typically address the individual needs of the child, but addresses financial incentives to attend meetings.

Service Coordination (see also under Item 30)

There is a statewide ability to provide accessible and linguistically responsive services through the ready availability of translators and interpreters 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 generally 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 that is provided through training and reinforced through ongoing supervision, would better promote statewide responsiveness in this regard.

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.

Input Received from Initial Stakeholder Focus Group

On November 7, 2017, an initial focus group was convened of stakeholders from Alabama's State QA Committee, and Alabama's Child Welfare Collaborative Team. Additionally, opportunity was provided to the members of both groups to provide feedback after the meeting. While the information obtained is considered preliminary at the time of the draft Statewide Assessment, the input from stakeholders, relative to the service array is hereby provided:

- Intensive in-home services (IIHS) for purposes of family preservation and/or safe reunification are available, though the statewide scope, availability, and accessibility still need further examination.
- The IIHS do have an established standard or expectation to meet.
- The Alabama Association for Infant and Early Childhood Mental Health (AAIEMCH) was formed in January 2017, and will operate under the name of First 5 Alabama. An overall goal is to promote the healthy social, emotional, cognitive and physical development of children from conception through five years of age, and to facilitate interdisciplinary cooperation in this endeavor.
- The AAIEMCH is establishing connections with mental health providers across the state to continue to train a cadre of professionals to assist in this initiative.
- A question was raised related as to whether there exists any plan, matrix, or strategy for resource mapping, so that staff have information on the existing/available resource array. This will be further explored by SDHR.
- There are service gaps and clear needs in terms of substance abuse treatment for both youth and adults. This need includes the full array of services, including preventative education, screening, assessment, diagnosis, and treatment (both inpatient and outpatient). A significant gap that was cited was the lack of capacity relative to the diagnosis of fetal alcohol syndrome.
- Mental health services, in terms of private counseling, can be strengthened, as well as how quickly available services can be accessed.
- An increase in trauma responsive services is a need, in terms of awareness, education, and intervention. Consistent with this, is a need for a greater commitment to helping youth stay in their same placement, thereby minimizing the number of multiple placements.
- Greater attention can be given to the individualizing and tailoring of services to children and families.

Item 30. Individualizing Services

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. When identified, counties are not utilizing the Resource Development staff allocation in the county to identify and craft services to meet the individualized needs. The State began collecting data on linguistically competent services offered to families in IH and FC in August 2017. For the first quarter of FY 2018, services have been offered to Limited English Speaking clients 350 times with services being accepted 308 times.

Languages and dialects spoken have included Spanish, Kiche', Creole, Tagalog, Cambodian, Arabic, American Sign Language, Haitian, French, Portuguese, Vietnamese, Popti, Chinese, Mandarin, Korean.

Measurement Data - From Staff/Stakeholders and Youth Surveys

• **Staff / Stakeholders**

Are services individualized to meet the unique (developmental, cultural and other special) needs of children/families?

# of Respondents	Never	Rarely	Occasionally	Often	Usually	Almost Always
418	0.00%	2.39%	8.85%	14.83%	38.76%	35.17%

Comments (Staff / Stakeholders):

Respondents indicated that there are times when what is available is what is offered to families, whether it fits the need or not. Although statewide there are interpreter services available, a predominant need cited was that of bi-lingual providers (in all fields).

• **Youth**

How well are DHR STAFF doing in providing you with the needed supports, services, and training to develop independent living skills?

# of respondents	Very Poor	Poor	Could be Better	Average	Good	Very Good
76	2.63%	0.00%	6.58%	14.47%	32.89%	39.47%

How well are DHR STAFF doing in helping you prepare to leave foster care (or DHR custody), listening to your desires and concerns about leaving foster care, and helping you plan for life on your own?

# of respondents	Very Poor	Poor	Could be Better	Average	Good	Very Good
75	2.67%	4.00%	10.67%	10.67%	29.33%	37.33%

How well are DHR STAFF doing in supporting your cultural identity and connections?

# of respondents	Very Poor	Poor	Could be Better	Average	Good	Very Good
75	2.67%	0.00%	5.33%	13.33%	24.00%	42.67%

How well are DHR STAFF doing in letting you know when your ISP meeting is, encouraging you to be involved in making plans for your life, and giving you a copy of your ISP?

# of respondents	Very Poor	Poor	Could be Better	Average	Good	Very Good
75	2.67%	5.33%	5.33%	10.67%	29.33%	41.33%

QA Benchmark #4: Cultural Accommodations: 93%
 Indicators of Best Practice: Item – 30, Youth receiving ILP services: 38%

Data / Data Trend – Item Assessment

The onsite reviews for fiscal year 2017 identified the department is sensitive to families’ cultural identities and makes efforts to ensure children remain connected to their extended family, neighborhoods and schools. At the same time, state QA has identified a lack of individualization of services when working with 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.

A lack of individualization is most prominent in the provision of services for ILP youth. The department utilizes the Daniel Memorial Assessment 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.

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.

Some of the below information consists of collective data and collaborations with State Resource Management and the Office of QCWP. 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 resources include:

- 800 Therapeutic Foster Care Homes
- 39 Child Care Institutions,
- 31 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.

Work continues on refining the Provider Query in an effort to get meaningful information on our Foster Family and Adoptive Resource Homes. The Managers of the Offices of Data Analysis and Adoption have reviewed and discussed the query results at length. Multiple issues and questions have been noted as a result of these reviews. Several meetings were held in 2017 with functional staff from FACTS (our SACWIS), the Resource Management Division, the Office of Data Analysis, Adoption and Foster Care. The concerns that arose around data quality involved county staff not entering the information in a number of the fields that the reports or queries are pulling from. This will be addressed through instructional memos to counties.

Strengths	Needs
<ul style="list-style-type: none"> • The Department has a contract for post adoption services that includes <ul style="list-style-type: none"> a. Information & Referral b. Library & training services available to both families and professionals c. Nationally known speakers on issues such as attachment and trauma have provided day-long seminars in various locations throughout the state through the Trained Therapist Network. d. Adoptive Family Groups e. Camp for children/youth who have experienced adoption f. Adoption-competent professionals who provide counseling services. • The 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 	<ul style="list-style-type: none"> • Intensive crisis intervention for families post-adoption is typically accessed through services outside of the Department, i.e., mental health, hospitals, other services funded by Medicaid and/or private insurance. • Although the Trained Therapist Network provides training, the state would like to have more adoption-competent mental health providers to utilize. • More resource families who can parent children with significant behavioral issues, in an effort to <ul style="list-style-type: none"> 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. Three SDHR staff are currently serving as representatives of the Department of Human Resources on an Autism Spectrum Disorder (ASD) working group . The ASD Working Group 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 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

<p>State whenever possible.</p> <ul style="list-style-type: none"> • 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 a moderate level of congregate care 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 the Family Services and Resource Management Divisions so that conversations may occur with the counties, programs and families if barriers are present to permanency. • Therapeutic Foster Care providers are continuously recruiting for homes that will accept teens with behavioral issues. • 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 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 current behaviors, along with a case summarization of their needs. • The Certificate of Need (CON) from a physician and concurrence from the ISP team, along with the Resource Management Division, 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. 	<p>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.</p> <ul style="list-style-type: none"> • Service development to assist with treatment of our youth aged 17-20 who have challenges with mental illness. • Service development for children with lower IQs (under 55). • Greater partnership with the Department of Mental Health to develop programs with our providers to assist in transitioning the ILP population to, for example, Mental Health Group Homes, as they exit the system. • The Division of Resource Management monitors all contract provider services. The gaps in services are determined by length of stay, discussion with counties about trends and issues they see, and reviewing data regarding placements, (regions, age, etc). Current gaps that are seen are services for youth 17-20 that are mentally ill and behaviorally challenged, and children with a diagnosis of Autism Spectrum, (all ages) that have an IQ under 70 and have behavioral challenges in the home, as well in the community. • The results of the provider query indicate that counties and those registering TFC providers are not fully completing the "willing to accept" information for providers (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. • Information on the Best Practice Indicators from on-site reviews conducted by State QA revealed that indicator number 32 "Adequate Number of Approved Foster Family Homes" has been an area needing improvement in 45% of reviews conducted thus far this fiscal year (2018).
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Title IV-B 2, Promoting Safe and Stable Families - Provide the following services using PSSF funds:

FAMILY PRESERVATION

IIHS contracts; Family Service Center contracts.

FAMILY SUPPORT:

Family Service Center contracts

FAMILY REUNIFICATION:

IIHS contracts

Title IV-B (2) fund expenditures:

The following services will be offered under each category in IV-B, subpart 2.

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

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

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

Adoption Support and Promotion

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

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

The number of children exiting DHR custody and committed to DYS has been tracked for the last ten years, from a low of one child in FY2006 to a high of twenty two (22) children in FY2011. The population is generally defined as children who have committed a delinquent act. This transfer of custody is not simply an administrative procedure, but rather is done only after a hearing in which all due process rights are protected.

During FY 2015, fourteen (14) children were committed to DYS from DHR custody. This number remained constant from FY 2014. Ages ranged from 13 to 18 years. The average age when these children entered DHR custody was 15 years and the average age at commitment to DYS was 16 years. During FY 2015, two of these children returned to DHR custody. During FY 2016, fourteen (14) youth in DHR custody were committed to DYS. Two of these youth reentered foster care during FY2016. The average age at entry to foster care was 14 and at commitment age 16. Ages of children committed to DYS ranged from 14 to 19.

During FY 2017 there were 10 children under the care of DHR who were transferred into the custody of the state's juvenile justice system. This source of information comes from the states discharge query and the children in care query. The population was defined by those children who discharged from foster care with a reason of Department of Youth Services (DYS) which is Alabama's Juvenile Justice System and those who had a current placement of DYS at any time during the FY.

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. Three SDHR staff were selected in November 2017 to serve as representatives of the Department of Human Resources. The first meeting of the ASD Working Group was held December 18, 2017. 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, including Intensive Care Coordination, Therapeutic Mentoring, In-Home Behavioral Support, In-Home Therapy, Family Support, and Peer Support, in consultation with the ASD Working Group. The IHBS identified above 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.

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 Alabama Psychotropic Medication Review Team (APMRT) consists of a part-time Child Psychiatrist, a Nurse Practitioner, and two Board Certified Behavioral Analysts. The APMRT Team will 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 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. Data from the initial year of service indicates activities in four distinct areas: 1) Presentations and group training services; 2) Behavioral services delivered to foster children and their respective foster parents; 3) Documents and guidelines that APMRT's Child Psychiatrist and Psychiatric Nurse developed for prescribers and caseworkers; and 4) Quantitative analysis of the psychotropic medication prescriptions based on data provided from the seven pilot counties. Quantitative information on the various areas is offered for each area of activity.

Area 1:

- The project director and psychiatric nurse practitioner have provided six 50 to 90 minute presentations to 81 caseworkers and directors in the pilot counties.
- The team BCBA's developed a series of foster parent training modules and presentations entitled Family Engagement and Training Services (FEATS). The FEATS training contains three 45 minute classes. Class one focuses on teaching foster children self-care skills using behavior-analytic instructional techniques. Class two defines "trauma" and outlines how traumatic events give rise to skill deficits and problem behavior by children in foster care. Class three focuses on teaching medication advocacy to foster parents. In addition to outlining common side effects, the third module trains parents to ask prescribers direct questions about decreasing psychotropic medication after problem behavior abates.
- The APRMT developed a webpage describing the services that are provided to the pilot counties.
- The APMRT BCBA's have provided continuing education credits to parents who completed in-home training for personalized behavior intervention plans.

Area 2:

- The APRMT began receiving referrals for behavioral services in March 2016. To date, the team BCBA's have made contact with and provided the trauma assessment to over 30 clients in the pilot counties and have also provided consultation for 3 individuals in residential facilities that are outside of the pilot county catchment.
- Across the seven pilot counties, 60% of the foster parents who were eligible to receive behavioral services from the APMRT, accepted the services.
- All of the referral cases reported problem behavior in the foster home. Specifically, 25% reported tantrums, 33% reported noncompliance, 33% reported property destruction, 25% reported self-care deficits, and 10% reported self-injurious behavior, among other problems.

Area 3:

- The APMRT has agreed to use a trauma assessment tool that was recommended by SAMSHA. However, the team has found this tool to be inadequate with our client population. In early June, the team adopted the use of
(a) The Trauma Symptom Checklist for Children (TSCC) and
(b) The Trauma Symptom Checklist for Young Children (TSCYC). Both tools have considerable empirical support for the prescribed populations.
- The APRMT developed a worksheet organizing all psychotropic medications by class and indication, as well as generic and tradenames. This worksheet also included safe dosages.
- The team's Child Psychiatrist and Psychiatric Nurse Practitioner developed "black box" warning documents each class of psychotropic medication (e.g., Neuroleptics, Stimulants) for prescribers, foster parents, and case workers. The documents indicate the specific usages for each type of medication and outline the various side effects that are known for each medication.

- The team's Child Psychiatrist, Psychiatric Nurse Practitioner, and BCBA's developed training modules to teach case workers and foster parents to request reductions in psychotropic medication for their foster child when meeting with their respective prescriber.
- The team's Child Psychiatrist and Psychiatric Nurse Practitioner are currently developing (with the assistance of video production specialists at Auburn University) two series of training modules on each class of psychotropic medication with embedded videos and PPT presentations for broader dissemination. The first series will be tailored to caseworkers and foster parents. The second series will be geared toward prescribers and viewers will have an option to obtain continuing education units.

Area 4:

- The APMRT receive a monthly data set comprising drug prescriptions purchased by or for children in the foster care system. This includes demographic information about the client (gender, age, county of residence), all drugs purchased through Medicaid and their cost, the prescribing physician, the Medicaid program that was charged, the client's home county, and other information.
- The psychotropic drugs purchased are identified and then reviewed for each client individually to obtain the pattern of medication use. We identify high-priority cases, which include children age 5 and under, two or more medications from the same class, or five or more different psychotropic drugs purchased.
- These clients are identified, reviewed by the project psychiatrist, and their names are communicated to the social worker with the goal of working with the foster parents to reduce psychotropic drug use and replace it with behavior management of problem behavior.
- The information on prescribing physicians in the Medicaid database was used to contact them to introduce ourselves and offer our assistance.

This information motivates our strategy of providing behavioral skills training to foster parents, our development of web-based instruction to parents about how to work with the prescribing physician to reduce psychotropic drug use, and will inform the information that we provide in continuing education for both physicians and foster parents. The addition of the new TIPS foster parent training will provide foster parents with trauma-informed training materials that will offer them additional tools to serve the specific needs of foster youth.

Service Coordination

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 their current behaviors, along with a case summarization of their needs. The Certificate of Need from a physician and concurrence from the ISP team, along with the Office of Utilization and Review, is needed to ensure appropriate intensive placement for a child/youth. The Division of Resource Management monitors all contract provider services. The gaps in services are determined by length of stay, discussion with counties about trends and issues they see, and reviewing data regarding placements, (regions, age, etc.). Current gaps that are seen are services for youth 17-20 who are mentally ill and behaviorally challenged, and children with a diagnosis of Autism Spectrum, (all ages) that have an IQ under 70 and have behavioral challenges in the home, as well in the community.

Systemic Factor VI: Agency Responsiveness to the Community

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

Measurement Data - From Staff/Stakeholder, Court, Caregiver, and Youth Surveys

• **DHR Staff / Stakeholders (DHR S / S) & Court**

Does DHR engage in ongoing consultation / collaboration with community partners to meet the needs of families and develop joint initiatives?

<u>Audience</u>	<u># of Respondents</u>	<u>Never</u>	<u>Rarely</u>	<u>Occasionally</u>	<u>Often</u>	<u>Usually</u>	<u>Almost Always</u>
DHR S / S	414	0.00%	1.69%	7.25%	12.08%	31.16%	47.83%
Court	336	1.79%	10.12%	23.81%	20.83%	24.40%	19.05%

Is DHR responsive to the expressed needs of children, families, & community partners, & are the services that are being delivered, coordinated effectively?

<u>Audience</u>	<u># of Respondents</u>	<u>Never</u>	<u>Rarely</u>	<u>Occasionally</u>	<u>Often</u>	<u>Usually</u>	<u>Almost Always</u>
DHR S / S	419	0.00%	1.67%	5.97%	10.02%	37.71%	44.63%

• **Caregivers**

Do the DHR STAFF involve you in the ISP process, in terms of keeping you informed of the child's permanency plans, and seeking your input in developing ISP goals and steps?

<u># of Respondents</u>	<u>Never</u>	<u>Rarely</u>	<u>Occasionally</u>	<u>Often</u>	<u>Usually</u>	<u>Almost Always</u>
613	4.08%	9.14%	16.48%	10.44%	22.19%	37.68%

Do the DHR STAFF provide you with the needed supports, services, and training that enable you to carry out your duties and responsibilities?

<u># of Respondents</u>	<u>Never</u>	<u>Rarely</u>	<u>Occasionally</u>	<u>Often</u>	<u>Usually</u>	<u>Almost Always</u>
629	2.38%	8.59%	15.26%	13.83%	22.58%	37.36%

Do the CONTRACT PROVIDERS provide you with the agreed upon services & supports such as transportation, supervised visits, infant car seats, etc.?

<u># of Respondents</u>	<u>Never</u>	<u>Rarely</u>	<u>Occasionally</u>	<u>Often</u>	<u>Usually</u>	<u>Almost Always</u>
582	6.53%	8.76%	14.95%	12.37%	25.26%	32.13%

For the child(ren) placed in your home, are you supported by DHR STAFF in making decisions regarding reasonable and prudent care (RPPS) of and for those child(ren)?

<u># of Respondents</u>	<u>Never</u>	<u>Rarely</u>	<u>Occasionally</u>	<u>Often</u>	<u>Usually</u>	<u>Almost Always</u>
623	2.41%	8.51%	14.77%	15.25%	25.20%	33.87%

Does the DHR RESOURCE WORKER return your phone calls, provide you with needed information regarding the child, answer your questions in general, and address concerns that arise?

<u># of Respondents</u>	<u>Never</u>	<u>Rarely</u>	<u>Occasionally</u>	<u>Often</u>	<u>Usually</u>	<u>Almost Always</u>
620	2.42%	7.26%	11.61%	11.94%	23.71%	43.06%

Does the DHR CHILD’S WORKER return your phone calls, provide you with needed information regarding the child, answer your questions in general, and address concerns that arise?

# of Respondents	Never	Rarely	Occasionally	Often	Usually	Almost Always
630	1.59%	9.21%	14.60%	11.90%	22.86%	39.84%

• **Youth**

How well is YOUR WORKER doing in terms of returning your phone calls, providing you with needed information, answering questions, and addressing any of your concerns?

# of respondents	Very Poor	Poor	Could be Better	Average	Good	Very Good
76	5.26%	2.63%	9.21%	9.21%	25.00%	47.37%

How well are DHR STAFF doing in helping you stay in touch (through visits, phone calls, etc.,) with family members, brothers or sisters in foster care, and other people and activities that are important to you (such as mentors, relatives, church, community, hobbies, etc.?)

# of respondents	Very Poor	Poor	Could be Better	Average	Good	Very Good
76	3.95%	2.63%	7.89%	14.47%	25.00%	42.11%

How well is YOUR WORKER doing in making monthly visits (more if needed), and during those visits letting you talk about what is important to you (such as you ISP goals, permanency plans, any services or supports you need, transition plans, etc.)

# of respondents	Very Poor	Poor	Could be Better	Average	Good	Very Good
75	2.67%	2.67%	2.67%	13.33%	29.33%	46.67%

Comments:

- There were varying experiences highlighted, from experiencing responsiveness to identifying concerns, such as the following: believing services were provided only after repeated requests, being “regulation” focused, or being impacted by DHR staff turnover, not all needed parties involved in case planning, DHR worker procrastination, or provider delays.
- In regard to ongoing collaboration survey responses by court staff, possible contributing factors may include workers leaving the Department or experiencing caseload changes. Also training needs may be represented in terms of worker preparation for court (e.g. preparation for the experience of cross examination, giving testimony, etc.).
- In terms of making decisions relative to RPPS, great variation of caregiver experience was expressed, with some having very positive experiences, describing staff as excellent, awesome and working well with the caregivers. For almost as many that have had less acceptable experiences, a variety of issues were involved, such as: not receiving responses, delays in phone calls being returned, and the experiences varying specifically by worker. There was some notation that workers were well meaning, and yet the high caseloads prevented them from making desired responses.
- In regards to involvement with resource workers there was a range of experiences from being prompt, providing amazing support, and staying after hours to help, to being very hard to get a hold of, having to make multiple calls to get a response, and generally poor communication on the part of DHR. Worker differences were again cited in terms of what kind of experience a caregiver has had with DHR.
- Caregivers provide the same general experience of responsiveness with the child’s worker, as with the resource worker. Responsive workers were characterized as those who are attentive, accessible, being provided with the worker’s personal cell phone number, prompt replies, providing updates on the child’s plan and completing paper work. A lack of response was associated with, delayed responses, being provided with incorrect information (or hard to get information), and worker voice mail box that was full. As cited in responses to other caregiver questions, worker variances were cited.
- Comments regarding caregiver involvement in the ISP generally highlighted more needs than strengths. There were notations of being kept updated on all new plans and being involved in all the steps. The concerns included: last

minute notice of ISP meetings, being aware of an ISP because the caregiver inquires, not being informed at all of the ISP meeting, not being given an opportunity to provide input, and how a caregiver experiences the ISP process is dependent on the worker involved.

- There were notations of strengths in the survey comments, in terms of needed supports, services and training classes being helpful. These included valuing the training that is received, praise given for individual social workers, and effective email communication. Concerns were noted more so and pertained to needing assistance with transportation, variation of support depending on the worker, having to pay for items not covered by the CMA, short notice for mandatory meetings, and delays in receiving responses and supports.
- In terms of contract providers, a lot of consistency issues were reported in terms of the respective providers and caregivers being able to rely on transportation being on time, as well as the lack of communication when the driver knew they were late. There were also a few comments that may reflect a need to establish (or adhere to) guidelines around the provision of services, and/or being “unprofessional”. Although these were not many in number, there is a level of concern associated with them . . . e.g. comments such as: “drivers sharing confidential information”, “not having adequate training”, putting a child in “harms way”, “illegally transporting parents and children against court orders”, and “don’t have to sign that child is picked up or dropped back off”. As it concerns the provision of car seats, respondents were more clearly stating needs, e.g., contract providers not having car seats or knowing how to correctly use them.

Where QA data is used, the measurement percentages reflect the frequency with which a given item was rated as a STRENGTH in QSR’s completed as a component of state QA (onsite) reviews. See page 8 for time frames.

QA Benchmark #4:	Agency Responsiveness:	55%
QA Benchmark #4:	Service Coordination:	51%

Indicators of Best Practice: Item-24, County personnel are Actively Involved in Mandatory Interagency Forums:	100%
Indicators of Best Practice: Item-25, County personnel Collaborate with community stakeholders:	85%
Indicators of Best Practice: Item-26, County personnel are responsive/available when needed/called upon:	100%

Data / Data Trend – Item Assessment

State onsite reviews have identified county departments are willing to engage and meet with community partners to ensure good working relationships. 100% of the counties reviewed in fiscal year 2017 (Washington, DeKalb, Hale, Clarke, Baldwin, Crenshaw, St. Clair, Cherokee, Jefferson, Lowndes, Chilton, Winston and Talladega), were actively involved with multi-disciplinary teams and multi-needs teams. Stakeholders on onsite reviews, reported good working relationships with counties.

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. The State QA Committee meets on a quarterly basis (see information under heading, The State Quality Assurance Committee, later in this section).

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. Those outcomes should be beneficial to staff retention, thus offering stability with families and community partners.

Older Youth Input

Youth Development is the most integral part of the success of the Independent Living Program. It is our goal that our youth are sufficiently trained and prepared to deliver the message that all children in foster care want, need and deserve all the best the Child Welfare system can offer them with regard to permanency options, education, health care services and placement stability. Youth involvement in the development of policies and practices is viewed as key to addressing the needs of this population. Therefore, state level participation in the State Youth Advisory Committee (DREAM Council) is being designed to provide updates and gain input from the youth around key issues impacting permanency planning for older youth and ILP services. As a result the youth have organized a Youth Speakers Bureau to be available to speak to various key stakeholder groups to provide insight into how youth experience the system and provide suggestions to improve practice in engaging the youth population in permanency planning. This has involved speaking to Judges, County Administrators, foster and adoptive provider groups along with facilitating workshops at State conferences.

The State has hired two Youth 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. The 6th Annual Celebration of Scholars Celebrating both the 150 foster youth who graduated from high school or received their GED was held in Montgomery on the campus of Troy University on May 6, 2017.

Our youth continued to provide training to their peers, judges, foster parent panels and stakeholders across the State. Unduplicated persons totaling 464 were served by the ILP Program in partnership with our CAS ILP Team and our DREAM Ambassadors. 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.

The **Child Welfare policy development process** involves both internal and external individuals and groups to provide input as new policy is formulated and existing policy is revised. The policy developer selects work group members from county caseworkers, social workers, supervisors, county directors, community partners, intra-departmental staff from other departments to assist in the development of policy. New policies are initially written by policy Specialists in the Office of Child Welfare Policy and then sent to the program area for review and comment. Following finalization from State Office staff, the policy may be sent out for review and comment to county directors/child welfare supervisors, select community stakeholders and others prior to the final release. Conference calls with community stakeholders and Department staff can be made to resolve policy issues arising from the review and comment. If necessary, meetings may be conducted to discuss policy issues.

Community Partner Stakeholder Group for Foster Children Under the Age of Five

The Office of Foster Care has a 15 member community partner stakeholder group to address the specialized needs of foster children under the age of five. This group held its initial meeting on May 13, 2016 and continues to meet monthly to address the complex needs and trends of this population. The group was divided into two teams: services and research. The group's overall purpose is to work together with the common purpose of helping children and families reunify in a timely manner. The group is comprised of a pediatrician, child psychiatrist, licensed professional counselors, traditional foster parents, Specialists, early learning center director and foster home providers both traditional and therapeutic. A drug court Judge was added to the team based on the State's current demographics related to this special population of children in foster care. The group's monthly meetings include dialogue to establish and discuss desired outcomes, review current research and data regarding the needs of foster children zero to five and offer procedural state-wide improvements. The stakeholder group has provided feedback to the State Office liaison regarding assessment tools and suggested protocols to aid in reducing the length of time children under five are in foster care. An in-house assessment tool has been developed to look more closely at how the department can strengthen its efforts in developing a more trauma-informed System of Care. The Stakeholder group has also suggested a pilot research project to assess the current services provided to families with youth five and younger to determine what service would yield expeditious permanency. The Stakeholder group made the following proposal:

The DHR treatment group would include three sets of parents whose children were removed during approximately the same quarter. Group (1) would include a child placed in a traditional foster home, Group (2) would include a child placed in a therapeutic foster family home and Group (3) a child whose parent has voluntarily signed up to be a part of a drug court program.

