

Supports To Foster Parents

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XII. SUPPORTS TO FOSTER PARENTS

A. Respite Care

Respite care is a valuable service to provide temporary assistance to foster parents and related caregivers. Benefits include improving satisfaction and retention of approved foster homes. The Foster Parent Bill of Rights declares respite care as a right of foster parents. The respite care program is to meet the needs of the caregivers and provides for temporary alternate care.

Respite care emphasizes a desire to promote a team approach to providing complete services for the wellbeing of the child, caregivers, and family. Respite care must be documented in the ISP. The ISP team consists of the foster child/ren, primary caregivers, respite care provider, birth family, DHR social worker and others deemed appropriate. A team approach will result in the respite care program providing high-quality, professional respite care services and support.

Respite care is a support service for out-of-home care providers that:

- provides a scheduled period of relief from ongoing parental responsibilities;
- allows for planned care of children in the custody of the Department by alternative providers with no impact to the board payment;
- assists in the retention of foster homes;
- can be provided in the out-of-home care provider's home or in the respite provider's home, if the home and/or caregiver have been approved.

Respite care is limited to seven days per calendar year, which can be taken consecutively or separately.

Respite care is not:

- emergency care in that it is planned time of relief for foster parents*;
- ongoing daily care by an alternate out-of-home care provider e.g., respite care can not be used as routine daily care;
- ongoing daily care by an alternate out-of-home care provider e.g., respite care can not be used as routine daily care;
- to be used for foster parents to attend out of town funerals or family emergencies;
- part of a visitation plan designed toward achieving a permanency goal.

*Counties may provide substitute care when there are emergency situations, but this should not count against allowable respite days. Emergency situations should be considered on a case by case basis.

Respite care is strictly to provide the foster parents a planned break from the responsibilities of childcare.

Respite care providers are:

- a person known to the child (preferred);
- foster parents who do not have a placement or who are not at their maximum approved capacity;
- a relative, friend, adoptive parent waiting for a placement, or other individual approved by the child's Social Worker; or
- a person who provides overnight respite in the approved foster parent's home, after that person has been approved by the county DHR worker as a respite provider for this foster family.

Respite care only providers are approved for one year. FACTS will generate a report to county with notification on worker action reports prior to an approval's expiration. Counties will need to determine if the home needs to continue to remain a respite only provider.

1. Notification to Foster Parents regarding the availability of Respite Care:

The county DHR worker shall notify foster parents at the time of approval and again at re-approval about the availability of respite care.

Eligibility includes:

- approved traditional foster parents and medically fragile foster parents with the Department are eligible for up to seven (7) days of respite care per calendar year. Therapeutic foster parents currently receive respite as arranged and paid by their approving agency and
- related caregivers providing care for children in DHR custody.

NOTE: One day of respite care covers all foster children in the foster home on that day, regardless of whether those children were previously involved with respite care in another foster home.

When a foster parent requests respite care:

- the foster parent/care giver shall provide reasonable notice (at least seven days) to the Child's Social Worker;
- the Child's Social Worker shall make a referral to the County's resource worker (person assigned by the County Director to manage respite care activities);
- the resource worker shall log all requests for respite care;
- the Child's Social Worker shall maintain a copy of the request form in the child's file;
- the resource worker shall consult with the foster parent and the Social Worker to determine if a specific provider is preferred;
- if there is not a request for a specific provider, the Resource Worker will match the child or children with a provider who is a licensed

foster parent; or, the child's Social Worker may approve another respite provider;

- the social worker for the medically fragile foster child must assist the respite provider in obtaining any necessary training for the special care of the specific medically fragile child.

NOTE: If the respite provider is not another approved foster parent, the respite provider shall stay in the foster parent's home if overnight respite is provided. This person must be at least 19 years of age, be cleared through the Central Registry, and be cleared through the Criminal History Unit at DHR's expense.

A foster parent desiring to provide respite care only, whether for a specific child or any foster child, must be approved as a foster family home through standard procedures.

The DHR Resource Worker is a designated Social Worker in each county who is responsible for the following:

- receives a respite request;
- explores availability of respite days;
- facilitates a match, if the foster family has not identified a respite care provider;
- maintains a log of requests;
- document and tracks the number of days used to assure compliance with eligibility requirements (each family is eligible for 7 days respite annually @ \$20 per day for traditional foster care or \$35.00 per day for a medically fragile child); for example, if a child begins respite on Friday after school and returns to the foster home on Sunday evening that would count as two days of respite and cost \$40.00 total per child.
- the child's social worker should document the respite care in the placement module in FACTS.

When making arrangements with the Respite Provider the foster parent/care giver shall:

- contact the approved respite care provider;
- make arrangements for the child to go to the provider's home or for the provider to come into the foster home, if appropriate;
- provide detailed care instructions including information regarding medication administration as appropriate, and particularly information on specialized care for medically fragile children;
- provide contact names and telephone numbers of the foster parents, the DHR worker and after hours procedure and any other number that may prove helpful to the respite provider;

- facilitate the placement, or request the Social Worker's assistance, as needed;
- supply the provider with the medical insurance card, pertinent information including any safety concerns or restrictions on contacts or visits, and provide all supplies necessary for the child's care; e.g., diapers, special formula, clothes, car seat, portable crib, favorite toy, etc. including the child's routine and/or schedule.