All available family history from the department will be reviewed by the worker. The worker would use a detailed and thorough parent history form that will be provided by the Office of Foster care. This tool would help with better case planning and more appropriate individualized services for the family. The worker and current traditional foster parents would go through TIPS training together. The Worker, Foster Parents, and Biological parents would then go through a typical development training course. Tabitha Perry; a stakeholder from Early Intervention-would conduct the training which would be about 1.5 hours long to discuss typical vs atypical development.

The assigned worker would conduct ISP meetings every three months instead of every six months to strengthen case planning, build rapport with family, and have better quality planning within the twelve months. The outcomes that will be assessed in this treatment group will help determine which service providers move our under five youth to permanency in a more timely manner. It would also help identify which of our current service providers are offering evidenced based

outcomes such as; timeline the child is in care, total number of placement moves while in care and percentage of parents' involvement in ISP meetings, medical appointments, visits and developmental trainings.

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, developing additional services and supports based on current evidence-based practices and limiting the time between foster care entry and exit to positive permanency. Family Services Office of Foster Care developed a 15-question placement request tool for counties to utilize when seeking therapeutic foster care services for children under five. This tool describes what children are eligible for this level of care as well as ensures they have a Diagnostic and Statistical Manual V-diagnosed mental illness or are identified by a mental health professional as having at least moderate emotional and /or behavioral problems and is in need of treatment. The office of foster care is responsible for reviewing these requests and providing approval when the above therapeutic interventions are warranted. This office provides a written approval to each county staff with a request for a thirty day follow-up. The office of foster care maintains a monthly spreadsheet of the number of requests granted and denied. For FY 2016, 30 youth under age 5 were approved for therapeutic foster care. This placement tool has been helpful when assisting staff with resources such as an in-home Specialist observation, in-home wrap or crisis intervention and respite care.

Family Services has developed partnerships with specific state level organizations who serve this particular population, such as: The Alabama Department of Child Abuse and Neglect Prevention, Early Intervention through the Department of Rehabilitative Services, CWCI Team members, and work is underway to strengthen our partnership with the State Department of Education and the Office of Child Care Services. The Family Services Division is also working to determine the best mechanism to track these efforts by its review of FACTS data and possibly by information received in QA reviews. Family Services addressed the under-age five population in an Administrative Record letter distributed to the counties in February, 2013. The Quality Assurance process reviews the under-age five group during QSR debriefs to note psychotropic medication usage and monitoring. The Family Services Division will continue to frame its services to meet the needs of the under-age five 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. 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.

Resource Management solicits feedback from a number of groups and individuals. These include directors of a number of child care institutions, members of the Alabama Association of Child Care Agencies (AACCA), and the network of Therapeutic Foster Care providers (FFTA).

Social Media Stakeholder Group

The office of foster care developed a social media stakeholder group. The first group meeting was held December 13, 2017. This group is comprised of state office staff, county directors, foster care supervisors and workers, foster youth and foster families. The purpose of this group is to work on framing suggestions to the office of policy to strengthen our social media policy for youth in care, foster parents and staff. Two meetings have been held so far with future meetings to include state personnel and state legal. The team is committed to assisting our youth, foster families and staff by providing general guidelines and considerations when adding and enforcing social media policy. The group maintains that information technology is very much a part of culture and the department must do its part to ensure administrative rules, policies and privacy are address without further delay. The Office of Foster Care has submitted a Child Welfare listserv request for other states to provide feedback regarding their current social media guidelines relating to out-of-home care providers, youth and staff.

Alabama Children's Justice Task Force

The Alabama Children's Justice Task Force has also recognized the need for continued training in areas that were identified as needs for all CPS staff. Those areas include Family Violence and Safety in Child Protective Services (CPS), and Multidisciplinary Team Building Training.

Children's Justice funds are awarded to counties applying for funds for Multi-disciplinary teams to attend the International Symposium on Child Abuse in Huntsville, AL. Some counties will instead arrange for and conduct regional conferences. The information provided for estimated total costs are the estimated compilations of both the counties sending participants to the International Symposium and those conducting regional conferences. In 2017, a total of 190 MD Team members, supported by CJTF funds, attended the Symposium, as follows: DHR – 86; DA/ADA – 23; Law Enforcement – 45; CAC – 28; Other - 8. A total of 50 counties (out of 67) sent MD representatives.

Family Violence and Safety in CPS is a curriculum that was offered for the first time in FY 2014 and will continue to be offered in FY 2018. Each of the 2, two day training sessions will focus on providing basic information on the complex dynamics of Family Violence and a basic understanding of how domestic violence impacts children's lives & what that means for CPS intervention. The two day training is provided for County Multidisciplinary Team members, other State Agencies, DHR State Office Staff & County Staff. One training session has been held thus far in the PUR, as follows: August 16-17, 2017, with a total of 28 participants (15 DHR staff). Two additional sessions of Family Violence are planned for 2018, one in May, and another in September.

Multidisciplinary Team Building Training is a training that is being planned for FY 2018. It is a one-day training that is planned to be delivered at four (4) training sites across the state. County DHR Multidisciplinary Teams on Child Abuse will be invited to attend the training sessions. The goals of the training are to strengthen the relationships among team members and increase the effectiveness of the teams. Six regional sessions have occurred thus far in the PUR, as shown below:

- June 28, 2017: 38 participants
- July 19, 2017: 29 participants
- August 23, 2017: 51 participants
- September 26, 2017: 44 participants
- January 30, 2018: 36 participants
- February 21, 2018: 23 participants

Two additional session of MDT are planned for July and August 2018, which will complete a total of 10 sessions and the entire State will have been offered the MDT training.

Former Alabama Governor, Robert Bentley, and the Department of Human Resources Commissioner, Nancy T. Buckner supported the development of a successful interactive online training for individuals who are Mandatory Reporters of Child Abuse and Neglect. The training is on the DHR website @www.dhr.alabama.gov. During fiscal year 2017, 44,366 individuals completed this training curriculum.

Consultation with Community Stakeholders through Quality Assurance

The Alabama Department of Human Resources has continued with its process for community consultation through its quality assurance operations. Birth parents, relative caregivers and youths are interviewed during QRSs when appropriate. QRSs are completed by the local QA Committees and during Onsite Reviews conducted by State QA. Resulting ratings are shared with the counties. 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. Committee membership is encouraged to be reflective of the county population and generally consists of representatives of service providers, other public and private agencies, allied professionals, the courts, and community stakeholders. While each county QA committee completes quality service reviews to measure and monitor outcomes for children and families, it is an expectation that each committee also complete stakeholder interviews 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 QSRs and stakeholder interviews are provided to each County Department to strengthen their practices toward better outcomes. The completion of QSRs and stakeholder interviews are required reporting elements of county self-assessments which are reviewed by State Quality Assurance staff. It is an expectation that State QA staff review and

provide feedback to County Departments on their county self-assessment. Once the county self-assessment is submitted to the state office on either November 15 or May 15, the QA specialist reviews the document for thoroughness and provides feedback to the county on how to strengthen future assessments. The QA specialist may also ask for clarification from the county to support an item.

The Office of Quality Assurance routinely conducts onsite reviews to evaluate the quality of services and the outcomes achieved by children and families. One component of onsite reviews is the completion of stakeholder interviews to evaluate systemic functioning. The same community stakeholder groups are interviewed as noted above with the addition of an interview with the county QA committee. Information gained from these interviews is used in conjunction with the completion quality service reviews, a safety assessment, a resource record review, and a permanency assessment in counties with a foster care population greater than 25 to determine the status of the County Department's functioning on each indicator of best case practice. These indicators provide the framework for providing feedback to each County Department on strengths and needs in the provision of child welfare services. Three of those indicators are directly linked to the partnership with others including Departmental participation in mandated interagency forums as well as collaboration with community stakeholders in meeting the needs of children and families. Information obtained from internal and external stakeholders is utilized as a factor in determining the status of all Best Practice Indicators at the time of onsite reviews.

From June 1, 2017, through May 31, 2018, the Office of Quality Assurance conducted 14 onsite reviews (total includes one review yet anticipated for May that has not yet occurred).

Every Student Success Act (ESSA)

The Department continues to collaborate with the State Department of Education with the recent Federal reauthorization of the McKinney- Vento Homeless Assistance Act and the Every Student Succeeds Act (ESSA), replacing No Child Left Behind. The Department has revised the Education Policy in Out of Home policy. Information regarding working agreements and memorandums of understanding have been provided to all county directors in order to facilitate productive partnerships with school districts across the State. ESSA training was provided to staff attending the Annual Permanency Conference in April 2017.

The Department of Education was provided a list all DHR liaisons for ESSA collaborations and all contacts are available on both Departments' websites. Training material was developed and disseminated in partnership with the Department of Education. The Office of Foster Care Program Supervisor also co-trained at two Homeless Liaison/Foster Care training sessions provided by the Department of Education fall 2017. ESSA information was also shared at the Reasonable and Prudent Parenting Training sessions held throughout the state. There will also be ongoing trainings provided during summer, 2017, at Annual Supervisors Conferences, the Birmingham City Schools and at the Title I Summit. All 137 school systems have been trained in ESSA and have plans in place with the State Board of Education federal programs office to monitor its implementation. All 67 DHR counties have a designated LEA/DHR point of contact identified. Each county has submitted their individualized plan to the State Office that covers best interest determination, immediate enrollment, transportation procedures and dispute resolution.

Alabama Judicial & Child Welfare Collaborative

The Alabama Judicial & Child Welfare Collaborative began the fiscal year with a statewide convening October 25-27, 2016, at Point Clear, AL. Twenty-four teams comprised of juvenile judges, local and state child welfare directors, supervisors, and attorneys attended. At this Summit the guardians ad litem who represent Alabama's dependent children as well as parent attorneys were invited to join their respective county teams. Over 186 attendees heard presentations on permanency, a youth panel comprised of foster care alumni as well as children currently in care, as well as child trauma and local team presentations. The session concluded with each team devising their respective team action plan. In 2017 two more collaborative meetings were held. On March 3, 2017, the first peer team collaborative was held in Montgomery with 19 teams participating. Several i-CAN Teams presented updated their local work and the tools implemented to safely remove children in care to forever families. Utilizing the most current child welfare data, each team was presented a cadence list of their children in care and targeted individual children on whom to focus their activities to locate a permanent plan. A second peer team collaborative was held August 3-4, 2017, at a retreat venue in Columbiana, AL.

Alabama currently has sixteen 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 time frame of 9/30/16 to 9/30/17, the AL i-CAN Counties percentage of increase in the number of children in care was 6.4% while the non-i-CAN Counties rose by 13%. Statewide average increase was 11.1%.

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 four 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 two staff persons from the Office of Adoption. Working (topic-specific) committees were appointed to review sections of the Adoption Code and bring back suggestions to the overall Adoption Law Committee. This work took place in the summer of 2017 with recommendations due to the overall committee in the fall of 2017. The last meeting was in December 2017, and another meeting took place on April 6, 2018. There are several sub-committees working on various sections including the transfer statute, implied consent, parent's notice to final adoption, pre-adoption form and Section 26-10A-11 – consent or relinquishment. There are plans to revise other sections of the Code as well.

Adoption Recruitment Partners

The success in recruitment, matching and placement of children in permanent custody with a goal of Adoption No Identified Resource (ANIR) is greatly due to the high level of cooperation and collaboration among the recruitment partners that help us promote the need for more adoptive families. Quarterly a "partners" meeting is held that includes staff with recruitment responsibilities from the Office of Adoption, Heart Gallery Alabama, Children's Aid Society/APAC's pre-adoption program, and volunteers from the Alabama Foster & Adoptive Parent Association. During these meetings each agency/organization represented gives an update on the recruitment opportunities they have held over the past quarter and together these same agencies plan/coordinate date and locations for upcoming recruitment events. This is a quarterly meeting of staff from APAC, AFAPA, Heart Gallery and SDHR. Discussion is about activities that each organization has going on such as changes in staff, changes in services provided, training/workshops/seminars, NAM events, FCAM activities, etc. Purpose of the meeting is to prevent some duplication and to provide opportunities for the organizations to partner and help one another out. The location and host of the meeting rotates between APAC and HGA. There is an agenda and minutes are typically kept by which ever group was that quarter's host.

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. In many instances, there have been more stable foster home placements with improved training and partnerships with our foster parents as well as improved assessments and supports of children placed in care.

The training and consultation provided focused on assessing resources for children with special needs to promote better initial matching of the child's needs with a provider's strengths and capabilities. The goal is to conduct early assessments to identify needs to secure a placement with appropriate support services to eliminate the need for additional moves and/or disruptions.

State Legal, The Office of Foster Care and ILP and the Office of Adoption partnered to draft required legislation, develop the policy, and train Alabama's Reasonable and Prudent Parent Standard assisted by AFAPA. The training began in October 2016 and concluded in April 2017 and provided training to foster parents, child placing agencies and residential facilities in all 67 counties, resulting in the Office of ILP being featured at the Strategic Planning meeting in partnership with the Alabama National Guard. The AFAPA representative is a significant member of Conflict Resolution Teams statewide whenever foster parents have grievances or concerns regarding certain actions taken or not taken by the Department.

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.

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 state Conflict Resolution Team (CRT) is comprised of staff and foster/adoptive parent representatives. Thorough review of cases that are referred to the CRT are conducted; case-specific and systemic recommendations are sometimes made when indicated. This feedback will shape the retention work included in our CFSP over the next five years.

The process utilizes various individuals and groups that can help the county and the foster parent(s) work through and resolve problems and conflicts. All of these will consider applicable policies related to the problem. They will offer guidance to all parties through a process in which they discuss the issues, options and design their own agreement to resolve the dispute. The intent of this process is not to remove the authority from the local DHR office to handle problems within the county or to be punitive in nature. This process gives foster parents and the local office an opportunity to be heard when problems arise and when all parties cannot come to an agreement or acceptable resolution to the problem.

Foster Parent Advocates are available regionally to help foster parents at the time they file a complaint with their county office. Due to the advocates' involvement in the local process, many more complaints are resolved locally rather than referred to the State Team. The county has thirty days to resolve the conflict and if that outcome is not acceptable to the foster parent than the conflict is moved on to the state level for review.

The State CRT as selected by the State DHR Commissioner will include: one (1) co-facilitator from SDHR Office of Foster Care (non-voting member); one co-facilitator from the Alabama Foster and Adoptive Parent Association (non-voting member); two (2) County Directors (Directors shall not be from the county of the conflict resolution); two (2) representatives from the Alabama Foster and Adoptive Parent Association (AFAPA); the foster parent(s) who filed conflict resolution; two (2) foster parent advocates selected by the foster parent(s) (non-voting members), and two (2) county department advocates presenting information regarding the conflict resolution for the county department (must be the County Director and a supervisor). Thorough review of cases that are referred to the CRT are conducted; case-specific and systemic recommendations are sometimes made when indicated. This feedback will shape the retention work included in our CFSP over the next five years. The State Conflict Resolution Team heard five complaints in FY 13 and FY 14 and two complaints in FY16 that either could not be resolved at the local county level or were regarding the closure of a foster home. For FY17, the state team heard six complaints. Through 05/30/18 (FY 18) the state team has heard one complaint.

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. Opportunities are provided to both groups to offer input to the APSR and CFSP. Each year 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 preparation for the CFSR, the membership of both groups were invited to participate in a stakeholder focus group in November 2017, and the information from that meeting has already been incorporated into the Draft Statewide Assessment (SA) that was submitted to the Children's Bureau in January 2018. Also, both groups have been given the information on how to access the statewide stakeholder/DHR staff survey. The results of the survey will be incorporated into the Statewide Assessment. Finally, the membership of both groups will be invited to participate (in person, or via conference call) in the stakeholder interviews that will be part of the (CFSR) onsite review in July 2018.

- **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; Alabama Children First; VOICES for Alabama's Children; Children's Justice Task Force; and the Department of Youth Services.

A useful outcome has been sharing across agencies information regarding current activities, upcoming training sessions, etc. This group also is a stakeholder group from which input has been sought for the APSR and current CFSP. 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). The CWCI Team is afforded opportunities for input into the APSR and was invited to participate in a stakeholder focus group in November, 2017, for purposes of providing input for the Statewide Assessment. The membership is invited to participate in a conference call with federal staff each year at the Joint Planning visit, and will be invited to participate in stakeholder interviews for the CFSR, Onsite Review (at our upcoming May meeting, this will be discussed). The membership was also provided with a copy of the initial draft of the Statewide Assessment and were invited to provide input. Additionally, the membership received information on how to access the statewide DHR staff / stakeholder survey as another means of providing input.

- **The State Quality Assurance Committee**

The State Quality Assurance Committee (SQAC) is an independent body of statewide representatives of the child and family service delivery system whose functions include monitoring outcomes and Agency performance from a statewide perspective; serving as a link between the community and the State Department of Human Resources; promoting an effective child welfare system that supports positive outcomes for children and families served by the Department; and issuing reports as a part of its Citizen Review Panel responsibilities or for any other purpose. The SQAC is also a stakeholder group from which input has been sought for the APSR and current CFSP.

The committee meets quarterly (March, June, September and December). Data information and updates from Family Services are provided at each meeting. More detailed information on the work of the SQAC can be located in the Alabama State Quality Assurance Committee Annual Report. 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.

County QA Committee Input

Over much of the time frame of the 2015-2019 CFSP, and planned for upcoming years, surveys have been distributed to county offices to forward to the local QA committee. Typically, input will be sought on the outcome areas and the ISP process and some feedback on other areas is sought as well. For the 2018 APSR, results from approximately 106 completed surveys, representing 32 counties, are noted. Each year the quantitative results are provided throughout the APSR, in the sections that are most appropriate for a given data element. In the 2018 APSR, these data can be found on the following pages: 29, 59, 83, 85, 87, 88, 89, 105, and 121.

Additionally, a meeting of county QA coordinators and county QA committee chairpersons (from across the state) took place in January 2017 which provided the opportunity for input from participants related to county committee functions as well as staff retention. The importance of participation from QA committees in the survey for the 2018 APSR was stressed. They were encouraged to access the APSR from previous years on the website. County QA committee members were again provided with an opportunity to complete surveys that highlighted several key areas for input. .

Alabama Department of Child Abuse and Neglect Prevention

The Alabama Department of Child Abuse and Neglect Prevention (ADCANP) secures resource to fund evidence-based community programs committed to the prevention of child maltreatment, and advocates for children and the strengthening of families. Two staff representatives from ADCANP serve as members of the Alabama Child Welfare Collaborative Initiative (see ACWCI), and ADCANP's Executive Director is a member of Alabama's State QA Committee.

The Alabama Department of Child Abuse and Neglect Prevention (ADCANP) Children's Trust Fund continues to provide funds for the "Cribs for Kids" project in Jefferson, Mobile and Morgan Counties, which will enable new mothers to have safe sleeping surfaces for their infants. The Alabama ADCANP/Children's Trust Fund reported that over the life of the Jefferson County Cribs for Kids project, over 3,100 cribs have been provided to new mothers. Each new mother who receives a crib also receives training on safe sleep, abusive head trauma, child development, etc.

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 2017-2018 program year, ADCANP (Children's Trust Fund) funded 132 programs for the maintenance expansion, and enhancement of at-risk youth and family support through the Children's Trust Fund for a total of \$4,458,586. 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. We are working with Children's Policy Councils in the implementation of Erin's Law to prevent child sexual abuse.

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 Foster Care is responsible for responding to inquiries, receiving and routing home studies to staff with placement responsibilities. She also keeps the stakeholders who aid in recruitment informed of any changes in availability status of the children with TPR and a goal of adoption.

Heart Gallery of Alabama

Heart Gallery of Alabama continues to photograph new children as they become available. They also do photo and video updates annually on children previously photographed, but still waiting for adoption. Heart Gallery of Alabama (HGA) no longer has funding from Casey Family Programs. However, they continue to conduct exhibits throughout the state. The Department entered into a contract with HGA in February 2012. The purpose of the contract is to provide funding for staff to respond to families that inquire about children on the HGA web site and exhibits. During FY 2014 HGA took 103 portraits, 72 were of new children and 31 were updates. During FY 2015 109 portraits were taken. These included 77 new children and 32 children had their portrait and/or videos updated. In FY 2016 they took 199 portraits (86 new and 31 updates). For FY 2017, stats for the end of March indicate 58 portraits (36 new and 22 updates). HGA's current database was put into place five years ago. 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, 516 (60.4%) of children photographed have been placed for adoption by State Specialists, or their foster parents adopted them following a photo shoot. Including children they photographed prior to establishing the data base, they estimate a total of 550 children placed or finalized. During FY 2014 they responded to 2,555 inquiries from 1,666 unique families (some families inquire about multiple children. Heart Gallery Alabama responded to 3,204 inquiries from 1,908 unique individuals during FY 2015. In FY 2016 HGA responded to 3,332 inquiries from 2,117 unique individuals. From 10/1/2016 through 03/31/2017 they have responded to 1,304 inquiries from 819 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 in the Birmingham metro market. They currently enjoy partnerships with the FOX affiliate in Birmingham (WBRC Channel 6) and the NBC affiliate in Montgomery (WSFA Channel 12) to feature a different child/sibling group in a weekly Heart Gallery features. During the early months of FY 2017 they added another Raycom station to their list of television partners (WAFF-NBC in Huntsville). Work is on-going to develop a similar partnership in the Mobile metro-area.

Pre and Post Adoption Services

Beginning 10/01/18, the Pre and Post Adoption Services contracts were combined into one contract. 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.

Under the new contract, post-adoption services in Alabama have been combined within one contract and are provided by Children's Aid Society via a program known as Alabama Post Adoption Connections (APAC). APAC is a collaborative effort between the Office of Adoption and Children's Aid Society to promote adoption. Its specific post adoption mission is to support, strengthen, and empower adoptive families. APAC post-adoption services continue to grow in visibility and use by adoptive families. The Pre-Adoption service component was added in 2008, and has increasingly provided adoptive family resources for waiting children. The State's contract for services was last renewed in 2012 to provide additional support for both adoptive families and the professionals working with them

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

review areas of concern.

For FY 17, pre-adoption component provided for the following services:

• Group Preparation and Selection (GPS) Orientation Attendees	124 families
• GPS Training Attendance:	76 families
• GPS Training Completed:	63 families
• Home Study Received:	52 families
• Home Study Approved:	51 families
• Match:	22 families
• Finalization:	9 families

The post-adoption services contract provided for the following services (FY 17):

• Adoption Information & Support	460 families
• Lending library of print and video materials.	559 families
• Educational Trainings (On-site, live webinar, and other training and conferences) This is for parents and professionals	630 families
• Adoptive Family Advocacy (fully launched in October, 2016)	82 families
• Counseling (includes a crisis hotline 24/7)	201 families
• Trained therapist network – available to adoption professionals and families	83 families
• Annual Summer Camp for children/youth who have been adopted.	75 families
• Camp APAC (total number of campers)	140 campers
• Adoptive Family Support Groups	148 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.

FY15	4,718 consumers served	15,476 service units
FY16	4,915 consumers served	17,017 service units
FY17	4,592 consumers served	31,378 service units

A. Information and Referral

APAC continues to provide Information and Referral Support to anyone who desires information about adoption related issues. In FY 2013, APAC provided 552 units of Information and Referral to 467 individuals coming from 339 families. In FY 2014, APAC provided 716 units of Information and Referral to 667 individuals coming from 418 families. In FY 2015, APAC provided a combined 1,028 units of Information and Referral to 708 individuals coming from 529 families. In FY 2016, the post-adoption team provided 801 units of Information and Referral to 740 individuals coming from 531 families. Additional Information and Support services were provided to PRE-adoptive families (716 units of service involving 182 consumers from 119 families). During FY 2017, the post-adoption team provided 803 units of Information and Referral to 704 individuals coming from 462 families. Additional Information and Support services were provided to PRE-adoptive families, 1314 units of service involving 222 consumers from 139 families).

B. Lending Library

A Lending Library on adoption-related topics continues to be available for both foster and adoptive families and the professionals who work with this population. Books, DVDs, Videos, 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. In FY14, 1764 check-out sessions were made to 491 consumers (354 families). In FY15, 2,512 check-out sessions were made to 553 consumers (381 families). In FY16, 4555 resources were checked out by 769 clients from 504 families. The dramatic library service increases is due to counting resources individually rather than just by check-out sessions, as well as arranging archived APAC webinars to be available by library check-out. During FY 2017, 5,152 resources were checked out to 876 consumers and 558 families.

C. Educational Trainings

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, more than 4,000 training services are provided by APAC each year, with more than 14,000 live webinar service units since APAC initiated webinar trainings.

D. Adoptive Family Groups (AFG's), Special Events, Adoptive Family Mentoring and Support

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 15, 3116 AFG sessions were provided to a total of 721 adoptive family members (193 families). In FY 16, 2555 AFG sessions were provided to 867 adoptive family members (169 families). In FY 17 these numbers were: 2140 AFG sessions provided to 1,017 adoptive family members (291 families). The informal networking generated through participation in Adoptive Family Groups is invaluable; however, the number of participants is dropping in spite of continued recruitment efforts.

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 FY15, 458 special event services were provided to 420 adoptive family members coming from a total of 145 adoptive families. In FY 16, 646 special event services were provided to 584 individuals from 180 adoptive families. During the first six months of FY 2016-2017, special event services were provided to 312 adoptive family members from a total of 63 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 FY 16, there were 235 adoptive parents participating in the online support group. Now there are over 320 adoptive parents receiving support through this online support group. Additionally, anonymous consumer feedback tells us that adoptive resource families desire more communication and support after licensing approval and before adoptive child placement. A private Facebook Support Group for APAC pre-adoptive families was set up in December 2016 to help fill this gap. At this point, there are only 15 families actively participating, but more are anticipated now that the service is officially launched. 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. Over the span of FY 17, there were 1,929 family advocacy service units provided to 137 consumers (82 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”.

FY 13 321 adoptive family members received 1,286 counseling sessions. Plus: 16 individuals (11 families) received crisis counseling sessions.

FY 14 428 adoptive family members (170 families) received 1,299 sessions. Plus: 39 individuals (10 families) received crisis counseling sessions.

FY 15 393 adoptive family members (161 families) received 1,175 sessions. Plus: 17 individuals (8 families) received 14 crisis counseling sessions.

FY 16 369 adoptive family members (162 families) received 1060 sessions. Plus: 21 individuals (10 families) received 53 crisis counseling sessions.

FY 17 420 adoptive family members (201 families) received 1,047 sessions. Plus 15 individuals (9 families) received 46 crisis counseling sessions.

Of the 10 families receiving crisis intervention in FY16, five were finalized adoptions, three were pre-adoptive, and two were international. One out of the 10 families disrupted, when that one family already determined to place their child in a treatment facility prior to APAC involvement. In the first six months of FY17, out of eight families, six were finalized adoptions and two were pre-adoptive (one DHR trained and one APAC trained). Both pre-adoptive families disrupted. Our goal is that more recently trained pre-adoptive families will have improved stability outcomes with Alabama’s new trauma informed TIPS preparation training and APAC’s Family Advocacy and online support services.

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.

FY 14	725 individuals attended the TTN workshops.
FY 15	842 individuals attended the TTN workshops.
FY 16	692 individuals attended the TTN workshops.
FY 17	424 individuals attended the TTN workshops.

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

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.

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 GPS (Group Preparation and Selection classes), had home studies prepared, and we have provided assistance to DHR adoption placement Specialists for the matching of waiting children with these waiting families. GPS classes were 10 week, 3-hour training sessions 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 Permanency for review and approval. The Recruitment efforts between DHR and APAC have resulted in hundreds of new adoptive family resources and matches of children with these families.

FY 14	1,825 inquiries on fostering/adoption were provided information 252 consumers received APAC orientation recruitment services 158 individuals attended GPS classes (93 families) 59 individuals (32 families) were approved as adoptive resources 27 children were matched with 19 “APAC” families
FY 15	1,484 inquiries on fostering/adoption were provided information 210 consumers received APAC orientation recruitment services 143 individuals attended GPS classes (84 families) 73 individuals (43 families) were approved as adoptive resources 13 children were matched with 10 APAC families
FY 16	1124 Inquiries on fostering/adoption were provided information 273 individuals received APAC orientation recruitment services 164 individuals attended APAC GPS classes (92 families) 85 individuals (46 families) were approved as adoptive resources. 19 children were matched with 15 “APAC” families
FY 17	1314 inquiries on fostering/adoption were provided information

220 consumers have received APAC orientation recruitment services
 139 individuals have attended GPS (76 families)
 89 individuals (51 families) have been approved as adoptive resources
 36 children have been matched with twenty-two APAC families.

Court Improvement Program - See under ITEM 32, Coordination with Federal Programs

Wendy’s Wonderful Kids

The Dave Thomas Foundation for Adoption (DTFA) 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 under the auspices of its Wendy’s Wonderful Kids (WWK) program. The Office of Adoption has two positions dedicated to child-focused recruitment through this grant. Alabama is RARE in that most of the grantees are private non-profits.

These positions were approved due to the success experienced in the initial grant period. This service is now available to the Jefferson, Shelby, Tuscaloosa, and Mobile County areas where a majority of Alabama’s waiting children reside. Each of the two positions has a caseload of up to 16 children who have lingered in the system and have no identified adoptive resource. This method of recruitment has been successful in achieving the annual goal of identifying potential families for a number of children re-negotiated annually with the DTFA as the grants are renewed. The WWK project in southwest Alabama renews each year in January. The Jefferson County WWK grant renews annually in July. The chart below (next page) shows the number of matches and finalized adoptions in each of the project years. Some children may be matched more than once. Not all matches move to placement and finalization after pre-placement activities begin.

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 success rate. 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 is a great need of a recruiter in the Northern part of Alabama however 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
2009	16	20			
2010	16	9			
2011	13	12	2011*	10	3
2012	12	11	2012	10	5
2013	12	10	2013	6	12
2014	12	15	2014	6	9
2015	12	6	2015	10	10
2016	12	15	2016	8	4

2017	16	16	2017	16	16
TOTAL MATCHES: 93 children w/ 114 total matches			TOTAL MATCHES: 56 children with 59 total matches		
Project Year (Jan-Dec)	Adoption Goal	Adoptions Finalized	Project Year (July-June)	Adoption Goal	Adoptions Finalized
2009	4	10			
2010	6	6			
2011	7	6	2011	0	0
2012	6	6	2012	3	3
2013	6	3	2013	3	5
2014	6	10	2014	6	9
2015	8	2	2015	8	8
2016	8	6	2016	6	1
2017	6	4	2017	6	7
TOTAL ADOPTIONS:		53	TOTAL ADOPTIONS:		33

A child-specific recruitment packet has been developed that identifies the information that must be submitted to the State to ensure timely inclusion of a child into recruitment activities. There continues to be a need to address the capacity to respond to the Hispanic culture. Currently there is limited capacity to translate materials into Spanish and the State is exploring more effective translation resources. There continues to be effort to explore recruitment of resources to support the training and support of this population. Additional funding has been dedicated from Adoption Incentive for increase and support of statewide recruitment efforts. With the assistance of an adoptive parent of Hispanic heritage, one of our radio public service announcements was recorded in Spanish this year and distributed to Spanish language radio stations through the Alabama Broadcaster's Association's Public Education Program.

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

Input Received from Initial Stakeholder Focus Group

On November 7, 2017, an initial focus group was convened of stakeholders from Alabama's State QA Committee, and Alabama's Child Welfare Collaborative Team. Additionally, opportunity was provided to the members of both groups to provide feedback after the meeting. While the information obtained is considered preliminary at the time of the draft Statewide Assessment, the input from stakeholders, relative to the agency responsiveness is hereby provided:

- There is consultation and collaboration occurring, though the frequency with which it occurs could be improved. Also, more attention can be given to multi-agency meetings and ensuring that all involved partners in a case, are included in the ISP process.
- The provider community does have ongoing coordination/collaboration that is working well; however, some input was provided regarding ensuring that greater attention is being given to utilizing the independent living resources/services available through community partners (via involvement in the ISP process).
- Although some improvements were noted, DHR staff (worker) turnover is still seen as a factor that hampers collaboration, particularly in regard to staff having child abuse/neglect assessment responsibilities.

Item 32. Coordination of CFSP services with other Federal programs

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

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.

Collaboration with other Private and Public Agencies

There have been several initiatives related to private and public agencies which will continue. The Independent Living Program works closely with **Children's Aid Society** to provide services and supports to older youth in foster care. We have developed great collaborations with 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 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. There will be 170 young people across the state graduating from high school in 2018; representing a 12% increase from the two previous years. There will be 7 Fostering Hope Scholars graduating in 2018 as well. 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 will also work to develop a partnership with **Housing and Urban Development** to decrease the number of homeless youth. There are several organizations around the state which focus on supporting youth as they exit foster care. **Kids to Love, Youth Towers, My Father's House, the BigHouse Foundation and Camp Hope** all seek to serve young people 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.

We have worked closely with our **Medicaid Agency** to ensure that young people who are eligible for the extension of Medicaid coverage to age 26 are made aware of this opportunity. The information regarding the expansion was provided to all Department staff and they were advised to share that information to all eligible youth. We have coordinated training for our staff and youth making them aware of their eligibility and directing them to Alabama's Medicaid website to re-enroll for insurance coverage. Training has been provided to caseworkers and youth, and will be presented to county supervisors at upcoming conferences in late June and mid-July, 2017. The information and link to the website is also on our Independent Living website. As of October 1, 2016, all young people who are eligible upon their exit from out of home care will be automatically converted to the Medicaid to 26 health insurance program. The Department has been working on an interface with the Alabama Medicaid Agency to ensure that all eligible young people will continue to receive this much needed service without interruption. 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 at 18 are identified and their FACTS files include 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. We will continue to provide this training to all stakeholders to combat this issue. We are working with a local agency to develop a possible treatment/placement facility for young people in the state who have been identified as victims of human trafficking. Services, supports and trainings have been provided to ILP staff and young people to address homelessness. The Department works in partnership with the youth homelessness prevention programs provided through Children's Aid Society and Youth Towers. A partnership with Housing and Urban Development with the goal of securing a partnership to provide long-term, affordable housing for former foster youth across the state will be developed.

Court Improvement Program

DHR staff works closely with the AOC staff to address policies and practices of both the court system and the child welfare system. AOC was a key partner in the implementation of Alabama's CFSR, Round 2, PIP through assisting in identifying and implementing steps to improve dependency case flow management and educating judges and guardians-ad-Litem. Alabama DHR and AOC share data relevant to Administrative Review 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 video conference training on several legal topics for attorneys, court employees, and child welfare staff. In addition, DHR staff continues to partner with AOC staff to monitor the timeliness of permanency hearings and other timeframes in the dependency and TPR case process through sharing of data which will be used to develop future trainings. Discussions have been held with AOC and internal Legal staff regarding training.

Local onsite trainings have occurred in some counties, and the State Legal Office has been closely involved with adoption cases throughout the state; conducting onsite reviews, 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 continues to represent the Department 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. With the assistance of Casey Family Programs, a decision was made to conduct Judicial Summits across the state. Four have already been hosted; one in October, 2014, the second in April, 2015, the third in November, 2015, and the most recent in October, 2016. Significant information about child development, child welfare Federal and state laws, the Department's Individualized Service Planning process, and a focus on permanency were highlighted. Judges, County Directors, and a representation of supervisors and line social workers attended, along with some parent's attorneys and Guardians-ad-litem. Casey Family Programs has been a generous partner in the development and success of these Summits.

Training initiatives provided/promoted by AOC include the following activities:

- Training sessions are conducted 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 Guardian ad Litems 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, foster care placements, and the individualized service plans (ISP) process. 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, were 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 give attention to Parent's Attorney training, Family court Judges' seminars, and Chief Juvenile Probation Officers'/Juvenile Court Administrators' seminars.

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. Failure to participate often results in incarceration for failure to pay child support.

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 2017, a monthly average of 9,746 families received assistance representing about 17,724 children and 4,448 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.

Teen Pregnancy Prevention Projects

The Department partners with the Alabama Department of Public Health and the Alabama Campaign to Prevent Teen Pregnancy (ACPTP) for pregnancy prevention efforts. The mission of the ACPTP is "to lead Alabama in adolescent reproductive health and teen pregnancy prevention with an emphasis on positive youth development." More information about the mission, vision, values as well as priorities of the ACPTP can be found on their website at www.acptp.org. JOBS Program case managers as part of their client assessment provide discussion and information about the impact of additional children as it pertains to the goals of personal responsibility, parenting and family support. Based on data retrieved from the above website, the teen pregnancy rate for Alabama for females age 10-19, was 20.3 for 2016, which was the lowest since 2007 (39.7). Alabama's teen birth rate for females age 10-19, was 16.4 for 2014, which was the lowest since 2005 (25.8).

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 2016, the SAIL Project received 2,286 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 776 SAIL participants, helped 110 participants acquire employment, and provided financial assistance to over 250 low-income individuals.

COLLABORATION WITH THE TRIBE - CONSULTATION AND COORDINATION BETWEEN STATES AND TRIBES

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. While counties continue to contact the Office of Child Welfare Policy and the Office of Quality Child Welfare Practice (QCWP) for assistance, they do have policy that directs their work with Indian children and families. At the initial involvement with a child and family, the issue of whether the child has any Native American ancestry is to be addressed. To facilitate this, a "notification of involvement" should be sent to 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-systems 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.

2019 APSR: Collaboration / Coordination between the State and the Tribe: Poarch Band of Creek Indians (PCI) & Alabama Department of Human Resources (DHR)

2018 Annual Meeting Summary Date of Meeting: April 27, 2018

Location of Meeting: PCI Office

Participants

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

PCI Staff

- Martha Gookin, Division Director, Tribal Member Services
- Amanda Montgomery, Director, Family Services
- Michealine Deese, Child and Family Welfare Coordinator
- Jennifer Reynolds, PCI Family Services
- Taylor Evans, PCI Student Intern
- Thursa Cale, PCI Family Services
- Lena White, Community Services Coordinator
- Stephanie Gatlin, PCI Family Services
- Frank McCloskey, PCI Family Services

Escambia County DHR:

- Tracie James-Mauldin, Escambia County DHR
- Rhonda McCorvey, Escambia County DHR

SDHR, Family Services/Legal/Quality Assurance:

- Karen Smith, Director – SDHR Family Services
- Felicia Brooks, SDHR Legal Counsel
- Valencia Curry, Family Services - Foster Care
- Eric Graves, Director SDHR Quality Assurance
- Shawanda Harris, Family Services – Office of Policy
- Larry Dean, Family Services – Federal Coordination and Reporting

The results of the annual meeting, held on April 27, 2018, are reflected in the content that follows.

I. Inter-agency Agreement (IA)

There was mutual agreement to proceed with finalizing the draft IA, and preparing it for signature. In order to ensure that PCI and DHR were working from the same document, PCI staff sent by email the current draft version to FSD for review. After that review was completed, the document was forwarded to SDHR Legal for final review. With concurrence from Tribal and DHR Legal staff, the IA has been prepared for signing by both the Chair of the Tribal Council and the DHR Commissioner. Coordination of dates for a formal signing will be initiated in July, with hopes of it occurring in July or August, 2017. The 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.

II. 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.

III. ICWA Compliance

A tentative plan is to conduct an ICWA educational session at the PCI Office for DHR staff from the southern counties. As a part of the agenda for that day, a cultural presentation would also occur for attendees. The staff of PCI will determine what date options there are for use of their facilities in this regard and provide that information to Family Services. Family Services Leadership will decide on the details of informing the selected counties, seek the necessary approvals and coordinate with PCI staff and Escambia County DHR staff on program plans. ICWA policy will also be addressed in the policy training offered by SDHR, Family Services Division. **2017 UPDATE:** PCI staff will be presenting ICWA information at the DHR Supervisor Conferences that are scheduled for summer 2017. It was agreed at the annual meeting on 5/3/17 that the Department will send the current ICWA policy to PCI for review to ensure concurrence of ICWA compliance (or needed updates). Subsequent to the meeting the Department's ICWA policy was emailed to PCI staff. **2018 UPDATE:** As of the annual meeting, it was unclear if presenter slots were still available for the Supervisor Conferences being held during the summer of 2018. Subsequent to the meeting, DHR staff explored this further with the University of Alabama. Presenter slots remained available, and PCI staff were added to the slate of presenter; this will enable them to provide ICWA information, and/or any information they most want to convey to DHR supervisors.

IV. Program Improvement Plans (PIPs) Related to PL 113-183

Copies of the already approved PIP on Successor Guardian and draft PIP for PL 113 were distributed, along with copies of the legislation that was introduced regarding various aspects of PL113-183. Some contextual information regarding the respective content pieces were discussed, and further information on the PL 113 PIP will be provided as it is approved and planning proceeds. **2017 UPDATE:** Both of the identified PIPs are scheduled for completion over the summer of 2017. Upon confirmation of their completion from the Children's Bureau, copies of each will be provided to PCI staff. **2018 UPDATE:** Information was provided that both of these PIPs had been completed. The close out letter from the Children's Bureau for the PL 113-183 PIP was dated July 14, 2017. The close out letter from the Children's

Bureau for the Successor Guardian PIP was dated September 27, 2017.

V. Plan for Improvement (PFI)

Copies of the PFI were distributed, and participants were encouraged to submit any comments, suggestions, or questions on the PFI to Family Services. In particular, any activity that is already in place, or occurring, that could help address any of the goals or objectives, would be important to include in the plan. **2017 UPDATE:** Prior to the annual meeting, a copy of Alabama's approved 2017 APSR (which contains the PFI) had already been provided to PCI staff. Additionally, PCI staff are members of both the State QA Committee, as well as the CWCI Team and thereby receive information on the PFI by virtue of such membership. The Department welcomes any ideas that PCI staff may have for inclusion in the PFI. **2018 UPDATE:** The PFI is contained with the APSR, and the approved 2018 APSR was sent to PCI staff on January 26, 2018.

VI. Round 3 (R3), Child and Family Services Review (CFSR)

The general plans for the R3, CFSR were provided. Family Services will definitely include PCI in the focus group of stakeholders that are interviewed for the CFSR. Although it is too early to determine review team membership, PCI staff may be included for this component of the review as well. **2017 UPDATE:** The Tribe remains a significant stakeholder in the work carried out by DHR staff, and will be involved in the CFSR process. Further conversation on the CFSR and the various components will occur as planning moves ahead. While PCI staff will have opportunities for CFSR discussion via participation in the CWCI Team and State QA Committee, discussions between staff from both agencies will also occur. **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. PCI staff will be asked to be involved in one of the stakeholder focus groups for the CFSR. It is not yet known if their involvement would occur prior to, or during, the onsite review on July 23-27, 2018. DHR staff will keep PCI Leadership informed of stakeholder focus group plans as they become known.

VII. 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.

VIII. 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.

IX. Miscellaneous

- 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.
- 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.
- 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.
- 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.
- **2018 Meeting – 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.
- **2018 Meeting – 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.

X. Process for gathering input for the 2018 APSR

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

- The Tribal Members Services Division Director, as well as the Director of Family Service for the Tribe are member of the CWCI Team. The Tribal Members Services Division Director, is also a member of the State QA Committee, which also provide ongoing opportunities for exchange of information, collaboration, etc., with both the Department and other agencies represented on the team/committee.
- The Director of Family Services for the Tribe participated in the 2015 Joint Planning Conference, conducted with staff from the Children’s Bureau Regional Office in April 2015.
- **2017 Update:** PCI staff continue to be members of both the CWCI Team and State QA Committee and are thereby afforded opportunities for input. Also, the APSR collaboration content has been provided to PCI staff as a means to highlight any APSR area or content for which the Tribe would like to have further discussion.
- **2018 Update:** PCI staff continue to be members of both the CWCI Team and the State QA Committee and thus continue to have opportunities to provide input to the APSR. Additionally, on April 19, 2018, PCI staff attended the Joint Planning Meeting and provided information to federal staff.

XI. 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 SACWIS system. Race is a required field in FACTS and when American Indian/Alaskan Native is selected as the race, additional fields are required to specify the child’s tribe, membership status, and parent/custodian/tribal notification. FACTS is operating statewide. The goal of mutual collaboration will continue in effect over the time frame covered by the 2015-2019 CFSP. **2017 Update:** The goal of mutual collaboration will continue in effect over the time frame covered by the 2015-2019 CFSP. **2018 Update:** The goal of mutual collaboration continues in effect.
- The Department must formally and in writing notify the Indian child’s parents or Indian custodian and the child’s tribe of pending legal proceedings involving foster care or termination of parental rights. Notification is by registered mail with return receipt requested. The goal of mutual collaboration will continue in effect over the time frame covered by the 2015-2019 CFSP. **2017 Update:** The goal of mutual collaboration will continue in effect over the time frame covered by the 2015-2019 CFSP. **2018 Update:** The goal of mutual collaboration continues in effect.
- DHR policy provides that tribes have an absolute right to intervene in those child custody proceedings defined in ICWA. Tribes may decline jurisdictional transfer, but retain the right to request updates and participate in planning activities for development of the Tribal/Department plan for the child. The goal of mutual collaboration will continue in effect over the time frame covered by the 2015-2019 CFSP. **2017 Update:** The goal of mutual collaboration will continue in effect over the time frame covered by the 2015-2019 CFSP. **2018 Update:** The goal of mutual collaboration continues in effect.
- There are two placement categories for Indian children: foster care/pre-adoptive placements and adoptive placements. Foster care/pre-adoptive placements include members of the child’s extended family; foster homes which are licensed, approved or specified by the child’s tribe; and Indian foster homes licensed or approved by an authorized non-Indian licensing authority; or institutions for children which are approved by an Indian tribe or operated by an Indian organization which has a suitable program. Adoptive placements include a member of the child’s extended family; other members of the Indian child’s tribe; or other Indian families. The goal of mutual collaboration will continue in effect over the time frame covered by the 2015-2019 CFSP.**2017 Update:** The goal of mutual collaboration will continue in effect over the time frame covered by the 2015-2019 CFSP. **2018 Update:** The goal of mutual collaboration continues in effect.
- Prior to initiating court proceedings to remove Indian children from their homes, active efforts are made to maintain the Indian family unit. Active efforts are defined as “making active attempts to assist in alleviating the problem that causes the need for removal.” Active efforts are more intense than reasonable efforts and require remedial services and rehabilitation programs for family members to prevent placement and are made before out-of-home placement is considered. The goal of mutual collaboration will continue in effect over the time frame covered by the 2015-2019 CFSP.**2017 Update:** The goal of mutual collaboration will continue in effect over the time frame covered by the 2015-2019 CFSP. **2018 Update:** The goal of mutual collaboration continues in effect.
- 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. The goal of mutual collaboration will continue in effect over the time frame covered by the 2015-2019 CFSP. 2017 Update: The goal of mutual collaboration will continue in effect over the time frame covered by the 2015-2019 CFSP. 2018 Update: The goal of mutual collaboration continues in effect.

XII. 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. The goal of mutual collaboration will continue in effect over the time frame covered by the 2015-2019 CFSP. 2017 Update: The goal of mutual collaboration will continue in effect over the time frame covered by the 2015-2019 CFSP. 2018 Update: The goal of mutual collaboration continues in effect.
- 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. Update 2015: 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. 2017 Update: See 2015 update. 2018 Update: See 2015 update. Should there be a need/desire by either agency to re-open discussions on this matter, it will be done.
- The Department will explore in conjunction with the Tribe a method for the Medicaid reimbursement for services provided by the Tribe for Indian children who are eligible for Medicaid. Update 2014: This was not discussed at the April 2014 meeting. A plan was made to discuss with Deputy Director and Targeted Case Management Program Manager to schedule teleconference with Ms. Gookin by July 2014. The planned deadline date for an initial discussion will be extended to November 28, 2014. Update 2015: During the conference call that occurred on November, 6 2014, it was unclear whether PCI Administration had inquired about becoming a Medicaid Provider. Consideration of any next steps will occur after that determination has been made. 2017 Update: See 2015 update. 2018 Update: See 2015 update. Should there be a need/desire by either agency to re-open discussions on this matter, it will be done.
- The Department, in collaboration with the Tribe, the Department of Child Abuse Prevention and the Regional ACF Office, will explore access to CAPTA funding from the Department of Child Abuse Prevention (Children's Trust Fund). Update 2014: This was not discussed at the April 2014 meeting. There is a plan to discuss with CPS Program Manager to schedule teleconference with Ms. Gookin by July 2014. The planned deadline date for an initial discussion will be extended to November 28, 2014. 2015 Update: This matter remains one for which next steps (if any are to occur) need to be identified. 2017 Update: See 2015 update. 2018 Update: See 2015 update. Should there be a need/desire by either agency to re-open discussions on this matter, it will be done.

XIII. Identify Sources of Data to Assess State's Ongoing Compliance with ICWA

- See content regarding FACTS, under XI above.

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

- The Department, in collaboration with the Tribe and the Regional ACF Office, will review supplemental instruments to evaluate ICWA compliance, for use in the next CFSR that occurs in Alabama.
- The Children's Bureau has begun to share information/expectations around the next round of the CFSR process. Alabama is scheduled for review in 2018. There was not a significant discussion of this issue.

- **2017 Update:** Should the Children’s Bureau provide to the Tribe and/or the Department supplemental review instruments to evaluate ICWA compliance, they will be promptly distributed to the intended audience, along with the expectations for their use.
- **2018 Update:** This is the year for Alabama’s CFSR and no supplemental review instruments have been provided to the Department by the Children’s Bureau. Should that yet occur, the instruments, tools, etc., would be immediately shared with PCI staff.

XV. Information Related to the CFCIP as it Relates to Tribal Children – 2018 Update: The status of the below items, as articulated therein, remain in effect.

- The Department considers all children as “Alabama’s Children” without regard to race or culture. The Alabama Medicaid Agency has approved PCI to contract individually with residential facilities when a youth needs residential treatment services. The Department will continue to strengthen services to Indian Youth who reside on reservations and need access to benefits and services under the Chafee Foster Care Independence Program (CFCIP). Indian Youth are to have access to the benefits and services under the CFCIP on the same basis as any other child. Efforts will continue to be made to ensure that Indian Youth have access to CFCIP and Education Training Vouchers. See Section of APSR on CFCFP/ETV.
- Indian families and the Tribe are to be included in ISPs for the child/family when the Department is working with Indian children and youth living off the reservation. The goal of mutual collaboration will continue in effect over the time frame covered by the 2015-2019 CFSP.
- The Tribe continued to be interested in funding discussions, e.g. ILP. Family Services will be responding to the Tribe’s ILP questions/issues by September 2014. The planned deadline date for an initial discussion will be extended to November 28, 2014, though this will be an ongoing topic of discussion.
- **Update 2013:** Any ILP-eligible Indian Youth in the state’s foster care system will have access to CFCIP and ETV funds as any other youth in foster care. Additionally, Indian Youth that have a high school diploma or GED, have access to Tribal monies (through the Tribal Trust Fund) to assist in paying for college expenses. Finally, SDHR and PCI staff agreed that if a specific Indian Youth in the state’s foster care system was in need of particular services, collaboration would occur around assessing/addressing those needs, as they would for any other (non-Indian) youth in foster care. The goal of mutual collaboration will continue in effect over the time frame covered by the 2015-2019 CFSP.
- At the annual meeting in April 2015, some of the resources available for ILP-eligible youth through participation in local ILP groups were highlighted, including the fact that IL services were available to any youth age 14 and older. Ms. Gookin’s name 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 Children’s Justice training sessions and FSD’s Office of Child Welfare Training, will be sent to her.

XVI. Exchange of Copies of the 2018 APSR

- FSD has provided PCI with a copy of the **2018 APSR**.
- Upon approval of the **2019 APSRs**, the exchange of documents will occur.

XVII. Other: Interagency Agreement (IA)

2014 Update - Attorneys for both PCI and SDHR have communicated on the completing of a new IA. A goal remains for the finalizing, implementing and monitoring of a signed IA. The completion of the IA will remain a goal, and upon completion, periodic review and monitoring will continue to occur. In discussing the draft IA, PCI, Attorney Kemmer indicated that she had no revisions to offer relative to the content of the IA itself. It was agreed that any changes deemed necessary by the revised ICWA Guidelines would be made in the Department’s ICWA Policy (which is exhibit A of the IA), not in the content of the IA itself. Still, with the possibility that revisions may be made to Department policy, the IA itself will be put on hold at the present time.

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

2017 Update: See under “I” above. **2018 Update:** The IA is now in effect – See under “I” above.

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

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

Systemic Factor VII: Foster/Adoptive Parent Licensing/Recruitment/Retention

Item 33. Standards applied equally

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.

Measurement Data

Of the counties reviewed in FY 2017, 69% were rated as having a Strength for Alabama's Best Practice Indicator #31 (Foster Homes in Compliance with Minimum Standards). Although there are some fields in FACTS that have data elements related to Minimum Standards which are entered, we do not currently have any good data on Minimum Standards Compliance. It is the responsibility of the county resource workers to ensure that minimum standards are met prior to approval and at each mid and annual approval.

Supervisors and Directors should also be ensuring compliance as the director's signature is required. The Department ran a query recently that reviewed ABI/FBI and CA/N Clearance completion dates. The numbers were not good at that time. However, it is not believed that the low numbers indicated that the clearances were not being completed, rather that they were not being entered into FACTS.

Data / Data Trend – Item Assessment

As part of the on-site reviews conducted by State QA a percentage of foster family home records are reviewed utilizing a "Resource Record Review" tool. The review tool examines various aspects of the minimum standards requires, including but not limited to: training requirements, background checks & CA/N clearances, health & safety standards and care for children. The "Resource Record Review" tool has over forty items that each case record reviewer assigns a compliance or non-compliance check mark. All homes are reviewed without variance. This ensures that all homes reviewed are applied equitable standards.

When there is a negative result on a background check, suitability letters will be mailed to the individual. No suitability letters will be issued until both the ABI and FBI results have been received. Results will be one of the following categories:

- No Criminal History Activity - There is no criminal record of the applicant on file with either ABI or FBI.
- Criminal History Activity without disqualification indicates the applicant has a criminal history, but has not been charged with a crime that would make him/her ineligible for a suitable determination to work with children.
- Criminal History Activity with disqualifying Crime indicates the applicant has a criminal history and has been charged/convicted with a crime that could make the applicant ineligible to work with children.

If additional information is needed, the applicant will be sent a letter by the criminal history worker through regular mail requesting the information. The applicant will have 45 days to return the information requested to the criminal history check worker. If the additional criminal history information is not received from the applicant within 45 days from the date of the requesting letter, the applicant may be considered unsuitable; the application may be denied and the

resource case will be closed on FACTS. If a final decision on approving the home is delayed because of additional criminal history information the resource worker must document the reason for the delay.

Review sheets from on-site reviews for 11 counties reviewed in 2017 have been examined, with some of the findings being as follows:

- Families consistently complete required pre-service training and resource records contain the necessary documentation. When this documentation is missing, it is typically because it was an older home, trained and studied by a former contract provider such as Family Finders.
- Provisional foster family home approval is not always done in compliance with applicable policies.
- Resource records do not provide adequate information on the care of children being provided by foster family homes.
- The amount of documentation provided for foster parents' annual continuing education varies from county to county. Some counties do a very good job in tracking this and in some counties it is not adequately tracked.

Counties appear to struggle with minimum standards compliance include the following areas:

- Documentation of home/road work that is a part of the pre-service training component.
- Narrative or other documentation that shows when children move in/out of home and why.
- Narrative or other documentation that describes the quality of care foster parents provide to children in their home.

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.

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

The Department and contracted providers still train, assess and approve foster homes (traditional and therapeutic) according to the *Minimum Standards for Foster Family Homes*. In response to the passage of PL113-183 a sub-committee was formed to address normalcy in foster care to determine what changes need to be made to the Minimum Standards and other policy documents regarding the safe and prudent parenting standard. As a result of the passage of Act 2016-19, revisions 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. RPPS training materials were developed, including Power Point Slides, note pages and handouts.

Foster/Adoptive parents, DHR staff and staff of child-placing agencies and residential facilities were trained during early FY 2017 according to the plans provided in the Plan for Improvement Document. Statewide training was provided in six rotating sites (Madison, Baldwin, Jefferson, Montgomery, Tuscaloosa, and Coffee Counties). Training was conducted jointly by staff from the Office of Foster Care, Office of Resource Management and the leadership of the Alabama Foster & Adoptive Parent Association to all current foster/adoptive resource families. Training materials were supplied to staff that will be responsible for training incoming foster parents.

The RPPS Training will be provided to new, incoming foster parents by adding an eleventh (11th) week to the pre-service training requirements. New staff will be trained through the Departments LETS system. Materials have been developed for LETS and at the time of this report are being testing. Non-DHR staff without access to LETS will be able to access materials through the same site where TIPS materials are accessed. The Office of Child Welfare Training (in the Quality Assurance Program) will upload the materials to that site. RPPS training will be provided to new child-placing agencies and residential child care facilities as needed by the Division of Resource Management/Office of Residential Licensing.

The Department of Human Resources approves all providers (contracted, non-contracted, and private) according to the *Minimum Standards for Residential Child Care Facilities, Minimum Standards for Child Placing Agencies, Minimum Standards for Foster Family Homes, and Therapeutic Foster Care Manual*. The Office of Licensing will review and evaluate initial applications, and supporting documents for completeness of content and accuracy to insure compliance with standards. Site visits, announced and unannounced, are made to verify compliance with *Minimum Standard for Child Care Facilities, Minimum Standards for Child Placing Agencies, Minimum Standards for Foster Family Homes, and Therapeutic Foster Care Manual*. When *Minimum Standards* for the operation of a child care 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 utilizes internal worksheets to review personnel records, children's records, foster parents and adoptive records of residential child care 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 child care 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.

Item 34. Requirements for criminal background checks

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 child care 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.

Data / Data Trend – Item Assessment

A request was made to the ODA to see if the current FFH/AR Query could accommodate a question about whether or not approved FFH/AR registered in FACTS have Criminal History Checks marked in the system's checklist. This was attempted but the query could not accommodate this, so a separate query is being developed run to pull this information from the system

As stated earlier State QA conduct resource record reviews when they complete on-site reviews in the counties. Review sheets from the on-site reviews conducted in 2017 have been gathered and reviewed to determine information about compliance with Criminal History Check Policies. Eleven Counties had on-site reviews that included resource record reviews. Resource record reviews are individual reviews of licensed foster homes that take place during State lead Q.A reviews. A forty-one item check list is completed on each licensed foster family. Some of the areas included on the check list are: preparation assessment and continuing education requirements, yearly class supplemental hours, First Aid/CPR/Water safety certifications, indicators of quality care of concerns and documentation of provisionally approved homes. Criminal background checks are completed at the time of initial application. Applicants for a license and each adult household member shall submit to the Alabama Bureau of Investigation, Department of Public Safety, and a request for a criminal history background information check.

The individual review sheets from the Resource Record Review conducted in Jefferson County were not available. However, the summary document prepared the reviewers did not indicate there were any issues in the area of missing criminal history checks. This information will be available and tracked in the future by the Office of Foster Care and Data Management.

In the remaining ten counties, 61 resource records were checked for compliance with standards, including Criminal History Checks. Of these, five counties were reviewed during the PUR, involving 27 resource records. Only one record was missing documentation of criminal history check completion, therefore, 98% of the records reviewed in FY 17 contained documentation of criminal history checks, with 96% of those reviewed during the PUR containing such documentation (see table below). Fingerprints, properly executed by a law enforcement agency or an individual properly trained in fingerprinting techniques are included.

COUNTY	DATE OF REVIEW	NUMBER OF HOMES REVIEWED	PERCENTAGE THAT HAD ABI/FBI SUITABILITY LETTERS IN RECORD
Washington	10/10 - 13/2016	5	100%
Clarke	12/5 - 8/2016	5	100%
Baldwin	1/23 - 26/2017	9	100%
Crenshaw	2/27 - 3/2/2017	5	100%
St. Clair	3/20 - 23/2017	10	100%
Cherokee	4/10 - 13/2017	5	80%
Jefferson	5/8 - 12/2017	TO BE PROVIDED	FOR FINAL SA
Lowndes	6/12 - 15/2017	2	100%
Chilton	7/10 - 13/2017	5	100%
Winston	7/31 - 8/3/2017	5	100%
Talladega	8/21 - 24/2017	10	100%

The Office of Child Welfare Practice Consultants monitors resource record reviews during their ongoing county consultations with resource staff and supervisors.

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

Item 35. Diligent recruitment of foster and adoptive homes

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. In terms of recruitment events, Alabama DHR was a 2017 sponsor for the 76th 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 FY17 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 in-formal way to start conversations about fostering and/or adopting.

The event yielded over 70 names of prospective parents. Information was mailed out to prospective individuals and families with contact information for their local DHR office attached. With the overwhelming success of this event, there are tentative talks on the way about making this an annual recruitment event. 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 assist counties and the placement staff with recruiting for our older foster youth who are ANIR. Also, a county director provided training at our annual supervisors conferences regarding recruiting in your community.

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.

Recruitment and Retention of Resource Families

Since completion of the market segmentation research work several years ago, information about the same has been shared utilizing county-specific information with several counties (upon request from the counties). Many counties have included foster and adoptive parents and other stakeholders in these working sessions alongside county staff that have resource development/resource worker responsibilities. Stakeholder participation has appeared to be more significant in smaller counties. From FY 2014 through the mid-point of FY 2017, a number of counties have held on-site diligent recruitment planning sessions that utilize market segmentation life style group information along with the counties' demographic information to develop diligent recruitment plans. The following 24 counties have completed a Market Segmentation Presentation/Planning session: Colbert, Lauderdale, Madison, Jackson, Cullman, Calhoun, Pickens, Tuscaloosa, Bibb, Shelby, Coosa, Chilton, Perry, Hale, Sumter, Marengo, Choctaw, Washington, Monroe, Covington, Coffee, Pike, Montgomery, and Barbour. The appendix section of this document contains a map that illustrates which counties have completed this work along with the counties where working sessions are planned. The portions of the agency's round 2 CFSR PIP addressing recruitment & retention of foster/adoptive resource families was developed by a recruitment and retention task force. Many of the staff and foster parents that were involved in that task force are no longer in their positions or have retired. However, the recommendations in their plan are still used in shaping the interventions and strategies for recruiting and retaining foster/adoptive parents. Although the recruitment partners group mentioned earlier provides great insight and feedback into the recruitment needs and activities of the agency, a new recruitment task force/planning group is needed. In the past (2004/2005) the Department had a Recruitment Task Force that included stakeholders like APAC and AFAPA. The task force also included county DHR representatives from small, medium and large counties. That group helped develop recruitment plans, including "message development" (e.g., Open Your Heart and the poster "Your ordinary may be a foster child's extraordinary)... that led to some of our work with the NRC and helped us reach the point of being trained on market segmentation and using that data. The task force hasn't existed since. It is believed that "a new recruitment task force/planning group" that promotes county involvement in developing a statewide plan would increase county's participation.

We plan to explore this further in 2018. Membership should include stakeholders, including more foster family/adoptive resource families who are currently fostering our children or who have recently adopted children from foster care. Stakeholder input indicates we need more homes willing/able to care for children with special health care needs and developmental disabilities. Organizations that are currently providers of enhanced foster care homes are interested in partnering with us on developing plans for specialized foster care homes, therapeutic adoptive homes, etc. Alabama completed the following action steps as part of the Round 2 PIP, on-going activities are also listed:

- Through an inter-agency agreement with another state agency, we were able to access software to generate the market segmentation data on existing successful foster/adoptive parents.
- The NRC trained our staff on how to utilize the market segmentation information to develop diligent recruitment plans. Since that time our staff have worked with counties (see map submitted earlier) on using their county-specific market segmentation and county demographic information to develop diligent recruitment plans.
- Annually counties are asked to develop and implement a local recruitment plan.
- A policy and procedures manual was developed/finalized, and continues to be utilized today, for recruiting, training an approving foster family/adoptive resource homes. At the time the policy was initially approved/released the provider type was foster family homes, since that time one significant change is a dually-approved provider type known as foster family/adoptive resource home.
- The state QA on-site review process was revised to include an resource record review process. A review instrument was developed and finalized and continues to be used. The items on the review sheet are intended to measure compliance with Minimum Standards for Foster Family Homes.

The foster parent mentoring recommendations and actions were carried over from the PIP to the CFSP. After NRC consultation provided by Sharri Black, Mike Grimes and Joe Kroll and review of another state's program, a draft foster parent mentoring program was developed and trained. The pilot was implemented in three pilots following training in October 2012. Four counties were selected, but the fourth county never actually implemented the pilot. The mentoring program as developed involved adding additional sessions on to the end of the already ten-week-long required pre-service training for new foster parents. Two of the original three counties actually implemented the curriculum two a second set of newly-trained foster parents. The counties reported the meetings were positive but they encountered barriers in recruiting and training additional mentors. 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.

Measurement Data - From Staff / Stakeholders Survey

Statewide and within the county, does the state diligently and successfully recruit a sufficient number of foster/adoptive homes that reflect the ethnic and racial diversity of the children being served?

# of Respondents	Never	Rarely	Occasionally	Often	Usually	Almost Always
405	1.23%	9.14%	15.31%	18.52%	32.10%	23.70%

Comments:

More foster homes are needed to reflect the racial and ethnic diversity of the children/families served, along with foster homes for adolescents and sibling groups in general. Targeted recruitment efforts (through further collaboration with community partners) and increased offerings of TIPS classes could be strengthened.

In 46% of the counties that experienced an on-site review by State QA in FY 2017 Best Practice Indicator 31 (Adequate number of approved foster family homes) were rated as a strength.

Data / Data Trend – Item Assessment

Counties are asked to self-report components of their diligent recruitment activities annually when they submit their recruitment plan. Information for the last two fiscal years are:

ACTIVITY	FY16	FY17
Inquiries received	1424	2110
GPS/TIPS	1033	920
New Homes Approved	522	532

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 Recruitment Response Team entered contact with families into the RRT database. For the reporting period 10/1/2014 through 9/30/2015 the RRT has entered 1484 new family Intakes into the FITT database. For the period 10/1/2015 through 9/30/2016, 1,124 new family Intakes were entered into FITT.

For FY2017 881 new families were entered in FITT. 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. New family Intakes entered into FITT represent families who are not already approved to foster or adopt. The RRT provides information about how to become foster/adoptive parents and then routes the potential family's contact information to county DHR resource staff for follow-up, pre-service training, etc.

Assessing the success of our recruitment efforts is challenging at the present time. Currently there is no cumulative data about the number of new families inquiring about fostering/adopting each month with County Departments. Although FFH/AR approval policies directs counties to enter inquiries into FACTS, we are unsure if this is being done consistently or with any degree of regularity. Information is, however, available for the number of inquiries to our RRT. There was a report through a previous state tracking system that gave info on providers by type and it included status types of inquiry, application, approved, etc. A similar report PVD 295A is available through FACTS. According to the Index for FS MS Reports, no defect is noted. However, the Office of Data Analysis reports that information on this report is incorrect. The Office of Data Analysis, in conjunction with FACTS staff and leadership of the Family Services Division, is currently working on reports generated by FACTS. As counties provided information about their 2016 and 2017 recruitment plans to the SDHR/FSD, they were also asked to provide information on inquiries, families that completed GPS/TIPS and the number of new homes approved. This information can be found in the appendix section of this report along with the stand-alone diligent recruitment plan.

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 RRT is part of a contract with Children's Aid Society for pre-adoption services. If the primary responder is out on leave for an extended period of time, other staff at CAS/APAC are trained to respond.

The Office of Adoption has 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.

Other statewide recruitment activities are detailed earlier in this report in the sections detailing how Adoption & Legal Guardianship Incentive and Adoption Promotion and Support funds are used. The 2018 APSR has a stand-alone plan that addresses diligent recruitment of foster and adoptive resources. Additional assessment and progress information is supplied in that document.

The *Minimum Standards for Foster Family Homes*, the *Applications & Home Study* section of the *Adoption Policy Manual* as well as the *Foster Family Home/Adoptive Resources Approval Policies* provide that foster parents and adoptive resources may be both single (never married or legally divorced) and married persons. Applications are not accepted from couples who are living together (neither legal nor common law marriage) or from single individuals living in a conjugal relationship. All three of the documents that guide how foster parents and adoptive resources are trained and approved contain a minimum length of marriage requirement. In order to be approved as a FFH/AR (dual), if married, the marriage must be of at least one year in duration. In order to be approved as an adoptive resource only, the minimum length of marriage is three years.

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

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

2018 APSR ASSESSMENT

STRENGTHS	CHALLENGES
<ol style="list-style-type: none"> 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. Legislation has passed, effective 7/1/2016, that provides for Alabama’s Reasonable and Prudent Parenting Standard. Training for existing staff and foster parents has been completed and information/materials have been prepared to training incoming foster parents. State office staff have also assisted counties with RPPS training when called upon. 3. Alabama DHR already had an “Activity and Life Events” policy contained in the Out of Home Care Policies. These policies have been revised based on the RPPS requirements. 4. 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 referred to in #3. 5. 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. A pilot project for Foster Parent recruitment advertisement will begin in July 2018. “Open your Heart Open your Home” will be on the back of Dollar General store receipts in two of their highest producing stores for one year. This is being sponsored by State DHR with county collaboration. 6. Annually in February, each county is expected to develop and implement a foster parent recruitment plan. In January of 2017, counties were asked to report on recruitment activities completed in FY 2016, recruitment activities planned for FY 2017 and to provide information on inquiries, applicants that completed GPS or TIPS and the number of new homes approved in FY 2016. 7. 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. 8. 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 	<ol style="list-style-type: none"> 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. We are not currently able to track the number of applications received or new families approved in a given period with existing ERD reports. 3. The Department needs more resource families of Hispanic ethnicity or with Spanish language skills. 4. Counties are not correctly capturing the reasons foster family homes decide to discontinue caring for our children. 5. If data as currently being entered is correct, we need to reduce the number of foster family homes that close for the reason “provider request”, exploring more specifically what this indicates. 6. We need to increase the number of foster families willing/able to parent older youth in care. 7. We need to increase the number of foster families willing/able to parent children with special health care needs 8. We need to increase the number of foster families willing/able to parent sibling groups of three or more. 9. 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.

<p>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.</p> <ol style="list-style-type: none"> 9. 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 2018-19 renewal year. 10. 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) 11. 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. 12. 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. 13. Kids to Love and CAS/APAC have developed a partnership. They recruit together in the geographic area served by Kids to Love, and then APAC provides GPS training and home study services (at the Kids to Love Center in Huntsville). 14. 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. 15. 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. 	
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Input Received from Initial Stakeholder Focus Group

On November 7, 2017, an initial focus group was convened of stakeholders from Alabama's State QA Committee, and Alabama's Child Welfare Collaborative Team. Additionally, opportunity was provided to the members of both groups to provide feedback after the meeting. While the information obtained is considered preliminary at the time of the draft Statewide Assessment, the input from stakeholders, relative to the foster/adoptive parent licensing, recruitment and retention is hereby provided:

- Although there was not time to explore this systemic factor, concern was raised regarding statewide foster home capacity. Although many resource families are completing training, the overall number of foster homes has remained about the same.

COMMENTS & CONTRIBUTING FACTORS

1. Although counties report 522 and 532 new FFH were approved in FY's 2016 and 2017. Diligent recruitment of FFH/AR is still an area needing improvement. Although 22 county DHR office have gone through training on utilizing market segmentation data as a basis for diligent recruitment plan, the only data included in this training is demographic data of the county and life style group information of those that currently foster. No information on the behaviors and special needs of the children entering care is considered in development of these recruitment plans.
2. 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.
3. 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.
4. 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.
5. Prior to a transfer, the previous Program Manager with the Office of Adoption continued to have primary responsibility for diligent recruitment activities. The PM participated in the previous peer-to-peer calls with the NRCRRFAP and in listserves and phone calls for both of the constituency groups mentioned already. On a prior diligent recruitment constituency call, the state of North Carolina shared information about how they utilized data on children entering care to shape their recruitment activities. Alabama requested a copy of their plans.

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

Data / Data Trend – Item Assessment

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. 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.

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. According to this home study log, from October 1, 2014 through September 30, 2015, we received home studies from 546 out-of-state families. From 10/01/2015 to 9/30/2016 we received 580 out of state studies and during FY 2017 we received 581 out of state studies were received. According to this home study log, from October 1, 2014 through September 30, 2015, we received home studies from 546 out-of-state families. From 10/01/2015 to 9/30/2016 we received 580 out of state studies and during FY 2017 we received 581 out of state studies were received. The expeditious processing of these referrals will allow permanency for children in a timely manner and reduce delays which are a barrier to permanent placement of children. We will continue to monitor workflow of staff. The expeditious processing of the referrals will allow permanency for children in a timely manner and reduce delays which are a barrier to permanent placement of children. Tracking is accomplished through internal spreadsheets that are maintained. Barriers to processing include case crisis; worker absence and increased workload.

Continue to provide ICPC training and case consultation to county staff. Staff across the state have been very receptive and indicated that their knowledge and skills around ICPC policy and practice were improved upon receiving the training. Maintain interagency collaboration with American Public Human Services Association (APHSA) and other states. Continue to request permission for attendance at the Annual ICPC Conference. The AAICPCPC 2017 Conference was not attended by Alabama this year. A new Program Manager has been hired as of June 1, 2017, and a renewed focus on these kinds of opportunities is occurring.

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. The Office of Adoption reported that in terms of state-placed adoptions (adoptions done by consultants in the Office of Adoption, which may not include all out-of-state adoptions), of the 76 state office placements made in FY 17, 31 (40%) were made with out-of-state families. 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.

Office of Policy Yearly Report

2018 APSR ASSESSMENT

1. Maintain up to date policies

Meeting this goal will involve the planned review of existing policies. In the past five years a number of substantive policies have been developed. There is a need to make a careful review of existing policies to locate needed changes. While policies are updated as laws and regulations change, other revisions are also needed as the Department changes program and procedures.

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

Alabama. On June 25, 2015, a Memorandum was released regarding immediate action by the counties regarding notification of SDHR relative to arrests or incarceration of children in foster care.

2016 Update: During this reporting period, revisions were made in several of the Department's policies. On September 25, 2015, the Out-of-Home Care Policies and Procedures and Individualized Service Plan Policy to reflect Another Planned Permanent Living Arrangement (APPLA) may only be used for children aged 16 and over. Also, policy was revised to reflect an age appropriate child (14 and over) may now have two representatives of their choosing present in the ISP. In a separate administrative letter on September 25, 2015, Out-of-Home Care Policy was revised to be in compliance with Preventing Sex Trafficking and Strengthening Families Act, PL 113-183 in regards to requiring the Department to identify and protect children and youth at risk of sex trafficking which includes locating and responding to children who run away or are missing from foster care. Also, policy was revised to reflect credit reports are now to be completed on all children in foster care age 14 rather than 16. On September 29, 2015, Foster Family Home/Adoptive Resource Policy, Adoption Policy and Procedures and Minimum Standards were revised to reflect the change in the United States Supreme Court ruling involving same sex marriages. Sections of policy that addressed husband and wife have been revised to reflect the change in law. On September 29, 2015, Pursuant to ACT #2014 – 438, CPS Policy was revised to reflect the Department must require a drug screening as a condition for some adults applying for Temporary Assistance for Needy Families. Family Assistance workers are now required to report positive findings to Family Services. On November 10, 2015, Adoption Policy subsidy forms were revised to reflect the Departments current practice as well as State and Federal law. On December 2, 2015, CPS Policy was revised to require all reports received involving foster parents where the foster parent is named as the Person Allegedly Responsible for Abuse or Neglect must be completed within 30 days. On January 4, 2016, CPS policy was revised to comply with the Preventing Sex Trafficking and Strengthening Act, PL 113-183. A definition of sex trafficking was added to policy and CA/N reports involving child sex trafficking was added to Special CA/N Procedures. On February 9, 2016, Out-of-Home Care Policy section called Supports to Foster Parents was revised to reflect payment procedure for respite providers and guidance on how to register on FACTS. On March 7, 2016, the Emergency Assistance Program for Families with Children Policy (IV-E) was revised to reflect current practice. On March 22, 2016, a CPS Policy CA/N Assessment and CPS Prevention section was revised to require home visits every 30 days on open CA/N investigations and CPS preventions. Also, CA/N Assessment policy, Deviations from the Information Collection Protocol was revised and is now Exceptions to the Information Collection Protocol. Policy now requires the County Director to obtain approval from the Family Services Director before an exception is granted. On April 5, 2016, ISP Policy was revised to clarify timeframes in safe case closure shall be reviewed within 30 days of the anticipated date of closing a family's case. On April 6, 2016, Minimum Standards for Foster Family Homes was revised to prohibit foster parents from posting photographs or any information on a foster child and/or their parents on social networking sites. On May 2, 2016, the Financial Procedures for Out of Home Care Policy was developed into a stand-alone policy. The release of this policy obsoleted the Financial Procedures section of Family and Children's Services Manual Chapter XI. On May 4, 2016, Adoption Policy was revised to reflect a resource or applicant pending a home study receives a child independently, gives birth to a child or applies to another child-placing agency, now allows for an exception to be requested from the Family Services Director. In April, 2016, pilot policy training was launched with an initial group of counties; after revisions, by December 31, 2016, all 67 counties will have received a four-day training specific to all Family Services policy.

2017 Update: During this reporting period, revisions were made in several of the Department's policies. On July 1, 2016, the Out of Home Care Policies and Procedures, in order to be in compliance with Public Law 113-183, Preventing Sex Trafficking & Strengthening Families Act, revised the requirements to provide certain documents to youth exiting foster care. Policy has been revised to reflect these changes. On August 9, 2016, the Out of Home Care Policy, in order to be in compliance with the Fostering Hope Scholarship Act, was revised to reflect the Fostering Hope Scholarship Act. On August 3, 2016, CPS Policy, Section Special CAN Procedures, was revised to reflect non-finalized adoptive placements. Workers will now enter reports of child abuse and neglect received in the child's birth name rather than adoptive name. On November 1, 2016, The Interstate/Intercountry Services to Children Policy and Procedures were revised to reflect Regulation 2, Regulation 7 & Regulation 12 (federal) revisions. On December 14, 2016, the Targeted Case Management Manual (TCM), Medicaid Approved TCM Training Material and TCM Regional Training Map were released. On December 14, 2016, Pursuant to ACT # 2016-306, Foster Family Home Adoptive Resource Policy, Minimum Standards for Foster Family Homes and Adoption Policy was revised to reflect the abolishment of common-law marriages. As of January 1, 2017 no couple may enter into common-law marriage status. Common-law marriages entered into before January 1, 2017, shall continue to be valid in Alabama. On January 4, 2017, Out of Home Care Policy, Section Education, was revised to comply with the Title I of the Elementary and Secondary Education Act of 1965, as amended by the Every Student Succeeds Act. On March 9, 2017, Out of Home Care Policy, Section Activities and Life Events, was revised to reflect current policy as it relates to children in the custody of the Department traveling out of county or out of state. On March 16, 2017, Out of Home Care Policy, Section Placement of Children, was revised to provide guidance on the out of state placements of children in out of home care. On March 16, 2017, Out of Home Care Policy, Section Permanency and Concurrent Planning; Adoption Policy, Section DHR Placements; and ISP Policy were revised to reflect county departments

are required to obtain approval when changing the permanency plan of foster parent adoption to adoption with no identified resource.

In 2016, all 67 counties received a four-day training specific to all Family Services Policy. There were a total of nine policy training classes held throughout the state with over 800 participants.

2018 Update:

During this reporting period, revisions were made to several of the Department's policies. On January 4, 2017, the Out-of-Home Care Policies and Procedures, in order to be in compliance with the Title I of the Elementary Student Succeeds Act (ESSA), was revised to highlight the need to provide educational stability for children in foster care, with particular emphasis on collaboration between local education agencies and county departments to ensure that students in foster care have the opportunity to achieve at the same high levels as their peers. On February 28, 2017, the Child Protective Services Policies and Procedures were revised to reflect the Department's new 60 day completion standard for CA/Ns and Preventions. Safety Assessment was revised to reflect the new 45 day timeframe. On March 16, 2017, Adoption Policy DHR Placements, Individualized Service Plan Policy and Out of Home Care Policy Concurrent Planning Policy were revised to inform county departments to obtain approval when changing the permanency plan of foster parent adoption to adoption with no identified resource. On May 24, 2017, Out of Home Care Policy was revised to reflect revisions in the conflict resolution policy. Revisions were made at the county and state level and the process when foster parents make a referral. On June 1, 2017, the Child Protective Services Policy, in order to be in compliance with the Legislative amendment to Code of Alabama 1975 § 26-14-3, was revised to reflect the Department must make efforts to determine the military status of the parent or guardian of the child subject to child abuse or neglect allegations in the report and to notify the United States Department of Defense Family Advocacy Program at the military installation of the parent/guardian. On July 18, 2017, Language Assistance Policy was released specific to child welfare. The policy is 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 2, 2017, Child Protective Services Policy, in order to be in compliance with CAPTA made by P. L. 114-198 – the Comprehensive Addiction and Recovery Act of 2016 (CARA), was revised to the term "illegal" was removed from the CA/N definition as applied to substance abuse affecting infants born positive at birth. On August 15, 2017, the Out of Home Care Policy Independent Living was revised to reflect a change in the fostering hope scholarship policy to reduce the number of annual volunteer hours required. On August 16, 2017, Out of Home Care Policy Health/Medical Care was revised to clarify parents of a child in the temporary custody of the department placed in out of home care must give consent for all surgical procedures and other procedures requiring anesthesia. On October 2, 2017, Foster Family Home/Adoptive Resource Policy, Adoption Policy Application and Home Studies, Minimum Standards for Foster Family Homes and Out of Home Care Section Placement of Children were revised to reflect the department's change from Group Preparation Training to Trauma Informed Partnering for Permanence and Safety training. On December 19, 2017, the Child Protective Services Policy, in order to be in compliance with amendments to CAPTA made by P. L. 114-198 the Comprehensive Addiction & Recovery Act of 2016 (CARA), was revised to reflect DHR protocol to allegations involving substance affected/exposed children. On January 31, 2018, Out of Home Care Policy Permanency Concurrent Planning Section was revised to allow non IV-E eligible children to receive kinship guardianship subsidy payments.

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

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

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

2013 Update: Minimum Standards APA was submitted but repealed. This is ongoing and goals will continue for APA completion. **2014 Update:** This continues in effect. **2015 Update:** Ongoing. APA for Adoption Policy sections - Adoption Subsidy and Application and Home Studies section is near finalization for submission. **2016 Update:** This goal continues.

2017 Update: This goal continues. **2018 Update:** The APA for Individualized Service Plan Policy (ISP) was filed January 3, 2018. The department is currently awaiting a response from legislative services

3. Automation

2015 Update: Ongoing – revisions continue to be made in policies. Adoption policy automation was finalized on December 17, 2014. **Goal has been achieved.**

4. Child Protective Services Policy and Procedures:

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

2013 Update: Revisions have been made to the Child Protective Services Policy during this reporting period: (1) after hours on call procedures (2) CA/N reports involving other states (3) confidentiality. CA/N Assessment policy is being looked at for revision. Legislation passed during the 2013 session regarding mandatory reporters to include physical therapist and employees defined in the public and private post-secondary education. Policy will be revised to reflect this legislation. **2014 Update:** A workgroup comprised of line staff, county supervisory and director staff, along with state office staff was formed in 2013 to assess CPS policy. Their recommendations are under consideration by Administration at this time. **2015 Updates:** The workgroup submitted recommendations regarding changes to CPS Policy to high level administration for review; however, no feedback from upper level management has been received to implement any of the proposed changes. **2016 Update:** This goal continues. **2017 Update:** This goal continues. **2018 Update:** This goal continues.

5. Financial Policies and Procedures:

The Conceptual Framework for Policy Development provides for a separate policy for financial procedures used to pay for services for children and families. This includes such programs as Title IV-E board payments for children in care, state board payments for children in care, Medicaid Rehabilitation Services for children receiving services, Targeted Case Management Services for children in care, Alabama Medicaid for children receiving services, Children's Health Insurance Program (ALL-Kids) Supplemental Security Income/Social Security benefits, Veteran's benefits, use of Flex Funds to purchase services, etc. Because of the complexity involved in developing this policy, the policy is very likely to be released in sections. Currently there exists guidance in the financial procedures in various documents which will be developed into one large policy. No date will be placed but work should begin in 2010. **2013 Update:** These goals will be carried forward. **2014 Update:** Goals are carried forward. **2015 Update:** Goals are carried forward. **2016 Update:** The Financial Procedures Chapter used to pay for services for children and families goal was met as the policy was released on May 2, 2016. **Objective has been met and will not be included in future APSR unless there is a need.**

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

This is policy established during the R. C. consent decree that established the basic principles for the Department's work with children and families. Although, the Department was released from the consent decree in 2006, this policy continues in effect. There have been two revisions to this policy. A complete review of the policy is needed to assure its consistency with the practice model set forth in the 2009 Program Improvement Plan. **2011 Update:** This objective is continued for 2010 – 2014. **Update 2012:** This is carried forward. **2013 Update:** The objective will continue and be carried forward. **2014 Update:** Objective will continue and be carried forward. **2015 Update:** This policy has been reviewed. **Objectives are met and will not be included in future APSR's unless there is a need.**

7. Incorporate FACTS into all policies:

In January 2009 Alabama's SACWIS, FACTS, became operational statewide. Preliminary policy was developed during the implementation period with the expectation that all policies would be revised to incorporate needed FACTS information. For this five year CFSP this will be a planned objective. **2013 Update:** FACTS updates continue to be made in the policies released and revised during this reporting period. **2014 Update:** FACTS updates are made as policies are released or revised; however, Office of Child Welfare Policy will ensure in 2014 that any references to prior automation systems in older policy is updated to reflect FACTS. **2015 Update:** FACTS updates were completed in the Adoption Policies and Procedures. There are two policies remaining needing updates: Referral, Admission & Discharge Procedure for Inpatient Psychiatric Services and Multiple Needs Child Policy. The Multiple Needs Policy has been reviewed and needs policy revisions. The Office of Policy is waiting direction from upper management. **2016 Update:** Objective has been met and will not be included in future APSR unless there is a need.

8. Planned review of individual policies:

As the above process of incorporating FACTS into policies occurs, a review of the policy and any needed revisions can be incorporated. This is a long term objective over the next five years. **2013 Update:** Policies are reviewed as needed. The objective continues. **2014 Update:** this objective continues. Policy review and development have been somewhat suspended due to competing assignments within Family Services. This is an issue recognized by leadership and strategies to expedite this level of assessment are being developed. **2015 Update:** Objective will continue and be carried forward. Policies are being reviewed as needed. **2016 Update: Objective will continue and be carried forward. Policies are reviewed as needed.** **2017 Update:** Objective will continue and be carried forward. Policies are reviewed as needed. **2018 Update:** Objective will continue and be carried forward. Policies are reviewed as needed.

Office of Child Welfare Eligibility Yearly Report

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.

2018 APSR ASSESSMENT

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

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

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

We stress the importance of timeframes and required language for a court order to be valid when opportunities emerge such as at conferences and forums with county staff including county directors and district administrative Specialists, and line workers. The Administrative Office of Courts (AOC) continues to train judges, court staff and attorneys on the importance of including the proper court language for children in foster care to meet the Federal IV-E eligibility requirements.

- Children entering care through Voluntary Placement Agreements

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

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

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

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

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

OCWE oversees, in conjunction with the Division of Resource Management, a 100% review of all foster family homes and child placing institutions to ensure compliance with safety checks. This check is accomplished at times by sending a memorandum requesting County Departments and child care 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.

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

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.

2018 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.

VIII. PLAN FOR IMPROVEMENT (PFI)

The (baseline/5 year/interim) data measurements listed for the following objectives may be modified, and objectives which have no current measures will be provided with some, based on any combination of factors, including: further internal discussion, queries, data review, Children's Bureau release of Round 3 CFSR data measures, etc., if another measure is believed to provide a more accurate assessment of practice. This could involve keeping a given means of measurement, but adjusting an interim and/or 5 year goal, as well as using a different data measure entirely, which would entail identifying a new set of measures. During FY 2016, the PFI has been distributed to the CWCI Team and the State QA Committee. Opportunities were also provided to the State QA Committee, CWCI Team, and the Family Services Management Team, to offer input relative to implementation supports for the PFI, and/or explanations for benchmark data. The time frames for the respective QSR data that is cited in the PFI are as follows:

- **QA Baseline:** 10/01/12 – 09/30/13 (FY13)
- **QA Benchmark #1:** 10/01/13 – 09/30/14 (FY14)
- **QA Benchmark #2:** 10/01/14 – 09/30/15 (FY15)
- **QA Benchmark #3:** 10/01/15 – 09/30/16 (FY16)
- **QA Benchmark #4:** 10/01/16 – 09/30/17 (FY17)

OVERALL DESIRED OUTCOME

Children and families are engaged, assessed, and treated with empathy and respect as individuals with their own unique strengths, needs, and cultural identity, and are able to readily access quality, individualized services and supports accordingly. It is important to note that, beginning in April, 2016, three Offices from the Family Services Division have been placed under the supervision of a new Quality Assurance Program. The Office of Child Welfare Consultation/Intake; The Office of Quality Assurance; and the Office of Child Welfare Training now report to this Program rather than the Family Services Division. We are committed to communication and collaboration with the QA Program, as the roles of those offices are critical to meeting the desired outcomes for children and their families.

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

Selection of GOAL

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

What outcome and/or systemic factor will be improved

- As children and caregivers are treated with respect, it is believed that will promote effective engagement, which will hopefully contribute toward the willingness of family members to participate in all phases of assessment.
- As respect, engagement and thorough assessments take place it will enable more accurate safety decisions to be made, facilitate permanency planning and contribute to progress being made relative to well-being outcomes.

Data/analysis that supports selection of the goal

- The QSR ratings (in state QA reviews) continue to show a need for improvement.

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

What outcome and/or systemic factor will be improved

As improvements occur in this practice area, the outcome area of child safety will be supported/maintained.

Data/analysis that supports selection of the objective

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

Measurement: QSR Rating on CHILD SAFETY

QA Baseline:	92%
QA Benchmark #1:	89%
QA Benchmark #2:	86%
QA Benchmark #3:	87%
QA Benchmark #4:	76%
5 Year Goal:	93.25%

<u>Interim Goals:</u>	FY 2017	92.75%
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FY 2018	93%
FY 2019	93.25%

Measurement QSR Rating on ASSESSMENT

QA Baseline:	22%
QA Benchmark #1:	22%
QA Benchmark #2	13%
QA Benchmark #3:	22%
QA Benchmark #4:	15%
5 Year Goal:	26%

<u>Interim Goals:</u>	FY 2017	24.5%
	FY 2018	25.5%
	FY 2019	26%

GOAL 1, Objective 1 – Implementation Supports

2019 APSR Update

- Safety Plan Training has been provided to child welfare supervisors in 56 counties by the Office of CPS. The remaining 11 counties will receive this training by September 2018. This training focuses on identifying present and impending dangers balanced with identification of the protective capacities of the caregiver.
- Safety Plans can now be completed across state lines with four bordering states. This allows children who are at risk of being placed in foster care to be placed in homes with relatives or friends through a safety plan. Currently, Mississippi, Tennessee, Georgia and Florida have an agreement with 18 counties in Alabama.
- The National Children’s Advocacy Center has provided training to front line child welfare investigative workers in one region of the state in 2018. Training for the remaining 3 regions will be completed by September 2018. This training focuses on communication skills, structure of an investigative interview and rapport building with children and families in the course of a child abuse/neglect investigation.
- The Office of CPS is continuously providing Assessment and Safety Plan Training to specific counties when requested by the county director.

- One of the larger county DHR offices is providing ongoing safety plan training to supervisors and staff, with a particular focus on developing/monitoring safety plans that also assess the capacities of a child’s relatives.
- Also, the QA system of the county referenced in the above bullet reviewed/assessed a sample of CAN records and will use that review to provide guidance to staff on how to best follow cues in a CAN assessment to identify present and impending dangers.

2018 APSR Update:

- Ongoing reviews of safety/safety plans (with feedback to county director and staff) are occurring by virtue of the case reviews being in counties by the Office of QCWP (OQCWP) staff. OQCWP staff continue to conduct record reviews and include safety outcomes in their review. Results are shared with County Directors and any concerns on safety and/or safety plans are forwarded also to the FSD Office of CPS.
- Alabama has been implementing our plan developed as a result of our selection as a Three Branch State. Upon approval of our application and our team development work, the group has maintained communication/efforts in terms of the goals of improving front end services, improved stakeholder coordination, safe sleep/reduction of child deaths and the greater use of Kinship Guardianship as a permanency goal.
- Possible pilot for use of mobile equipment by CAN workers. Use of mobile equipment by CAN staff is coming closer to implementation.
- After hours and weekend access given to county staff for FACTS SEARCH (in final stages).
- Maintenance of Children’s Justice Task Force activities. The Children’s Justice Task Force already delivered and will conduct more training events for FY 2017 that were included in the Training Plan submitted with the APSR.
- Human Trafficking protocols and workgroup participation. The FSD workgroup on Human Sex Trafficking has been given approval to formalize and release the trafficking protocol to County Directors. The workgroup plans to coordinate with the State DA’s Office and the U.S. Attorney’s Office

regarding training events for the state. The workgroup plans to meet again in October and will spend some time on developing training plans. Data on sex trafficking victims will be due (for submission to the Children's Bureau) in FY 2017.

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

What outcome and/or systemic factor will be improved

Safe, stable and nurturing environments will promote the improvement/enhancement of all three outcome areas of safety, permanency and well-being.

Data/analysis that supports selection of the objective

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

Measurement: QSR Rating on FAMILY PRESERVATION

QA Baseline:	73%
QA Benchmark #1:	66%
QA Benchmark #2:	87%
QA Benchmark #3:	67%
QA Benchmark #4:	52%
5 Year Goal:	<u>75.5% 5 Year Goal Achieved</u>

<u>Interim Goals:</u>	FY 2017	74.5%
	FY 2018	75%
	FY 2019	75.5%

Measurement: QSR Rating on ENGAGEMENT

QA Baseline:	67%
QA Benchmark #1:	64%
QA Benchmark #2:	57%
QA Benchmark #3:	54%
QA Benchmark #4:	47%
5 Year Goal:	68.25%

<u>Interim Goals:</u>	FY 2017	67.75%
	FY 2018	68%
	FY 2019	68.25%

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

What outcome and/or systemic factor will be improved

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

Data/analysis that supports selection of the objective

- While caseworker visits with child show promise when reviewing the QSR results, it will be important to maintain positive outcomes.
- Caseworker visits with parents shows a greater need for improvement and remains a critical component of experiencing successful outcomes relative to all three outcome areas.

Measurement: QSR Rating on CW Visit w/ Child (CPS and Foster Care Cases)

QA Baseline:	92%	
QA Benchmark #1:	87%	
QA Benchmark #2:	77%	
QA Benchmark #3:	89%	
QA Benchmark #4:	79%	
5 Year Goal:	93.25%	
<u>Interim Goals:</u>	FY 2015	92.25%
	FY 2016	92.5%
	FY 2017	92.75%
	FY 2018	93%

FY 2019 93.25%

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

Measurement:	QSR Rating on CW Visit w/ Birth Parent	
QA Baseline:	63%	
QA Benchmark #1:	55%	
QA Benchmark #2:	56%	
QA Benchmark #3:	53%	
QA Benchmark #4:	48%	
5 Year Goal:	65%	
Interim Goals:	FY 2015	63.5%
	FY 2016	64%
	FY 2017	64.5%
	FY 2018	64.75%
	FY 2019	65%

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

- **2017 APSR Update:**
Time Frames for caseworker visits with children and families will continue to be identified in the RFP/Contracts (Request for Proposal) for Family Preservation and Support Services. The expectation, in which includes time frames for caseworker visits, is outlined in the Request for Proposal.
- FACTS data is available for CW visits w/ Child. Also, FACTS has been enhanced to capture child to parent visits. Workers are able to now select “child to mother” or “child to father”, to document child to parent visits. Further, State QA already makes findings (in onsite reviews) related to the best practice indicator for CW visits.
- A prior year’s meeting of QA Coordinators and QA Committee Chairpersons included an emphasis on caseworker visits with birth parents
- Provide training through webinars, LETS (Power Point), and on-site to workers regarding quality caseworker visits. **2018 APSR Update:** Ongoing by **OQCWP** staff.
- Provide training through webinars, LETS (Power Point), and on-site to supervisors so that they may support their workers in the quality of visits and not just their frequency. **2018 APSR Update:** Ongoing by **OQCWP** staff.
- Develop a method for tracking caseworker visits with parents/family members of children in care. **2018 APSR Update:** Ongoing by **OQCWP** staff.
- Explore adding more caseworker visit content to the ACT I curriculum.
OCWT is developing a plan for incorporating additional caseworker visit content in ACT I. The former Family Services Office of Child Welfare Training now reports to the Quality Assurance Program established in 2016 by Commissioner Buckner. That Office now is in the process of establishing a new training curriculum for new workers. The training curriculum was revised and the pilot for Striving Toward Excellent Practice (STEP) began 5/1/2017. Meaningful caseworker visit content is included in the foundational module of STEP (new DHR worker training curriculum) that all new child welfare workers complete. There will be more content on the subject in the other tiers of STEP that workers will attend, depending on their work assignments and responsibilities.
Present workshops at Supervisory Conferences focusing on the need for caseworker visits, the impact of regular visitation on successful outcomes, and Federal policy requirements/funding streams related to visits. Workshops on the importance of caseworker visits were held at the 2014 Conferences and will be presented at the 2015 sessions as well. **2018 APSR Update:** Completed; workshops on caseworker visits also took place at the 2017 Supervisor conferences.
The 2016 Permanency Conference Agenda did not have a workshop entitled “meaningful caseworker visitation”. However, Dr. Greg Manning presented on the topic “Integrating Permanency, Loss, Attachment and Trauma in working with Youth” and in that he shared information about engagement and positive relationships with youth in care. The 2017 Permanency Conference included a session about “Creative Solutions to Achieving Permanency”. A substantial portion of this workshop addressed visits with children and preparing them for adoption and getting their help in their own

- recruitment. Presenters talked about Engaging and Supporting Youth in Congregate Care and the strategies they discussed dealt with how to conduct visits with children/youth in these settings.
- Ensure that as (SDHR) Family Services reviewers examine the quantity and quality of caseworker visits that the findings on strengths, needs, and recommendations are included in the feedback that is provided to county (family services) staff.
 - As a part of onsite reviews, one of the best practice indicators specifically addresses the compliance of caseworker visits with policy. Data is utilized to address the frequency of visits and information obtained from the cases reviewed addresses both the frequency and quality of visits. Feedback is provided on strengths and needs as a part of the report to each county when an onsite review is completed. Case specific recommendations are also provided as applicable. Caseworker visits may also be addressed in an additional best practice indicator regarding documentation that is reflective of the casework process. The same feedback noted is provided for this indicator as applicable. **2018 APSR Update:** Ongoing reviews of caseworker visits (with feedback to county director and staff) are occurring by virtue of the case reviews being in counties by OQCWP staff. This work, by OQCWP practice Specialists, continues. One area of focus is the importance of visits of children with birth families when reunification is the permanency goal, as gaps in this area have been observed by OQCWP staff.
 - A FSD Specialist provided an in-service training on the importance of caseworker visits in a mid-size county.
 - Explore the development/distribution/monitoring of a priority plan for supervisory completion of the ACT II – Supervisor Training module. **2018 APSR Update:** Continue.
 - Develop and distribute/implement a plan that highlights the completion of already existing FACTS fields that pertain to visits (among family members, caseworkers with children/families, etc.). **2018 APSR Update:** Continue.
 - Time frames for caseworker visits with children and families will continue to be identified in the RFP/Contracts (Request for Proposal) for Family Preservation and Support Services. The expectation, in which includes time frames for caseworker visits, is outlined in the Request for Proposal.
 - FACTS data is available for CW visits w/ Child. Also, FACTS has been enhanced to capture child to parent visits. Workers are able to now select “child to mother” or “child to father”, to document child to parent visits. Further, State QA already makes findings (in onsite reviews) related to the best practice indicator for CW visits.
- 2019 APSR Update:**
See also under Item 14, Caseworker visits With Child, and under Item 25, Quality Assurance System, “Continuous Quality Improvement Through Partnership with the Office of Child Welfare Practice”.

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

Selection of GOAL

- The need to improve the timeliness with which permanency is achieved for children was identified in both rounds 1 and round 2 of the CFSR. It continues to be an important area on which to focus.
- Older youth was one of the principle themes of the round 2 PIP and addressing successful transition to adulthood continues to be a point of need/emphasis.
- Our Agency has had a significant focus on achieving permanency through adoption for the past several years. Having this focus -which has achieved noted successful outcomes -sets the stage for more adoptions and stronger monitoring.

What outcome and/or systemic factor will be improved

As this goal is realized, it will result in improved outcomes in both permanency and well-being.

Data/analysis that supports selection of the goal

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

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

What outcome and/or systemic factor will be improved

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

Data/analysis that supports selection of the objective

The data reflects a need to make improvements in this area.

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

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

GOAL 2, Objective 1 – Implementation Supports

- Continue to work with judges/court personnel to secure bench orders for parents to provide names and contact information for relatives at the time children enter care. **2018 APSR Update:** Continue.
- Provide training on the importance of timely placement with relatives, thorough relative search (to always include paternal relatives). Emphasize the benefits of kinship guardianship to relative resources at the time children enter care. **2018 APSR Update:** Continue
- Continue to provide training and technical assistance to county staff around use of kinship guardianship and Guardianship Assistance Payments (GAP).

2019 APSR Update:

The 2015, 2016 and 2017 Permanency Conferences as well as the 2017 Supervisor's Conference, included sessions focused on Kinship Guardianship. At the 2016 conference a foster care worker from Madison DHR spoke about the strategies they have implemented to help in their county's use of Kinship Guardianship and the subsequent conference has built on practices related to attaining kinship care. The Alabama Foster and Adoptive Parent Association advocates (AFAPA) were also provided training regarding Kinship to provide to their members statewide on April 7, 2018. Legislation passed and effective 06/01/2018, removed requirements in state law for obtaining written permission from birth parents before kinship guardianship could occur. In addition there was a legal opinion provided such that young people exiting foster care to kin guardianship at or after age 14 are eligible to receive the State's Fostering Hope Scholarship. Kin Guardians are encourage to join and participate in the services and supports provided by AFAPA. At the end of FY 2017, 2016 children with 98 related providers were receiving kinship guardianship subsidy. As of 06/01/18, 238 children with 109 related providers were receiving kinship guardianship subsidy. While we are pleased with this slight increase, our plan is to place much more emphasis on kinship for 2018/2019 as a goal from our Three Branch Work and our Court Improvement Program shared goal with AOC and others.

Objective 2: Children experience placement stability while in foster care

What outcome and/or systemic factor will be improved

The outcome area of permanency should be positively impacted as placement stability shows improvement.

Data/analysis that supports selection of the objective

The data seems to reflect the importance of maintaining a focus on placement stability.

<u>Measurement:</u>	<u>QSR Rating on STABILITY</u>	
QA Baseline:	79%	
QA Benchmark #1:	81%	
QA Benchmark #2:	83%	
QA Benchmark #3:	92%	
QA Benchmark #4:	77%	
5 Year Goal:	82%	<u>5 Year Goal Achieved</u>

<u>Interim Goals:</u>	FY 2017	81%
	FY 2018	81.5%
	FY 2019	82%

GOAL 2, Objective 2 – Implementation Supports

- Provide training to resource staff and supervisors to help them recruit and train foster families willing and able to address the special care needs of youth in care, thereby providing better matches of foster youth to providers. (Also included in Recruitment Plan).
 - Develop a program through which foster family/adoptive resource families will be better prepared to care for children and youth in care by requiring them to complete educational training on trauma, reactive attachment disorder and sexual safety in placements.
 - Develop additional training and targeted supports to foster families interested in fostering older teens.
- 2019 APSR Update:**
- The development or the selection of a trauma assessment tool (Trauma Symptom Checklist for Children, or TSCC) is a part of the newest Psychotropic Medication Model. The Alabama Psychotropic Medication Review Team (APMRT) with Auburn University has presented evidenced based options for use with all young people entering foster care to better inform regarding placements, services and support. The Department will be reviewing and adopting one of the tools presented with a projection for use beginning October 1, 2018.
- 2018 APSR Update**
- At the 2016 Permanency Conference, there were two “town hall” sessions held. At this session counties shared creative methods they are implementing to get the message out for the need for more foster/adoptive parents. Our recruitment partners, Heart Gallery Alabama and CAS/APAC are working with Children’s of Alabama and UAB in an effort to get a display in common areas in an effort to recruit providers with special health care experience. Heart Gallery Alabama has secured funding for digital display monitors that will be placed in various locations that will provide information about the need for more foster/adoptive families. As the 2018 update is being completed they are still working on securing commitments for locations for placing these monitors.
 - A meeting was recently held in fiscal year 2016 with Digital Booster. Currently, we do basketball arena advertising through this vendor. Digital Booster is expanding their marketing options to include web site banner advertising on the web sites of the colleges and universities where they have a presence. Organizations that participate in the web advertising program will have an opportunity to have an on-campus presence during busy times in the school calendar to display information about the need for more foster/adoptive families. Although college students may not typically be a “target market” for potential foster/adoptive parents, there are programs at the two year (Junior) colleges where adult students can be targeted (e.g., nursing schools). We have had no further follow-up on this project on the part of Digital Booster and are currently assessing the benefit of pursuing additional services from the company.
 - The Department is in the process of transitioning to a new model of pre-service training for all of our foster/adoptive parents. TIPS (Trauma Informed Partnering for Permanence and Safety) is the new training curriculum. We have recently embarked on a training plan where co-leaders are being trained in the new model. It is expected to take two years to roll out fully statewide.
 - At the 2017 Permanency Conference, we included information on trauma and its impact on the children and how services and supports should be structured to help with the stability of placements. Two such sessions, both presented by Dr. Wayne Duehn were:

Keynote:

“Let’s Get It Right: Multi-dimensional Assessments in Home Study and Post Adoption Services”. This presentation explored the “cutting edge” of recent methodological assessment approaches to adoptive home selection and post-placement services delivery through a conceptual framework which bridges systemic and behavioral interactional perspectives and techniques. The presenter argued for the necessity of multilevel-multisystem assessment procedures that match the system level of the family being assessed, and emphasize that assessment judgments should be based both on what people say and how they behave. In addition, methods for assessing ongoing safety issues following placement will be addressed.

Breakout

“Creating Sexual Safety in Foster and Adoptive Families”

This workshop explored the skills and techniques required to parent a child victim of sexual abuse and how to develop foster/adoptive parents and providers who are proficient in these parenting skills. When such skills are learned, knowing parents can make the most crucial difference for a child recovering from the trauma of sexual abuse. This workshop reviewed the traumatic effects of sexual abuse, discuss the special needs of sexually abused children in adoption/foster care and how to create safe, healing environments that promote resilience and recovery.

- **2019 APSR Update:**

At the 2018 Permanency Conference, we included information on trauma and its impact on the children and how services and supports should be structured to help with the stability of placements. Two such sessions, presented by Dr. Snehal Kahtri and Dr. Krisit Guest and Sonia Martin, LMSW, respectively:

“Promoting Healthy Development for Foster and Adopted Children”

The workshop reviewed typical child development, red flags for developmental delays, as well as risk factors that affect development such as trauma/adverse child experiences. Current initiatives along with practical tools and resources were provided for addressing the developmental concerns of foster and adopted children

“Practical Strategies for Sensory and Emotional Regulation”

Taking its cue from the Polyvagal Theory this hands on workshop will demonstrated sensory and compression components to help biologically mitigate negative behaviors in children who have experienced trauma. The polyvagal theory has many implications for the study of stress, emotion and social behavior. Participants learned the underlying functions of the brain, how the chronic presence of cortisol and adrenaline mitigate typical development in children and how to set their environment up for success.

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

What outcome and/or systemic factor will be improved

If further analysis reflects needs in this area, it is believed that improvements would be made in the outcome area of permanency as dependence on congregate care settings is decreased.

Data/analysis that supports selection of the objective

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

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

The reliance on the use of congregate care trended upward slightly during the reporting period. This reliance often hampers permanency efforts. We are actively conducting case-specific assessments regarding a percentage of children in congregate care to assess their permanency goals. Further, formalized partnering with the congregate care providers and developing foster homes to meet the needs of older youth are integral strategies to improve our ability to step young people down from such placements, while preserving effective well-being outcomes.

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

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

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

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

GOAL 2, Objectives 3 & 4 – Implementation Supports

- ILP Unit to work more closely with congregate care providers offering Achieving Permanency through Roundtables. The initial training, a train the trainer session occurred in Montgomery, Alabama, the week of August 3-7, 2015, with 25 staff participating.

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

- Working with county staff and congregate care providers to strongly encourage parental visitation, develop visiting resources for young people increasing their chances at positive permanency.
- The congregate care study has been expanded to include 53 additional youth: for a total of 78 youth interviewed, as of this writing. The interview has remained consistent and the Office of QCWP has joined the Office of Foster Care in conducting the interviews, providing case consultation and processing the data. The trends related to positive permanency are encouraging as 30 youth have stepped down to less restrictive placements, post our initial contacts. There are concerns related to the five youth who have required more restrictive placement. The office of Foster Care and ILP and the Office of QCWP will continue to work jointly to safely facilitate appropriate transitions for these young people. We will continue to monitor the progress of our youth in congregate settings and will expand the process to youth currently in intensive residential placement.

2019 APSR Update:

- Since this project began in 2016, the congregate care study has evolved into cross-division collaboration between Family Services (FSD), Quality Assurance, and Resource Management (RM). During the period under review, youth have been placed in congregate placements in ever increasing numbers. The most recent data available (01/18) reflects that 211 youth are in congregate care at the moderate level. In order to be placed at this level the youth must have a DSM V diagnosis falling in the range of 299 – 316. In addition, a detailed assessment (MATS) must be completed in order for the youth to be placed at this level. The cross-division collaboration has been tasked with doing an analysis of all youth in treatment at this level whose care extends beyond 180 days. The Quality Division staff comprised of licensed behavioral analysts (BC/BA) will have visited all of the moderate facilities and interviewed all youth over this time limit to assist in determining why the youth remain in the facilities. Through this assessment they determine whether issues are behavior management related, or involve issues with the county DHR offices and/or the facilities. If behavioral related, they will assume primary responsibility for assisting the facilities and youth to address through behavioral plans and/or assistance. If county worker related, FSD will be tasked with addressing barriers to movement toward permanency, with RM tasked with addressing any specific facility related issues. For those youth (148) scheduled for review in the period from 11/2017 to 02/18, 70 were no longer in a moderate level of care, thus leaving 78 that were assessed. This data is has been incorporated in a master tracking document for assignment of cases to all divisions before 04/01/18.
- With the recent assignment of Foster Care Consultants for each county, this will increase the partnership and bring more clarity to state-level and county recruitment responsibilities. The State office has partnered with several counties to assist with recruitment efforts. A few of these examples are the Dollar General Stores recruitment receipt campaign, the Birmingham Magic City Classic HBCU football game recruitment campaign and a mass mail-out post card campaign.
- The Pre & Post Adoption Services Contract request for proposals was released in the spring 2017 and a new contract was recently signed. Changes included termination of the child-specific recruitment component (because outcomes were not being achieved) and the number of special need adoptive homes was increased from 50 annually to 75.
- The Department launched a 2018 stakeholder group that includes, state office staff, directors, line staff, policy manager, foster youth and foster parent. This group meets to explore challenges and recommend policy changes to address the use of social media in recruitment, general and child-specific. The Department has also submitted a list serve inquiry for assistance from other states in this area.

Objective 5: Improve the timeliness of achieving permanency.

What outcome and/or systemic factor will be improved

- Children will not remain in foster care any longer than is absolutely necessary.
- Children will return to their own home or will be placed with relatives rather than living with non-related providers.

Data/analysis that supports selection of the objective

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

Measurement:	QSR Rating on PERMANENCE		
	Reunification	Adoption	OPPLA
Baseline/Benchmarks #1-4:	35%/16%/33%/22%/21%	30%/9%/22%/16%/29%	63%/27%/50%/44%/29%
5 Year Goal:	38%	33%	65%
Interim Goals:			
FY 2015	35.25%	30.25%	63.5%
FY 2016	35.75%	30.75%	64%
FY 2017	36.5%	31.5%	64.5%
FY 2018	37.5%	32.25%	65%
FY 2019	38%	33%	65%

Measurement:	Median #. Months in Care	Ret. To Parent			Rel. Plcmt		KG	Adoption
		Ret. To Parent	Rel. Plcmt	KG	Adoption			
FACTS Baseline (FY13)		8.40	6.37	33.43			33.50	
FACTS Benchmark #1 (FY14)		8.13	5.20	24.33			33.10	
FACTS Benchmark #2 (FY15)								
5 Year Goal (see note)		—	—	—			—	

NOTE: Further data will be provided with the Statewide Assessment.

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

- The development or the selection of a trauma assessment tool is a part of the newest Psychotropic Medication Model which has gone on to the Division Director.
- Collaborate with the Administrative Office of Courts on training for professionals in the court system in an effort to achieve permanency through timely TPR and permanency through adoption.
- Implement/continue special recruitment projects focused at recruiting families willing/able to adopt children that meet the Department's Special Needs Definition.
- **2018 APSR Update:** The Pre & Post Adoption Services Contract was due for a new RFP in FY 17. The request for proposals was released in the spring 2017 and a new contract was recently signed. Changes included termination of the child-specific recruitment component (because outcomes were not being achieved) and the number of special need adoptive homes was increased from 50 annually to 75.
- Provide training to staff on youth-centered round tables.
- Provide opportunities for youth to conduct/participate in youth-centered round tables.
- The Program opted to focus on young people in congregate care.
- Develop and implement a process by which we identify children, age 14 and older, with TPR and a goal of APPLA and have adoption workers and recruiters work with these children to:
 1. Identify reasons youth do not want to be adopted.
 2. Provide information to youth about what it means when they choose not to consent to adoption.
 3. Secure youth's consent to recruit for potential adoptive parents.

2018 APSR Update:

The Office of Data Analysis did a query and provided a list of youth that meet this criteria. The query was re-run and when space permits we will select two youth from each area that meet the criteria, with whom the recruiters can work.

- Explore ways in which Children's Rehabilitation Services (CRS) and/or Vocational Rehabilitation Services (VRS) can be utilized early in the process of the work done with children/youth who could benefit from CRS/VRS involvement.
- One of the state's larger counties is emphasizing the importance of connecting older youth, including a focus on youth in group homes, to a mentor, or person/family with whom a permanent connection can be established, prior to transitioning out of foster care. This will support the achievement of Goal #2 listed above.

2018 APSR Update:

Continuum of Care Services are offered to address the needs of children and their families in order to achieve permanency in a timely manner. Vendors provide a range of services from moderate care to intensive in-home services, including basic care, transitional or Independent Living programs, therapeutic foster care and traditional foster care. Reunification and preservation Services are provided by Family Outcome-Centered Unification Services (F.O.C.U. S) and reunification services are provided by the Continuum of Care. It is a requirement that at least 82% of children placed in

permanent living environments and supported by services remain stable at the one-year anniversary of their discharge from the program. It is also a requirement that 82% of the children being served by the in-home prevention teams shall remain in their own homes or in the placement in which services were provided twelve months after the discharge from the program. The Office of Utilization and Review monitors tracking on a monthly basis. All cases are tracked up to 24 months post discharge from FOCUS and The Continuum programs. They also review monthly progress summaries of families served. The Office of Utilization and Review works with DHR and the in-home teams to ensure collaborative efforts are being made. Program Specialist/Resource Specialist in the Office of Utilization and Review identify strengths and needs during programmatic site visits that may be helpful in providing successful reunification and preservation services.

- Fostering Hope activities and development of new online application system.
- Congregate care onsite reviews (moderate placements).
- ICPC Border Agreements with GA and TN and soon FL.
- Work toward development of national ICPC NEICE interface which will make ICPC paperless for counties and cut processing times in half.
- Rewrite of the Continuum of Care and FOCUS RFPS.
- Development of a new psychotropic meds pilot.
- Participation in the SSRP Drug Court Pilot with AOC and use of new assessment tool in pilot counties.
- Judicial Summits.
- Outstanding results in the IV-E review of FY 2015.

2019 APSR Update

- See also under Items 5 & 31 for focus on children under age 5 in foster care.
- Training for approved homes is addressed in the Foster Family Home/Adoptive Resource Policy. Policy states foster parents must complete the 15 hours of training and document in FACTS. Policy does not mandate what type of training each foster parent is required to attend as it is left up to the resource workers in the county. To assist county resource workers in this effort, trauma training has been offered in several sessions.
- The Department has partnered with Children’s Aid/APAC and has offered Trauma training in several regions of the state that included line staff, managers, directors and foster parents. This training was also a part of both Supervisor’s conferences, the Permanency Conference and Director’s Annual meeting. Upcoming trainings are also being offered by internationally renowned parenting experts from the U.K. This training will focus on healing children through therapeutic parenting.

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

<u>Measurement:</u>	<u>FACTS Data - CW Visit w/ Child</u>	<u>(FC Cases)</u>
FACTS Baseline	(FY13)	88.83%
FACTS Benchmark #1	(FY14)	92.32%
FACTS Benchmark #2	(FY15)	92.83%
5 Year Goal	(FY19)	94.0%

<u>Measurement:</u>	<u>QSR Rating on CW Visit w/ Child (CPS and Foster Care Cases)</u>	
QA Baseline:	92%	
QA Benchmark #1:	87%	
QA Benchmark #2:	77%	
QA Benchmark #3:	89%	
QA Benchmark #4:	79%	
5 Year Goal:	93.25%	
<u>Interim Goals:</u>	FY 2015	92.25%
	FY 2016	92.5%
	FY 2017	92.75%
	FY 2018	93%
	FY 2019	93.25%

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

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

Selection of GOAL:

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

What outcome and/or systemic factor will be improved

The ISP process is significant to achieving positive results in all three outcome areas (safety, permanency, and well-being).

Data/analysis that supports selection of the goal

See below.

Objective 1: Families will experience functional ISPs

What outcome and/or systemic factor will be improved

A functional ISP process is vital and relevant to improved outcomes in safety, permanency, and well-being.

Data/analysis that supports selection of the objective

See below.

Measurement: QSR Rating on ISP in state QA reviews

QA Baseline: 21%
 QA Benchmark #1: 17%
 QA Benchmark #2: 14%
 QA Benchmark #3: 18%
 QA Benchmark #4: 10%
 5 Year Goal: 22.25%

Interim Goals: FY 2017 21.75%
 FY 2018 22%
 FY 2019 22.25%

Objective 2: Families will experience timely ISPs

What outcome and/or systemic factor will be improved

Timely completion of the ISP is an important component of a functional ISP process, and is thus germane to improved outcomes in safety, permanency, and well-being.

Data/analysis that supports selection of the objective

In reviewing the data (see below) it would appear that maintaining an emphasis on conducting timely reviews will be important (while also sustaining the timeliness of holding the initial ISP).

Measurement: FACTS Data

QA Baseline (FY13)	Initial: 96.45%	Reviews: 85.56%
FACTS Benchmark #1 (FY14)	Initial: 96.74	Reviews: 88.36% <u>5 yr. Goal Achieved</u>
FACTS Benchmark #2 (FY15)	Initial: 95.74	Reviews: 87.16%

5 Year Goal: Initial: 97.5% Reviews: 88%

Interim Goals: FY 2015 96.50% 85.75%
 FY 2016 96.65% 86%
 FY 2017 97% 86.5%
 FY 2018 97.25% 87.25%
 FY 2019 97.5% 88%

GOAL 3: Implementation Supports

- Development of regional ISP Trainings Being Considered. 2016 APSR Update: Continue; not completed. **2018 APSR Update:** In 2017 we trained a new ISP format to a group of counties and will provide training to others when we expand and eventually roll it out statewide in 2018.
- ISP Training was provided to judges at two Child Welfare Judicial Summits. **2016 APSR Update:** Completed & continue for FY16. **2018 APSR Update:** At the Judicial Summit in October 2016, a focus was addressing trauma for children in foster care. **2018 APSR Update:** Supervisor Conferences will continue to provide workshop/training opportunities specific to ISP's, and/or practice-related issues.

- ISP training will be provided at the 2015 Supervisors Conferences. **2016 APSR Update:** Completed & continue for FY16. **2018 APSR Update:** ISP quality was covered, but there was not specific ISP training. It was reviewed in the WE Can and What is Quality sessions provided by the QA Division Team. The subject was most related to reviewing and coaching related to ISP.
 - Coaching and feedback around ISPs will occur based on Family Services onsite support and review of practice and outcomes.
 - Workers are encouraged to build positive working relationship with stakeholders through engagement in the process so that they feel empowered to develop and achieve goals with and for the children and families. Statewide telephone consultation and coaching are provided daily from Family Services on specific cases, which helps counties develop skills and confidence in their ability to manage their cases through the ISP process.
 - OQCWP also provides training opportunities to teach important skills to staff and guide them in assessment of families and in developing the most appropriate ISP plans to fit individual needs of families and children. Through the strengths and needs assessment, workers learn how to use them to craft the best ISP plan for each individual child and family. OQCWP also offers opportunities to coach and model for county workers by attending specific ISPs as requested or recommended. They monitor the process in specific identified cases to assist in teaching skills of facilitation by coaching and modeling. They are also sometimes present to observe or even facilitate ISP's and provide constructive feedback on the county's ability to work through the process. OQCWP provides guidance and examples of ways to engage with other agencies and providers as well as informal resources to aid the family in working toward their goals. Counties are encouraged to help families and children identify informal supports that will continue to provide support when DHR is no longer involved.
 - One of the state's larger counties is providing specific training to staff on how to conduct meaningful caseworker visits, as well as how to strengthen the ISP process.
2018 APSR Update:
 - A new ISP form has been approved for pilot and will be used in eight counties. It is specifically designed to be more "family friendly". The social worker can actually give the form to families at the conclusion of the planning session, rather than mailing it as is policy now. Staff from counties and state office have worked on this form for several months, and we are pleased that it will be piloted beginning July 1, 2017. Discussions are occurring as to how we will monitor it for effectiveness in improving outcomes.
 - The Office of Utilization and Review will continue to stress the importance, as well as, requirement of Continuum providers attending ISPs as a stakeholder. Staff will educate/train providers on how to prepare for an ISP if there is a need identified during the programmatic site visit or request made by the provider or county.
- Implementation Supports Across All Goals/Objectives
- Trained almost 600 county staff in 2015. On track to train 400 by July 2016.
 - New trainings developed to replace GPS and ACT.

2019 APSR Update:

- Skills around parenting and child development through services provided by the Behavioral Analysts has continued. These services have shown much success as documented in the Tools of Choice program (see information on Tools of Choice under Item 14, Caseworker visit with Child.
- Staff from the Office of QCWP provide individual, county coaching and mentoring around the ISP, and they have also conducted specific ISP training. The Child Welfare Judicial Summits; the Supervisors Conferences, the Permanency Conference and other venues over the last year have been utilized to specifically teach DHR staff and partners about the ISP process; policy; the actual meeting(s), etc .
- OQCWP is working with counties by completing case record reviews, providing recommendations, and support to carry out these recommendations. These reviews focus on the Individualized Service Plans and services being provided and what services could be offered. Suggestions will be made on communication with providers to ensure services are addressing identified family needs. All services should be individual and determined by the ISP team. Special support is being provided to county staff on how to identify underlying needs and individualizing services to address those underlying needs.
- The Behavioral Services Unit within the Quality Assurance Division conducted a behavioral parent training that proved effective in improving the skill performance of foster caregivers and biological parents of dependent children during role-play assessments. To date, however, no studies have examined the impact of behavioral parenting skills training on child placement outcomes. Board Certified Behavioral Analysts conducted a quasi-experimental archival analysis of the case files of 171

biological parents who completed a behavioral parent training program and 171 control families who did not participate in the program but were matched on the county of service and time of Child Protective Services involvement in Alabama. Results indicate that parents were not only able to demonstrate use of the new skills after behavioral parent training, but that skill acquisition was associated with better placement outcomes for their children compared to control families and a greater number of closed cases for the state service-delivery system. A copy of that analysis is available as needed.

- It will be important to continue to strengthen the knowledge base of line workers regarding developmental disabilities, as
- well as their awareness of community resources that are available to assist children and families to deal with these issues.
- Additionally, finding ways to facilitate and promote networking among (and between) related/foster care givers and
- Department staff will enhance the work being done in this area. Another way to promote improved outcomes in this area
- will be to continue to focus on ensuring that the membership of county QA committees is reflective of varying disciplines
- (e.g. law enforcement, educators, etc.) as well as the community at large.
- Through the OQCWP record review process and subsequent feedback, attention has been focused on strengthening the ISP process. There continues to be feedback around ISP's and what is needed to strengthen the planning in the cases reviewed. The Office of QCWP in 2016/2017 has implemented a Continuous Quality Improvement Process that will build capacity around the Comprehensive Family Assessment and the Individualized Service Plan. OQCWP will assist in ensuring this process is carried out by providing support to counties through random record reviews, supervisor capacity building and support, peer reviews, support of the County Improvement Plan prep work and meetings, and the County Bi-Annual Self Assessment, and individual working agreements with each County Director and Supervisor staff. The OCQWP has one Program Supervisor, and six Program Specialists (there are two vacant Program Specialist positions). In 2016 and 2017, QCWP reviewed a total of 20 counties and 2,700 cases as part of the CQI process. From January 2018 to June of 2018 there have been 7 counties and a total of 600 cases reviewed. There are 7 counties remaining in the review schedule for the 2018 year, with 600 additional cases projected to be reviewed. *Counties will continue to be added and reviewed based on the CQI process.
- OQCWP continues to focus on strengthening the ISP process through record reviews. Feedback is provided to County Director, to the county's management team, county staff and Management Team of the Family Services Division to recommend strategies to increase skills around the ISP planning and team meetings. There is emphasis on the planning process to ensure inclusion of birth families, foster and adoptive families and providers and other pertinent stakeholders.

IX. ASSURANCES

Note: A Governor's Assurance related to CFCIP, if applicable, will be provided by August 15, 2018

X. APPENDICES

APPENDIX 1

FINANCIAL REPORT

The SDHR Division of Finance submits the financial documents to the Regional Office via the ACF Online Data Collection (OLDC) system. Finance information documents are also included as attachments to the e-mail that transmits the APSR to the Children's Bureau.

APPENDIX 2

2019 APSR Stakeholder Participants *

Stakeholders – State Department of Human Resources (SDHR)

- Nancy T. Buckner, Commissioner – State Department of Human Resources
- John C. James, Deputy Commissioner – Children and Family Services (Retired)
- Karen H. Smith, Deputy Commissioner – Children and Family Services
- Gina Simpson, Deputy Commissioner – Quality Assurance
- Jan Casteel, Director – Family Services Division (FSD)
- Eric L. Graves, Director – Quality Assurance Division (QAD)
- Starr Stewart, Director - Resource Management Division (RMD)
- Jim Loop, Deputy Director – FSD
- Sondra Landers, Deputy Director – QAD
- Gloria Holloway, Deputy Director – RMD
- Avis Hunter, Assistant Director – Family Assistance Division (FAD)

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
- Melody Armstrong, FAD
- Al Arrington, Program Supervisor, Office of Child Welfare Eligibility (OCWE), FSD
- Rhonda Brooks, Program Manager – Office of Child Protective Services (OCPS), FSD
- Kanoschu Campbell, Program Manager – Office of Foster Care (OFC), FSD
- Deborah Carter, Program Supervisor – Office of Financial Resource Management (OFRM), FSD
- Holly Christian, Program Manager – Office of Data Analysis (ODA), FSD
- Valencia Curry, Program Manager - OFC, FSD
- Larry Dean, Program Manager – Office of Federal Coordination and Reporting, FSD
- Sabrina Franks, Program Manager, Office of Behavioral Analysts, QAD
- Debbie Green, Program Manager – Office of Policy, FSD
- Alice May, Program Manager – OFRM, FSD
- Mason Hobbie, Program Manager – OQA, QAD
- Shuereaka Holston, Program Specialist – ODA, FSD
- E. Anne Holliday, Program Manager – Office of Interstate Compact on the Placement of Children, FSD
- Danny Luster – Program Specialist, FACTS
- Alice May – Program Manager, OFRM, FSD
- Kimberly McCoy, Program Specialist, ODA, FSD
- Latari McMillian, Administrative Assistant, QAD
- Melody Messick, Field Administration
- Cris Moody, Program Manager – OCWT, QAD
- Connie Rogers, Program Manager – FACTS
- Donna Reardon, Program Supervisor - FACTS
- Jennifer Rios, Program Specialist – OFC, FSD
- Kristie Rowland – Administrative Assistant, QAD
- Donna Spear, Program Supervisor – OCWT, QAD
- Julia Stroud, Resource Management Division
- Cathy Walker, Program Supervisor, Office of Quality Child Welfare Practice, QAD
- Jeanette Wallace, Program Manager, OCWE, FSD
- Tamela Warren, Resource Management Division
- Janet Winningham, Program Manager – ODA, FSD

Stakeholders

- Alesia Allen, Executive Assistant to the Director – Alabama Department of Youth Services
- Johnna Breland, Foster/Adoptive Parent
- Angie Burke, School of Social Work – Auburn University
- Christy Cain deGraffenried, Children's First Foundation
- Kathryn Clark, Program Manager – Alabama Network of Child Advocacy Centers (ANCAC)
- Michealine Deese, Child/Family Welfare Coordinator - Poarch Band of Creek Indians
- Marie Fain, (Retired) QA Coordinator, Mobile County DHR
- Martha Gookin, Poarch Band of Creek Indians, Tribal Members Services - Division Director
- 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)
- Martha Hooper, AFAPA
- Jessica Jackson – Department of Child Abuse and Neglect Prevention
- Sallye Longshore, Executive Director – Department of Child Abuse and Neglect Prevention
- Bob Maddox, Administrative Office of Courts
- Katie Beth McCarthy – Executive Director, ANCAC
- Stephanie McKnight, Director – Barbour County DHR
- Cary McMillan, Director, Family Court Division – AOC
- Andrea Mixson, Alabama Disabilities Advocacy Program (ADAP)
- Amanda Montgomery, Family Services Director - Poarch Band of Creek Indians
- Becky Peaton – Children’s Justice Task Force
- Honorable Patrick Pinkston, Elmore County District Judge
- Betsy Prince, Director of Early Intervention Services – Alabama Department of Rehabilitation Services
- Shirley Scanlan – Children’s Justice Task Force
- Mary Smith – Foster Parent
- James Tucker – Director, ADAP
- Ebone Watkins – Children’s Aid Society
- Gayle Watts, Executive Director Children’s Aid Society
- Sicily Woods - AOC

Other External Stakeholders

- Alabama D.R.E.A.M. Council (Youth Panel)

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

- **Court Survey: 336 respondents**

1. Judges: 27
2. Referees: 6
3. Guardians-ad-litem: 303

- **Youth Survey: 77 respondents**

1. 14 yrs. – 14 youth
2. 15 yrs. - 10 youth
3. 16 yrs. - 17 youth
4. 17 yrs. - 12 youth
5. 18 yrs. - 10 youth
6. 19 yrs. - 8 youth
7. 20 yrs. - 6 youth

- **Caregiver Survey: 637 respondents (respondents could check all roles that apply)**

1. Foster Parent 619
2. Adoptive Parent 217
3. Relative Caregiver 13

- **DHR Staff / External Stakeholder Survey: 429 respondents (some selected more than one role)**

1. Stakeholders: 145
2. DHR County Staff: 285
3. DHR State Staff: 60

* 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.

APPENDIX 3

**ALABAMA STATE QUALITY ASSURANCE COMMITTEE
ANNUAL REPORT FOR CY 2017**



**State Quality Assurance Committee
Annual Report for Calendar Year 2017**

April 2018

MEMBERSHIP

Officers:

Johnna Breland, Chair
Angie Burke, 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 Burke	Auburn University
Debra Henning	Alabama Post Adoptive Connections
Gina Harris	Jefferson Co. QA Committee
Buddy Hooper	AFAPA President
Andrea Mixson	ADAP
Christy Cain	Children First Foundation
Gina South	Alabama Network of CAC, Inc.
Betsy Prince	Alabama Department of Rehabilitation Services
Helen Rivas	Alabama/Guatemala Partners of Americas
Misty Samya	West Alabama Mental Health
Mary Smith	Foster Parent
James Tucker	ADAP
Gayle Watts	Children's Aid Society
Bob Maddox	Administrative Office of Courts
Martha Gookin	Poarch Band of Creek Indians
Marie Fain	Mobile County Department of Human Resources
Aretha Bracy	Alabama Department of Public Health
Judge Patrick Pinkston	Elmore County District Judge
Melanie Bridgeforth	VOICES for Alabama's Children
Synethia Davis	Children's Aid Society
Alesia Allen	Alabama Department of Youth Services

Meeting Dates for 2017

March 10, 2017	Clanton
June 9, 2017	Montgomery
September 8, 2017	Clanton
January 5, 2018	Clanton

Standing Subcommittees:

• Executive	Officers
• Policy Review	Chair, Christy Cain
• Service Analysis	Chair, Misty Samya
• Child Death Review	Chair, Gina Harris
• County QA Committee Coordination/Support	Chair, Angie Burke
• Public Education, Advocacy, and Nominating	Chair, Buddy Hooper
• Diversity	Chair, Helen Rivas
• Foster/Adoptive Parent Recruitment and Retention	Chair, Debra Henning

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 2017 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 2017 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 as well as during a conference call held in May. The Committee was provided with the means by which to access the Annual Progress and Services Report (APSR), the opportunity for input for the APSR, and survey results from county QA committees utilized for the APSR.

A verbal report was provided on the recruitment and retention of foster and adoptive parents. A verbal report was provided on training for child welfare staff with planned revisions for the curriculum, and the Committee had the opportunity to provide suggestion on topics to include in training. The plan for revisions in training for foster and adoptive parents went into effect during 2017 and this was due in part because of recommendations made by this Committee.

Child Death Review Subcommittee:

The Child Death Review Subcommittee had some of the same concerns as noted in 2016.

- The subcommittee continued to note concerns regarding reports of unsafe sleeping conditions, paramours as persons allegedly responsible, significant substance use/abuse, and domestic violence histories. The child death summaries continued to reference the need for training and supervisory support related to these critical issues. Further, the Subcommittee requested information concerning the comprehensive family assessments/assessment process, Individualized Service Plans of those related to safety risks such as repeat maltreatment, domestic violence, and substance abuse. The Subcommittee strongly recommended training, support, and mentoring opportunities be made available on a regular and on-going basis to all direct service workers and their supervisors for those targeted safety risk areas and to update the Committee on the results of the training.
- The subcommittee appreciated the provision of aggregate data on child deaths for review by the Committee at each meeting and recommends that this continue.

County QA Committee Coordination/Support Subcommittee:

The County QA Committee Coordination/Support Subcommittee planned a one day conference in January 2017 for all county QA coordinators and chairpersons. A commitment was made by SDHR for this to be an annual conference to support county QA systems and to promote connections among county committees.

Committee Year in Review

Meetings consisted of stakeholder group information and reports provided by SDHR. SDHR consistently provided information requested by the Committee in a timely manner and brought the appropriate people to the meetings in order to explain and/or answer questions. The Committee also initiated revision of the membership through removing inactive members and the recruitment of new members. The relationship between the Committee and SDHR is, at an all-time high with trust and respect present between all parties.

STATE QUALITY ASSURANCE COMMITTEE RECOMMENDATIONS

- Provide reports on the training of child welfare staff.
- Provide reports/ updates on the recruitment and retention of child welfare staff.
- Build capacities for middle management through training and support.
- Provide updates on SDHR QA onsite reviews.
- Continue to offer shadow experiences with SDHR QA onsite reviews.
- Consistently present youth with information on all available options for exiting foster care.
- Continue to recruit and train foster/adoptive parents. Be more innovative in that recruitment.
- Support a yearly conference for county QA committees.
- Explore the use of state of the art technology by caseworkers.
- Explore a mentoring program for agency staff.
- 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

APPENDIX 4

Departmental Response to Recommendations from the ALABAMA STATE QUALITY ASSURANCE COMMITTEE

DEPARTMENTAL RESPONSES TO THE RECOMMENDATIONS LISTED IN THE STATE QUALITY ASSURANCE COMMITTEE REPORT

FROM: Family Services Division and Quality Assurance Division
TO: State QA Committee
RE: DHR Responses to State QA Committee Recommendations
DATE: June 22, 2018

STATE QUALITY ASSURANCE COMMITTEE RECOMMENDATIONS

The recommendations from the State QA Committee (SQAC) to State DHR (SDHR) are shown below, followed by the SDHR responses. The information shown below will also be placed in the 2019 Annual Progress and Services Report that will be submitted to the Children's Bureau, on June 29, 2018. The SDHR staff will be glad to discuss any of the below matters with the SQAC at future meetings of the Committee.

1. Provide reports on the training of child welfare staff.

The Office of Child Protective Services

- Safety Plan and Safety Assessment Training was completed on four occasions in 2017 for Managers and Supervisors in 54 counties across the state. The remaining 12 counties will have an opportunity to attend this training by October 2018.
- Border Agreement Training was held in 4 counties in October and November 2017 as a result of Border Agreements being signed with Florida and Mississippi in 2017.
- Administrative Record Review Training was held in June and July 2017 at the annual Supervisor's Conference.
- Child Protective Services Training has been held in specific counties when requested.
- Investigative Interview Training has been held for one region of the state for front line Child Abuse and Neglect Investigators. 3 additional sessions have been planned for the remaining counties to be completed by September 30, 2018. This training is sponsored by the National Child Advocacy Center.
- Substance Abuse Resource Training will be held at the Supervisor's Conference in 2018.

Office of Foster Care

County specific training on the following topics was been provided by the office of Foster Care in 2017 and 2018. This training will continue to be provided when requested by the county.

- Minimum Standards
- Boarder Agreements
- Concurrent Planning
- Adoption No Identified Resource
- Kinship Care
- Recruitment Strategies
- Partnering with Biological Families
- Partnering with Foster Parents
- Unique needs of Foster youth 5 and younger
- Reasonable and Prudent Parent Training (available on the Department's Learning Management System, called LETS and provided to prospective resource families through TIPS).

Office of CW Policy

- ISP Pilot Training – Phase 1 – June 28, 2017
- ISP Pilot Training – Phase 2 – September 22, 2017
- ISP Pilot Training – Phase 3 – November 7, 2017
- CFA Pilot Training – Phase 1 – November 15, 2017
- CFA Pilot Training – Phase 2 – March 6, 2018
- Supervisors Conference June 12, 2018 – ISP & CFA Pilot training
- Supervisors Conference July 10, 2018 – ISP & CFA Pilot training

TCM-Alice May

- Targeted Case Management Certification Training for County DHR staff
- Targeted Case Management Refresher Training for County DHR staff
- Medicaid Rehab Training for County DHR staff
- Medicaid Rehab Training for Contract Provider staff
- Vendor Certification Training for County DHR staff

The Office of Data Analysis

- Using Data in Child Welfare Supervision” for 2017
- At the upcoming Supervisors Conference we will be presenting on Using Data to Improve Child Welfare Outcomes

The QA Division is planning on ramping up the level of ongoing training for county caseworkers, social worker and their supervisors. The intended name of the train will be STEP It Up to supplement the current initial training that is provided to these individuals. We are doing this in anticipation of needs that may surface as a result of our CFSR. Training to be included will be as follows.

- The ABCs of ISPs
- Comprehensive Family Assessment—determining Underlying Conditions
- The Opioid Epidemic
- Investigative Interviewing
- Working with Victims of DV
- The Culture of Youth
- Resource Development
- Foster Parents, Birth Parents and DHR—Can't we all just get along?
- Order in the Court-What Happens and What is Expected of You
- Time Management
- Substance Abuse—Signs, Symptoms, Solutions
- Child Welfare Policy-What Does it Mean?
- Car Seat Safety

2. Provide reports/ updates on the recruitment and retention of child welfare staff.

An update on turnover rates of child welfare staff is shown below. The Department will update this information for the SQAC annually or semiannually, depending on the wishes of the Committee.

	FY13	FY14	FY15	FY16	FY17
Child Welfare	17.76%	23.19%	23.80%	33.64%	30.05%
Child Welfare Direct Staff	21.05%	28.84%	28.99%	41.44%	37.56%

3. Build capacities for middle management through training and support.

QA will be attending the supervisors training that will be held in Birmingham, AL in June and July. During those training the division will be providing training around, management by data, assessing and addressing the root-cause of issues in the county office, how to have a successful quality caseworker visits, how to document family contact with quality, documenting child and family visitations, and the importance of engaging fathers. The division also has an ongoing training for service supervisor in the development of work plans and working agreements.

4. Provide updates on SDHR QA onsite reviews.

The Office of Quality Assurance will provide the SQAC with the past 12 months of QSR ratings and summary of findings from the onsite reviews. Trends and efforts for correct areas needing improvement will also be shared during SQA meetings.

5. Continue to offer shadow experiences with SDHR QA onsite reviews.

The Office of Quality Assurance is currently training a group of new adjunct reviewers (during every onsite review) to allow the office to maintain its current level of review and to possibly increase the level of reviews in the future. These new adjunct reviewers are from the state office and county offices. We are primarily training local county coordinators to increase the capacity within the local committees. Currently this is our primary group of people who are shadowing

reviews, but The Office of Quality Assurance is always open to offering county and committee request to allow individuals to shadow the state's QA process.

6. Consistently present youth with information on all available options for exiting foster care.

The Office of Foster Care and ILP consistently provides information to all youth in foster care through our internet platform at www.ilconnect.org, and our monthly DREAM Council meetings located in all regions of the State. Our DREAM Ambassadors are trained regarding policy and provide peer to peer training at the DREAM Council meetings. Our DREAM Ambassadors have also participated in preparing their peers for Quality Service Reviews by meeting with them prior to the review and assisting with participation in the stakeholder interviews or in completing the ILP questionnaire. Our youth are also equipped with the information regarding all of their options at our two annual ILP camps. These camps are divided by age group with our 14 to 16 year olds participating in one session and the 17-20 year olds at another. We also provide targeted training specifically to our county Independent Living Program coordinators in an annual three day training. We have two state office consultants that provide consultation and support to our county staff.

7. Continue to recruit and train foster/adoptive parents. Be more innovative in that recruitment.

The Office of Foster Care/Adoption continues to partner statewide with our DHR county offices and the community to recruit foster/adoptive parents. We will continue our partnership with our State Universities by hosting foster parent recruitment booths, banners and commercials that will be visible at times to over 80,000 attendees. A new innovative partnership was developed with Dollar General Stores in one of our southern counties to advertise for foster/adoptive parents on the back of register receipts. Other recruitments activities includes post –card mail-outs to residents in one of our eastern counties. Foster Care Consultants will began meeting with their assigned counties to brainstorm regional recruitment ideas as well as provide quarterly reports on current and future happenings with available TIPS training calendars and recruitment activities.

8. Support a yearly conference for county QA committees.

The QAD currently has an annual meeting with local QA Coordinators, County Directors and the Local QA Committee Chair persons. This meeting has been postponed this year until after the CFSR. The Division plans to continue to have this annual gathering in the future and is dedicated in making the annual funding request to support the meetings for years to come.

9. Explore the use of state of the art technology by caseworkers.

QA has also upgraded to the use of tablets and remote VPN access to the department's information systems. The QA division is currently looking at using these devices to provide training to staff in more regionalized areas and closer to staff and county offices. The division is also assessing the use of the Federal government's OSRI review tool and their tracking system in preparation of future case reviews and tracking.

10. Explore a mentoring program for agency staff.

OQA staff and OQCWP staff work directly with QA coordinators, and supervisors to mentor them in specific areas of needs surrounding their job duties. This is provided during monthly county contacts and on request.

11. 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 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, stability, and worker to child contacts.

Appendix 5

AFCARS Improvement Plan

AFCARS Improvement Plan

The Children's Bureau completed an onsite Adoption and Foster Care Analysis and Reporting System Assessment Review (AAR) the week of April 11 - 15, 2011. The AFCARS Assessment Review Findings report was received by the State on December 28, 2011. The Children's Bureau's findings are in the tables below.

NOTE: The rating definitions are as follows:

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

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

General Requirements (22)

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

Data Elements (103)

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

The State's initial AFCARS Improvement Plan (AIP) was submitted to the Children's Bureau on March 16, 2012. This includes plans and estimated completion dates for changes to the FACTS System, AFCARS Extraction Program code, and training of Child Welfare staff. 2015 Update: There are three FACTS enhancements and additional extraction code changes to be implemented for the AIP. The state's estimated completion date is 12/2015. AFCARS Improvement Plan Updates were submitted on June 30, 2014, October 20, 2014 and April 20, 2015. 2016 Update: An AFCARS Update was submitted on 4/20/2015 and the response received 9/22/2015. An AFCARS Update was submitted on 12/29/2015 and the response received on 5/4/2016. Our current status is shown in the following table. We need technical improvement for 6% of our data elements, and data quality improvement on 76% of our data elements. Data Quality is being monitored by state and Federal staff. We are in compliance with 20% of our data elements. 2017 Update: See below. 2018 Update – See below.

General Requirements (22)

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

Data Elements (103)

Rating Factor	Foster Care (66)	Adoption (37)	Total (103)
4	13 (19%)	8 (22%)	21 (20%)
3	49 (74%)	28 (75%)	77 (75%)
2	4 (6%)	1 (3%)	5 (5%)
1	0	0	0

NEXT STEPS: The most recent AIPU was submitted on May 25, 2018. Updates have been completed for element #23, Date of placement in current foster care setting.

For our AFCARS FY2018A submission, our Adoption file met data quality standards on all 37 elements. Foster Care Element # 5 had an error rate of 15.31% and Element #57 an error rate of 10.7%. The Office of Data Analysis is monitoring both of these fields throughout the month and communicating directly with counties when discrepancies are noted. Additionally, training was provided at the Supervisor Conferences in June 2018 and July 2018.

Child Welfare Staff Training and Monitoring:

AFCARS Improving Data Quality Training was provided to county staff from June 2015 to April 2016. A total of 566 staff were trained; 559 county staff representing all 67 counties and 7 state office staff, including FACTS trainers and staff in the Offices of Adoption and Foster Care. The Office of Data Analysis and FACTS Functional Staff conducted 22 sessions at 11 sites across the state. Other resources and tools utilized to provide AFCARS training to State and local Child Welfare staff is as follows.

I. Basic FACTS Training:

All FACTS users are required to attend a 5 day Basic FACTS Training course. Included in this course is an AFCARS Foster Care and Adoption session. Trainers walk trainees through the AFCARS data fields, sharing helpful guidelines, for example, that AFCARS data fields are colored blue and have a designated symbol to the side of them. A new worker training will incorporate FACTS training as it applies to different program areas. This will be implemented during FY2017. **2018 Update:** All FACTS training is done within the new STEP Training that DHR has now adopted. Workers are now trained on all Screens and modules as they are going through the social work training. Included in this course is an AFCARS Foster Care and Adoption session. Trainers walk trainees through the AFCARS data fields, sharing helpful guidelines, for example, that AFCARS data fields are colored blue and have a designated symbol to the side of them.

II. FACTS Helpdesk Hints Newsletter:

The Helpdesk Hints Newsletter is an informational and training newsletter published by the FACTS Help Desk based on system identified trends, data fix requests and user questions. In addition, the newsletter is utilized as one of the avenues in which AFCARS timeliness and data quality issues are being addressed. The newsletter is published quarterly and is emailed to all FACTS users. The newsletter was not sent in FY2016, but will be revived as needed to address data quality issues. **2018 Update:** The Helpdesk Hints Newsletter is no longer published. We continue to provide and update road maps for users.

III. FACTS Production Release Notes:

Production Release Notes is an informational document released to all FACTS users when a new enhancement(s) is implemented in a monthly production build. The document provides details of the enhancement, as well as a screen shot of the impacted screen(s).

IV. FACTS Road Maps:

All FACTS users have access to road maps directly through FACTS at Help/FACTS Help Site or through the Department's Intranet site. Road maps are navigational documents designed to provide users step by step directions in completing action specific data entry in FACTS. Included with Adoption and Foster Care roadmaps are two AFCARS specific road maps named "AFCARS Mapping – Adoption" and "AFCARS Mapping - Foster Care".

Resources and tools utilized to provide AFCARS monitoring for State and local Child Welfare staff.

I. Foster Care and Adoption AFCARS Validation Screens:

Internal to the FACTS System are AFCARS Validation screens located in the Foster Care Case and Adoptive Case. Foster Care and Adoption Workers are required to validate these screens monthly for children assigned to their caseload. The worker validates each of the tabs within the screen by clicking on the "Missing Info" button at the bottom of each tab. If required data is not present a pop-up message box will appear identifying missing fields. The worker is then to update the system with the missing AFCARS data.

II. Data Mart:

In July 2013 the FACTS Program implemented a data mart for use by the Division's Office of Data Analysis as monitoring tool. The data mart, which is populated weekly with AFCARS data, is used to identify data elements of concern and to work with county staff to address these concerns. Excel reports are generated to provide weekly reports to administration for finalized adoptions.

III. AFCARS001 Foster Care Report & AFCARS002 Adoption Report:

Two Management and Statistical Reports were made available for state office and county staff with detail information on each AFCARS data element for foster care and finalized adoptions in May 2015. Detailed report documentation was created to guide staff on the FACTS Location for each element. AFCARS Data Quality Training included an overview of these reports and how to implement the use of these reports to monitor data quality. An email is sent monthly to all FACTS Users with a reminder to validate all foster care cases using the AFCARS Reports.

APPENDIX 6

PIP Updates

- 1. Alabama Successor Guardian PIP**
- 2. PL 113 PIP**
- 3. CARA PIP**

Alabama Successor Guardian PIP

The close out letter from the Children's Bureau, for the **Successor Guardian PIP**, dated September 27, 2017, has been received by the Department.

Alabama PL 113 PIP

The close out letter from the Children's Bureau, for the **PL 113-183 PIP**, dated July 14, 2017, has been received by the Department.

Alabama CARA PIP

The close out letter from the Children's Bureau, for the **CARA PIP**, dated June 5, 2018, has been received by the Department. Because of the PIP activity that needed to be completed, a new assurance had to be signed by Alabama Governor, Kay Ivey. This was obtained on 06/21/18, and sent to/received by the Region IV, Children's Bureau Office on 06/27/18.

APPENDIX 7

A SYNOPSIS

**Tools of Choice Positive Parenting Program
Research Results for Biological Parents**

Tools of Choice Positive Parenting Program Research Results for Biological Parents

The Tools of Choice (TOL) Research Project is a project in which data was collected from all the counties the Tools of Choice program is available in order to show the effectiveness of the Tools of Choice Parenting Program. Our experimental group, which consists of approximately 200 participants, is a group of biological parents that have completed the entire Tools of Choice Program (5 week course and in home component). Our control group is a group of biological parents that have not completed any component of the Tools of Choice Program. The control group participants were selected through the FACTS database by matching dates with the experimental groups program start date and 6 month follow up date. The control participant's cases had to be opened during the time that the experimental match began the program and ended the class component.

Data was collected on the status of the case at the time the parent started the program (e.g. in-home, foster care, relative placement) and at 6 months from the time the parent completed the entire program (e.g. in home remained, in home reunified, foster care with goal of return to parent, foster care TPR, relative placement). The same data was collected for control groups with the dates matching the experimental group dates. Data was also collected on case closures. The goal of the research was to see if parents that had completed the Tools of Choice Program had more success in their cases with the placement of the children being a positive placement and having their cases closed with the Department of Human Resources.

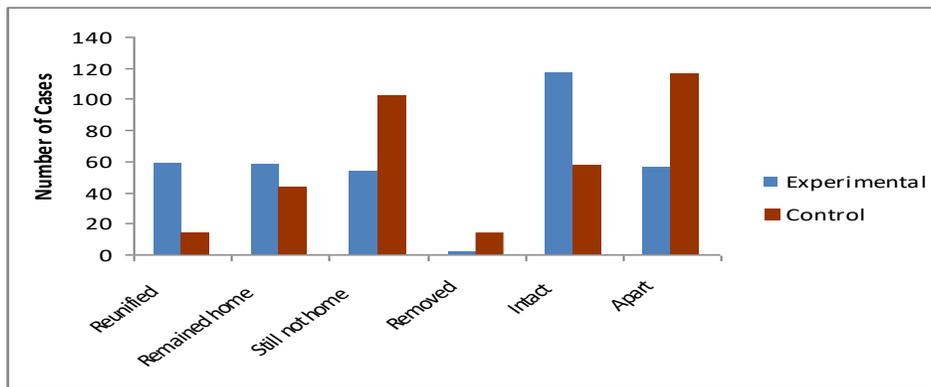


Figure 1 shows the **total** number of cases in the experimental group (Tools of Choice) and the control group (non Tools of Choice) that were “reunified” after 6 month follow up, that “remained in the home” after 6 month follow up, that were “still not in the home” after the 6 month follow up and that had children “removed” from the home at 6 month follow up. “Intact” is a combination of reunified and remained home, and “apart” is a combination of still not home and removed from home.

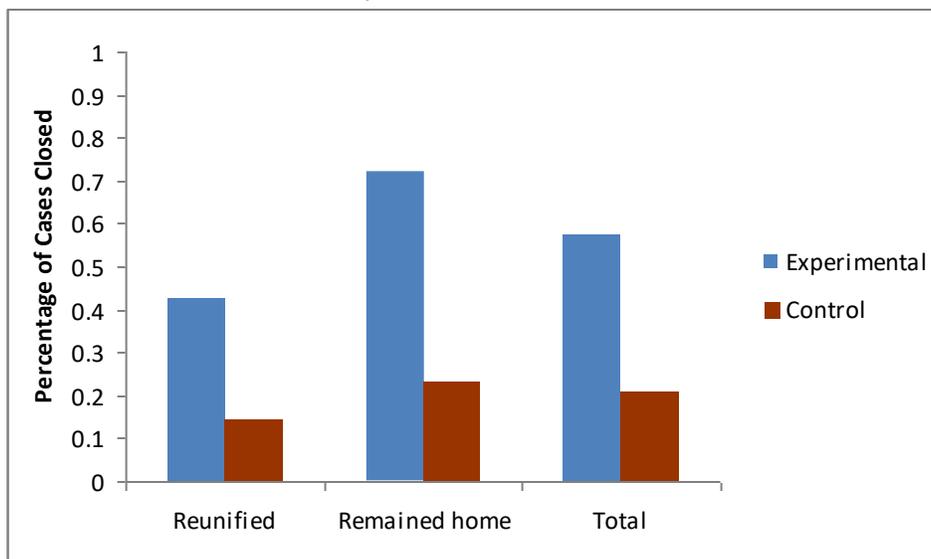
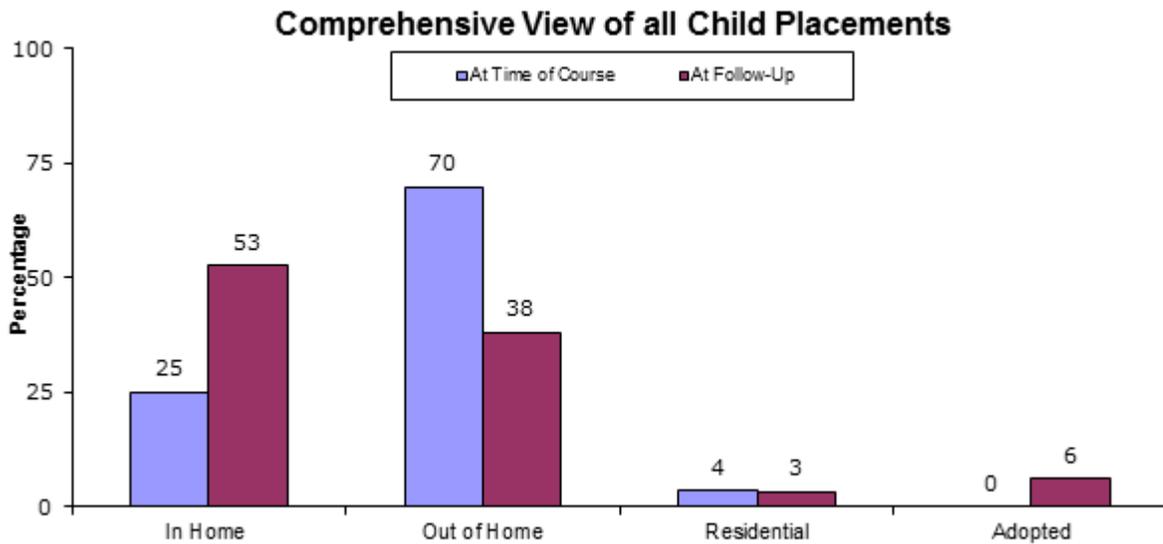


Figure 2 shows the **percentages** of cases that were closed for the experimental group (Tools of Choice) and for the control group (non-Tools of Choice) after the 6 month follow up period. The figure shows percentage of “reunified” cases and

“remained home” cases and a total of the two which is equal to the “intact” group in Figure 1. No data is shown here for ‘still not home’ or “removed” since a case would not be closed permanently in those cases.

2018 UPDATE

The chart below reflects cumulative, statewide data and captures the outcome of every child’s placement (in home or out-of-home), of those caregivers who completed the Tools of Choice course. It includes a total pool of 1,865 children.



NOTE: This is just the parents that completed the full Tools of Choice program (classes and in home). The location of children at the time of course completion was reviewed, along with the location of children at the time of follow up (6 months post completion of TOC).

Family First Prevention Services Act – Alabama Response to New Requirements

The below content provides Alabama's responses to the new requirements of the *Family First Prevention Services Act (FFPSA)*.

Impact on the Health Care Plan:

Alabama Response

Currently there are multiple procedures in place to address the health care of children, in particular, the assurance that children in foster care do not experience placement outside of foster family homes as a result of misdiagnosis.

- I. The initial process of safeguarding against such placement is our **Individualized Service Plan Meeting (ISP)**. ISP meetings are held around all placement changes so that the child and family's individual team makes placement recommendations as well as recommendations regarding other assessments that may be appropriate in planning around placement moves.
- II. In determining **placement needs**, the Department utilizes Multi-dimensional Assessment Tool (MAT) assessments, psychological evaluations, ILP and Daniel Memorial Assessments as well as other assessment tools when determining placement needs. In cases other than those utilizing the Daniel Memorial for IL, the assessments are completed by individuals that are trained in assessing placement needs. These individuals would be persons other than county ISP team members to assure that the assessment would not be impacted by the local ISP teams wishes. All psychological or psychiatric assessments would be completed by licensed and credentialed individuals with no direct tie to the Department. This helps assure assessment neutrality and to preclude misdiagnosis.
- III. There is also a team of **Behavioral Analysts** on staff that accepts referrals for review, assessment and interventions for children with placement needs. In terms of **emergency referrals** that warrant the assistance of a **Board Certified Behavioral Analysts (BCBA)**, the following occurs:
 - If a county worker identifies there is an emergency situation that warrants the assistance of a BCBA, the Behavior Program Manager is contacted. At that point a BCBA will be assigned as soon as possible to complete an assessment of the case. They will often offer suggestions on how to diffuse the behavior in the future, and assist the caregiver in handling the behavior in an appropriate manner. If it is a case that the BCBA already has open on their caseload then they may offer immediate assistance if possible for the situation.
 - The BCBA will determine if further ABA services would be beneficial and ask the county worker to send a referral for services.
- IV. In addition to routine EPSDT and other medical screenings with pediatricians and recommendations from therapists and other mental health professionals, we also currently have access to the **Alabama Psychiatric Medication Review Team** which includes medical and mental health experts that accept referrals for full review and assessment of a child's medication regimen, diagnosis, treatment plan and placement needs. They make recommendations based on that assessment.

The **Alabama Psychotropic Medication Review Team (APMRT)** consists of a part-time Child Psychiatrist, a Nurse Practitioner, and two Board Certified Behavioral Analysts. The APMRT Team will 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 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. Data from the initial year of service indicates activities in four distinct areas: 1) Presentations and group training services; 2) Behavioral services delivered to foster children and their respective foster parents; 3) Documents and guidelines that APMRT's Child Psychiatrist and Psychiatric Nurse developed for prescribers and caseworkers; and 4) Quantitative analysis of the psychotropic medication prescriptions based on data provided from the seven pilot counties.
- V. **Other:**
 - In addition to pediatricians, we utilize medical specialists and assessment teams to insure appropriate diagnosis of medical issues and placement recommendations. Those evaluations and recommendations are considered when determining if the care of a child necessitates medically fragile placement outside of a traditional foster home such as nursing home placement. If such restrictive placement is required ongoing medical assessments are sought to determine if and when placement can be made in a foster home.

- **Early intervention** referrals are made for children under the age of 3 if there are concerns regarding developmental delays. This is standard practice for children who experience substantiated maltreatment as well as for other children in child protective services and foster care caseloads as appropriate.
- The Department has ongoing collaboration with **Alabama Office of Courts (AOC)** and **Casey Family Programs** that includes our ICAN project, Team Dylan Project and also our **Judicial Summits**. This ongoing partnership has opened the lines of communication between the Department and the Court at the state and county levels. DHR, AOC, Casey all have representatives active on the advisory team and several judges serve on this team as well.

Participating counties have teams that meet regularly to address county specific data and trends. Among issues that are routinely tackled are those involving efforts to prevent children entering care as well as identifying and removing any barriers toward achieving permanency in a timely manner. To assist in these efforts, the **Office of Data Analysis (ODA)**, within the Family Services Division of the State Department of Human Resources, provides each iCAN county with a Cadence List that includes all children in care and are sorted by Length of Time in Care. They have also requested data on, and are **monitoring**, Kinship utilization.

The ODA also provides a monthly report to AOC, which includes data on substance abuse-related investigations, entries to care and **timeliness to achievement of permanency**. Additionally, DHR staff receive data from AOC, such as data regarding TPR filings. Also, DHR's Child welfare Information System (FACTS) includes interfaces with AOC's Information Systems. Information transmitted between the systems includes client and parent/caregiver demographics, home removal dates, and hearing dates.

The **engagement of fathers** as well as **extended relatives** has been an ongoing theme in this process. Earlier identification of relatives and establishment of paternity has been a primary focus. As counties do the work at the local level, county specific issues are identified and addressed. Examples of such issues are the need for improved visitation plans for children in care and the need for increased training around kinship guardianship and other forms of relative placement.

The **next Judicial Summit** is planned for **October, 2018**, and is expected to be the largest yet with 54 counties invited. Topics will include understanding bond and attachment (with a focus on trauma), Kinship Guardianship (Our Team Dylan Project), the ongoing ICAN initiative (Success Stories and County specific projects), Improving Permanency Outcomes as a Collaborative Effort, Preserving Families from the Bench, and Family First Prevention Services Act. We have Kin Caregivers presenting as well.

Use of the procedures listed above help to insure that children are diagnosed appropriately, that children are placed according to their medical, emotional, behavioral and developmental needs and that these placements are least restrictive.

Impact on Services for all Children Under the Age of Five:	Alabama Response
<p>FOSTER CARE - Include a description of the activities that the state has undertaken to:</p> <p>1.) reduce the length of time children in foster care under age five are without a permanent family; and,</p> <p>2.) address the developmental needs of children under five years of age.</p>	

Current data from FACTS indicates that in the past twelve (12) months 1594 children less than five years of age have entered care. Of this number, 443 discharged within that same twelve month period.

- Nine hundred (900) of these children (56%) listed substance abuse of parent as the reason for entry.
- Other significant reasons for entry into care were:
 - 1.) neglect (25%);
 - 2.) inadequate housing (17%);
 - 3.) physical abuse (13%);
 - 4.) parents/caretakers inability to cope due to illness or other reasons (9%).

Point in time data reflects that as of July 11, 2018, there were 1998 children under five in care, which amounts to 31.3 % of the total number of youth in care (6383). Placement types for these children were as follows:

- A family-style environment ranging from remaining in own home to therapeutic foster home: 87%;
- Hospital/Nursing Homes: 1.0%;
- group home/childcare institutions were at .09%

- no placement type listed: 11.9%

Recognizing that the under-five population makes up a significant percentage of total youth in care, the Department has focused major efforts on strengthening practices at the point of entry into the system and subsequent assessments to reduce the length of stay in foster care for children under age five. The process that is in place, which is designed to achieve the outcome of reduced time in care, is as follows:

- I. Initial point of entry involves a thorough vetting of the reasons a child may or may not be appropriate for care. The **Individualized Service Planning (ISP) process** has been strengthened and simplified for the benefit of all practitioners, parents and participants in the decision-making process. The new process is being trained and implemented in all counties.

As of September 11, 2018, all 67 counties have received training on, and implemented, the new ISP format. The use of the new ISP format allows birth families and foster families to leave the ISP meeting with the ISP in-hand. In so doing, the plan is also written in a way that makes it more simplified and easier to understand. We believe this in turn will promote more investment in the ISP process by birth families, thereby facilitating a more timely completion of steps and goals and leading to a reduced length of stay in foster care.

- II. If the ISP team determines entry into the foster care system is necessary, initial placement responsibilities come into play.
 - Staff receive ongoing training on the benefit of keeping the under-five children with family in a familiar setting if possible.
 - When families are difficult to identify, tools like Accurint are available to help locate family resources on both the maternal and paternal sides of the family.
 - Recognizing that a clear goal of service delivery, once a child in this age group comes into care, is minimal time spent in the system, the Department has pulled stakeholders from a variety of disciplines (medical, mental health, child development, etc.) into a group whose mission is the following:
 1. Describe activities undertaken to reduce the length of time children under the age of five are in foster care without a permanent family, and the activities to address the **developmental needs** of all children including those being served in-home.
 2. Continued discussion is occurring around services currently being provided; exploration of Head Start programs both center and home-based; and, **children's behavioral health** (therapy and assessments).
 3. The group has proposed a new EPSDT screening form to Department leadership, which is in final revision before implementation, and is working on a 'Medical Passport' utilizing the Family Voices model.
 4. They are also working on a uniform process for resource development binder updates for each county office and how to initiate more county office family resource events.
 5. The stakeholder group also plans to invite additional stakeholders to include: Alabama Medicaid, All KIDS, Gift of Life- Public Health, CAPTA, First 5, Alabama's Association for Infant and Early Childhood Mental Health and Autism Society.
 - Data reflects that an overwhelming majority of the children entering care in this age range are there due to parental substance abuse issues.
 1. There is ongoing work around substance abuse both during pregnancy and after delivery to include work on a committee of the State Opioid Taskforce. This group is looking at ways to prevent substance abuse during pregnancy, ways in which parents can reach out for assistance with less consequence, ways in which to screen children more consistently at birth as well as a few days after birth.

2. Continuing analysis of data and data trends related to this group of children will be ongoing to determine whether the Department's efforts to reduce the number of children from this age group entering care and shortening the length of time in care are successful.

III. DATA CAPACITY: DHR is currently capturing data for, and has existing reports or queries for:

- Visits with parents, caregivers, and sibling for children in care (addressing developmental needs).
 - Length of time in care. This can be measured in two ways. (Reducing LOC):
 - Discharges.
 - Point in time children in care
 - Services provided to children under 5 (Services / Activities) provided.
 - A state summary needs to be created. Presently it is a 700 ++ page running report.

IV. DHR Stakeholder Group 0-5, DHR/ Drug Court Project - Family First Plan. Goal:

To determine how services affect length of time in foster care and achieving permanency for children exposed to substance abuse by parent/caregiver ages 0 to 5.

Variables (to be considered for each group):

- Length of time child has been in care as of Oct 1, 2018
- Frequency of court hearings
- Frequency of ISP's
- Frequency, quality, and location of parent/child visits

Other variables to consider:

- Number of placements child has experienced
- Adherence to medical care for child
- **Development/Growth of child** (baseline and at conclusion)

Groups:

- Drug Court (4 cases): Families will receive foster care services in addition to the scope of services offered through the Drug Court program.
- Therapeutic Foster Care (4 cases): Families will receive foster care services in addition to scope of services provided through Therapeutic Foster Care provider.
- DHR Treatment (4 cases): Families will receive: ISP every 3 months; Assessment tool to be utilized; Two monthly home visits with parent (one announced, one unannounced); and Worker and Foster Parent will receive TIPS refresher.
- DHR Controlled (4 cases): Families will receive foster care services with no additional services.

Additional stakeholders will be added to the zero-to-five team with expertise on services to be provided to children being served in- own home or a community based setting. This will include; law enforcement, intensive in-home preservation providers, neonatal practitioners and child advocacy representatives. This collaborative group will continue to seek current and ongoing services that empower children and families to achieve their optimum potential.

Projected Planning Process

- Current data being provided from the ODM for children under the age of five being served in their own home and in foster care will be monitored by state office representatives from CPS/Foster Care and Data Management staff quarterly. This report will be monitored for increased preventative services in specific counties in order to meet the immediate needs of CPS and foster care cases.
- Stakeholder team will identify quarterly goals and monitor progress from a summary report provided from the above mentioned data.

- Stakeholder team will identify areas of greatest need and implement a subcommittee to develop suggested request for proposals, training, or policy reviews.

V. Trainings:

- Typical vs. Atypical behavior in **children exposed to trauma** (Dr. Guest and Dr. Khatri provided at the Permanency Conference April 9-11, 2018).
- TIPS (Trauma Informed Partnering for Permanency and Safety). This is available online
- Next Steps: (To be completed no later than October 1, 2018):
 1. Identify children and families for each group.
 2. Provide education regarding Assessment Tool and/or ASQ to worker and foster parents.
 3. Develop tracking system.

VI See also under VI for CPS children (the Board Certified Behavioral Analyst staff).

CPS (Children served in their own home) - Include a description of the activities that the state has undertaken to address the developmental needs of vulnerable children under five years of age.

I. All counties are required to complete a referral for Early Intervention for children ages birth to 3 with an Indicated report. The Office of CPS is currently working with the Office of Rehabilitation Services to change the language on the referral form to help identify more children that might qualify for services from Early Intervention. The Office of CPS will revise the referral form to include that a referral can be made to Early Intervention when the DHR worker or medical professional believes the child has a developmental delay not just the family member as the form now states. In addition, the Department will send an administrative memo to each county director to notify them of the changes on the form and to stress the importance of assessing this age group for Early Intervention Services.

Early Intervention staff will also participate in the CPS Conference in February 2019 to provide Child Welfare Staff and supervisors with information on Early Intervention Services.

II. From June 2017 through June 2018, counties provided services through the use of county flex funds to 10,074 children in open Child Protective Service (CPS) cases. These children are not in foster care.

Services included, 1.) clothing and products for infants, 2.) Protective Service Daycare, 3.) sitter services and 4.) Family Counseling and Family Support.

III. In efforts to enhance the tools available for the ISP teams, the state has enhanced its ability to provide prevention services through a statewide Intensive In-Home Services contract. These prevention services are available in every county and can be used when appropriate, to keep the under-five population in their own home with their parents. This will be evaluated for possible expansion purposes going into the next fiscal year.

The IHS providers serve children in that age group by teaching parents developmental stages, age appropriate discipline, structure in the home for safety purposes (including safe sleeping and bonding with children), and creating behavioral charts in order to reinforce behavioral change. IHS also provides nutrition education as well as other services that DHR has requested in the ISP. Other skills taught to parents that reduce maltreatment include: educating them on healthy relationships, safety planning for domestic violence, anger management, coping skills, etc. IHS works with other community partners to ensure the children/family has the basic necessities including food, clothing, and shelter. Providers also work with community partners to ensure mental health needs are met which may include involvement of IHS therapist.

IV. Counties may also utilize prevention services available through Family Service Centers to assist in keeping children at risk of coming into care, out of the system.

Family Service Centers are community based; therefore, it depends on the area as to what services are provided. Every program has case management and parenting services. Providers may use DHR funding across the board along with other funding sources to develop specific programs. Below are examples of services provided by The Circle of Care in Chambers County:

- The Medicaid Maternity Waiver program;

- The Care Van Program provides transportation for expecting mothers and child healthcare appointments;
- Home visitation programs - Parents at Teachers/First Teacher and an ACES based program from the Devereaux Institute;
- Shaken baby, safe sleep, and other parenting presentations;
- A program that works to provide information and support through daycares to parents;
- Baby Box distribution and pack and play distribution program;
- Relationship Education Classes including co-parenting and blended/step families.

Most of their case management involves families with children in the age range of zero to five. Their Adult Education/GED, and WIOA workforce development program involves a lot of parents of children ages 0-5. Some financial assistance is offered through FEMA and Project Share. Project Share is for those over age 60, so it does not impact the 0-5 age range as much, but they are finding a lot more grandparents being the primary caregiver as well as other relatives.

- V. See also ISP process, under the above heading of Foster Care (#'s I & II), as children/families in open CPS cases are likewise involved in the ISP process.
- VI. The role of the **Board Certified Behavioral Analyst (BCBA)** in meeting the developmental needs of children under age five, receiving in-home services. NOTE: As can be noted below, the BCBA staff also work with children/families of those in foster care.

Applied behavior analysis (ABA) is a science dedicated to the understanding and improvement of human behavior. ABA is different from traditional psychology in that ABA focuses on observable behaviors rather than what an individual may be thinking. Basically, behavior analysts study the environment in which the individual's target behaviors are occurring and using functional behavior assessments, they scientifically determine what factor of the environment is maintaining the target behavior (known as the function of the behavior). Using this information, an intervention that addresses that same function is implemented in order to create an appropriate and positive change in behavior.

Based on the principles of **Applied Behavior Analysis, the State DHR Board Certified Behavior Analyst (BCBA)** performs the following:

1. Functional Behavioral Assessments (FBAs) to determine why a behavior is happening.
2. Parent Training (Foster, Biological, Adoptive and Relative).
3. Individual Consulting and Treatment Plans.
4. Skill Acquisition (teaching appropriate replacement behaviors, communication skills, social skills, functional living skills, etc.).
5. Behavior Reduction.

The main focus:

1. Changing environmental variables that may be effecting/causing the behavior
2. Training caregivers to no longer provide the reinforcement for problem behaviors
3. Training caregivers on positive parenting techniques
4. Our services are intensive, and require a lot of work on the caregiver to implement strategies and collect data; therefore, it requires a commitment on the caregiver's part for our services to be effective.

The process for referral and assessment:

1. Referral is submitted by the County worker to the Behavior Program Manager and reviewed by Behavior Program Manager.
2. The Behavior Program Manager then assigns a Behavior Analyst. An assessment period then is conducted with the caregiver and child.
3. Assessment begins right away, typically within 1 to 5 days. After the assessment period is conducted, and the BCBA determines services are appropriate, behavioral services are added to the child's ISP, and a treatment plan is written by the Board Certified Behavior Analyst.
4. The behavior analyst trains the caregiver on the treatment plan.

5. The caregiver implements the treatment plan, with follow-up from the behavior analyst. Follow up can vary from weekly, bi-weekly or monthly as it depends on the level of need.
6. Once the treatment plan is in place and appears to be effective for a period of time, the case is closed for services. There is no set time for treatment, as each case is individual.

Emergency referrals:

1. If a county worker identifies there is an emergency situation that warrants the assistance of a BCBA, the Behavior Program Manager is contacted. At that point a BCBA will be assigned as soon as possible to complete an assessment of the case. They will often offer suggestions on how to diffuse the behavior in the future, and assist the caregiver in handling the behavior in an appropriate manner. If it is a case that the BCBA already has open on their caseload then they may offer immediate assistance if possible for the situation.
2. The BCBA will determine if further ABA services would be beneficial and ask the county worker to send a referral for services.

ADDITIONAL DETAILS

It's important to note that behavioral services require a lot of commitment and time on the caregiver's part. We focus on changing the child's environment in order to change the child's behavior, and this may require the parent to change as well. There is no set time period for services.

A behavior analyst observes behavior in the natural environment (the classroom, home, etc.) and identifies what in that environment is maintaining the behavior (why the behavior keeps happening), as well as what environmental factors are preventing other behaviors from occurring. What maintains a behavior is known as its consequence, that is, what happens immediately after the behavior on a regular basis. More specifically, a consequence that results in the behavior happening again and again is known as reinforcement. Therefore, for problem behaviors that are occurring very often, a behavior analyst would conduct observations to identify what exactly is acting as reinforcement for that behavior. This is the key to effective intervention.

A behavior analyst will observe the client on multiple occasions before recommending any type of intervention for a problem behavior. They will observe the client during those times when the behavior is most likely to occur. They are tracking the consequences of the behavior to identify what could be maintaining it over time. Once they've identified the potential maintaining consequence, they'll begin designing the most appropriate and likely to be effective intervention option for that behavior.

During the assessment phase of a referral, the BCBA will sometimes determine the Tools of Choice Parenting program might be beneficial and make that recommendation to the worker and parent. The information will be presented to the ISP team and then become part of the case plan.

WHAT IS TOOLS OF CHOICE?

1. An intensive parenting course that teaches positive parenting techniques based on the science of Applied Behavior Analysis.
2. This is a free class geared toward foster parents, birth parents, adoptive parents, and social workers.
3. Consists of five 3-hour classes (course runs once a week for 5 consecutive weeks).
4. In-home follow-up component (@ 2 visits) to offer feedback on correct use of the parenting tools.

WHAT WILL PARTICIPANTS LEARN?

1. How to manage a child's behavior using positive behavior management tools. Punishment techniques are not taught in this course.
2. Tools for building and strengthening relationships
3. Tools for improving behavior
4. Tools for interrupting problem behavior
5. Responding to attention maintained behaviors
6. Behavioral Contracts

CONTINUING EDUCATION CREDITS

Foster parents and social workers can earn up to 15 credit hours of continuing education units by taking the course.

Impact on Steps to Track & Prevent Child Maltreatment Deaths: Alabama Response

Projected Planning Process

- By 08/31/18, conduct a conference call with the State QA Committee members who are on the Child Death Review (CDR) Subcommittee to see if they are willing to be a part of the core group for the DHR/Stakeholder team that develops a statewide plan for the purpose of preventing child maltreatment fatalities.

Although the Department believes the CDR Subcommittee of the State QA Committee will be interested in assisting in this way, if it is not interested in helping form this core group, the **Alabama Child Welfare Collaborative Initiative** membership will be approached to help serve on this committee. Another group that may be approached is the already existing stakeholder group for children under age 5. Regardless of the external stakeholders that are involved, a core team of staff from (minimally) the **Family Services Division** (FSD) and **Quality Assurance Division** (QAD) of the State Department of Human Resources, will be involved in the development/implementation of the statewide plan.

- Prior to the conference call with the SQAC membership an *initial internal meeting of QAD and FSD staff was held* (Resource Management Division staff were unable to attend), to discuss current initiatives and other stakeholders (aside from those on the SQAC, CDR Subcommittee) that could possibly be used / serve as resources, in advancing a statewide plan. Information will be provided to the CDR Subcommittee with a synopsis of these ideas prior to the call.
- A present data source that exists for the Department is a child fatality report that contains information on the following data elements: name of child, age of child, gender, race, ethnicity, date of birth, date of death, birth parents (or caretakers), siblings, alleged cause of death, alleged perpetrator (and relationship to the child), and previous involvement of the Department of Human Resources with the child/family.

Data from other agencies will be sought in the course of ongoing work with department staff and external stakeholders.

- As a result of the internal DHR meeting, and/or the conference call with the CDR Subcommittee, collect any questions for which clarification/guidance is needed from the Regional Office.
- As one projected outcome of the conference call with the CDR Subcommittee, establish the steps to complete so that by 09/28/18, a draft plan (or specific next steps leading to the development of a draft plan) has (have) been developed which sets forth action steps, due dates, persons responsible, etc.
- Provide final product in the Final APSR Report, which will be submitted on 06/30/19.

Impact on Changes in PSSF Definitions: Alabama Response

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

- **FAMILY PRESERVATION** IIHS contracts; Family Service Center contracts.
- **FAMILY SUPPORT:** Family Service Center contracts
- **FAMILY REUNIFICATION:** IIHS contracts
- **Title IV-B-2) fund expenditures:** The following services will be offered under each category in IV-B, subpart 2.

1. 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.

2. 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.

3. **Family Reunification:**

Individual, group, and family counseling; inpatient, residential, or outpatient substance abuse treatment services; mental health services; assistance to address domestic violence; services designed to provide temporary child care and therapeutic services for families, including crisis nurseries; peer-to-peer mentoring and 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.

Impact of Changes in Definitions vs. Current Services Being Provided:

Current:

- Reunification and Preservation Services currently last 6-9 months with the option to extend services if needed upon the approval of SDHR Resource Management Division. They also provide three months of after-care.
- Currently, providers have the opportunity to work with the family/caregiver or who is listed in the permanency plan in conjunction with the concurrent plan prior to the child returning home. This allows the providers to teach skills to the family/caregiver to prepare them for the reunification process and work with the children in learning matching skills in order to increase the likelihood for the intervention to be successful.
- Working the concurrent plan at the same time is helpful in case the permanency plan disrupts. The concurrent placement would already be familiar with consistent skills that were being taught to the parent/caregiver in the permanency plan. The way the process is set up now benefits the family in terms of it, allowing the provider time to slowly transition the child(ren) home utilizing the strengths and skills they taught during the first few months prior to the child(ren) returning home.

Impact of Changes in Definition:

- Reunification Services would now require providers to initiate services up to 15 months after the child returns home.
- As a result of the change in definitions, additional slots would have to be increased to meet the needs of the counties and the number of referrals or possibly additional programs.
- Core services would have to be revised to include peer-to-peer mentoring, support groups, etc. to meet the definition changes.
- Increase in overall FP/SS budget due to the need for additional slots and or programs for longer periods and increased travel to family's homes within the regions served.
- Possible need for increased SDHR staff to assist with monitoring, data collection and compilation, consulting and evaluating.

Impact on Changes to Chafee Program:

Alabama Response

Chafee Program Extension

Alabama has decided that it will not implement the option to extend Chafee Program services to youth up through their 23rd birthday.

Impact on Changes to ETV (Independent Living Program):

Alabama Response

ETV Eligibility Extension

Alabama has decided to extend eligibility for ETV up to age 26 (26th birthday), provided the young person receives a voucher for no more than a total of 5 years. Further, Alabama understands that there is no formal certification required to implement this age extension and it is available even though Alabama is not exercising the option to offer Chafee services up to age 23.

Impact on CAPTA / Plans of Safe Care:**Alabama Response**

As one means of utilizing extra funds made available to states, Alabama would like use approximately \$150,000 to \$200,000 for a CPS Conference, as noted below (total of funds anticipated would be @ \$1,200,000).

Possible CPS Conference – Potential Topics

- CARA-Plans of Safe Care
- Substance Abuse presenters
- Legal
- Mobility APP for Assessment workers
- Baby Box
- Applied Behavioral Analysis (ABA)
- Administrative Record Review (ARR) process
- Early Intervention
- Kinship Navigator
- Border Agreements
- Possible pediatrician from UAB to discuss withdrawal symptoms-care for infants substance affected.
- Safety Plans

CPS Conference Plans

Family Services will offer a Child Protective Service Conference February 26 through February 28 2019 for Child Protective Assessment staff and supervisors. This conference has been approved and a contract has been signed with a local University to coordinate the presenters and topics. This conference will primarily focus on the Comprehensive Addiction Recovery Act and plans of safe care for families and infants affected by substance abuse. Presenters will include a pediatrician who specializes in caring for infants born and affected by drug abuse and/or withdrawals symptoms. There will also be substance abuse professionals presenting to discuss substance abuse issues in depth and to provide links to resources for families affected by substance abuse.

Family Services plans to use the additional CAPTA funding to offer additional Child Protective Service Conferences in 2020, 2021 and 2022. These conferences will focus on topics and issues specifically related to issues that Child Protective Services Assessment staff encounter when assessing child abuse and neglect reports and issues related to in home cases. Emphasis will be placed on substance abuse and plans of safe care.

The Office of Child Protective Service will continue to provide county specific training related to CARA and Plans of Safe Care when the need is identified through case reviews.