Payment to the Respite Provider will be Generated Through FACTS:

- Paying a Respite Provider for 7 days or Less
 1. Respite must be paid through the Placement Screens in FACTS.
 2. The Reserved Placement box and the reason-Respite must be selected on the placement entry screen for the child's current placement.
 3. Document the respite placement by creating a new placement.
 4. On the placement entry screen for the new placement, on the "service tab" select the service: Placement/Respite-CW for standard respite. When paying Medical Fragile Respite select the service: Placement/Medically Fragile Respite Less Than 7 days-CW (FACTS will generate the payment for respite).
- Paying a Respite provider above 7 days
 1. Must be paid through flex funds through the service log and disbursement screen in FACTS.
 2. Document the respite placement in FACTS as you would paying for respite 7 days or less.
 3. On the placement entry screen, "service tab" select the service: Placement/Respite Above 7 Days-CW. For Medical Fragile Respite Greater than 7 days select the service: Placement/Medically Fragile Respite Greater than 7 days-CW.
 - a. When the service Placement/Respite Above 7 Days-CW or Medical Fragile Respite above 7 days-CW is selected FACTS will **NOT** generate a payment.
- When paying a provider for emergency placements that does not qualify for Respite.
 1. The Reserved Placement box and the reason-Foster home emergency must be selected on the placement entry screen for the child's current placement.
 2. Document the emergency placement by creating a new placement. On the placement entry screen for the new placement, on the "service tab" select the service: Placement/Respite above 7 Days-CW.
 3. The payment must be paid using flex funds through the service log and disbursement screen. FACTS will **NOT** generate a payment.

2. Documentation/Tracking:

The utilization of respite services will be documented in the foster parent's resource file. Each traditional foster home, medically fragile foster home or related home caring for a child in DHR custody is entitled to seven respite days each calendar year.

The Department can authorize only seven days of respite per year. If the foster parent requests additional days, it should be discussed and approved by the ISP team. The foster parent will be responsible for paying the respite care provider. In unusual situations, the county Director will be able to make exceptions to the seven-day limit, but the cost will have to come from flex funds.

Respite income is taxable, and providers must be aware that they will receive a tax form 1099 from the Department if the amount they receive during a calendar year EXCEEDS \$600.00.

B. Day Care

Day care services may be provided for children in out-of-home care through the childcare management program or under certain circumstances through the counties flex funds. Day care is purchased for foster care children to allow the foster care parent to engage in a work or education/training activity for a minimum of fifteen (15) hours per week. Whether daycare services are provided full or part-time depends upon the number of hours the foster parent is engaged in one of these activities. (Full time is > 25 hours/week or Part-time is 15-25 hours/week)

Daycare may also be provided to meet special needs of a child in out-of-home care. If the ISP team determines that day care will meet the special needs of the child more adequately than other services, day care may be authorized. The nature and extent of the specialized needs shall be verified by the ISP to determine if there are appropriate resources available to meet the child's needs. If the team is unable to verify the child's or family's needs and make recommendations, a professional assessment (e.g., mental health/psychological evaluation, medical assessment) will be required. It is unlikely that a day care home will provide the same level of structure and learning opportunities as a day care center; therefore, the decision to use a day care home shall be carefully assessed to determine how it is distinguished and/or different from the setting and structure of the foster family home in which the child is placed.

If daycare is needed by a child in out-of-home care, the following steps should be taken.

- The caseworker and/or foster parent should locate daycare that is easily accessible to the foster home.
- Determine if the day care provider will accept payment from the childcare management agency.
- Complete the DHR referral form 1723 and submit to the regional childcare management agency assigned to the county office.
- Complete the DHR CMA 1073 (Child Care Assistance Application form) to authorize payment.

For further details to day care policy refer to the *Child Care Subsidy Program Policies and Procedures Manual*.

C. Foster Parent Bill of Rights (FPBR)

The Foster Parents' Bill of Rights, Act No. 2004-257, was enacted by the Legislature of Alabama. The following rights have been established and the Department of Human Resources shall ensure that each foster parent be afforded the following rights:

- (1). The right to be treated with dignity, respect, trust, value, and consideration as a primary provider of foster care and a member of the professional team caring for foster children.
- (2). The right to receive information concerning the rights enumerated in this act.
- (3). The right to a concise written explanation of their role as foster parents in partnership with children and their families, the department, and other providers, the role of the department, and the rights and role of the members of the birth family of a child in foster care. The birth family's rights/roles and responsibilities are defined and should be shared with the birth family and the foster parents to ensure expectations. Refer to the "Rights/Roles and Responsibilities of the Birth Family of a Child in Foster Care" located in the forms section.
- (4). The right to training and support for the purpose of improving skills in providing daily care and meeting the needs of the child in foster care.
- (5). The right to training, consultation, and assistance in evaluating, identifying, and accessing services to meet their needs related to their role as foster care providers. This includes, but is not limited to, all foster care policies, the Foster Parent Handbook, Foster Family Homes Minimum Standards, the Therapeutic Foster Care Manual, and a mediation process.
- (6). The right to provide input to the department in identifying the types of resources and services that would meet the needs of children currently in their care and of their families, and advocate for the same without threat of reprisal.
- (7). The right to information concerning behavioral problems, health history, educational status, cultural and family background, and other issues relative to the child which are known to the department at the time the child is placed in foster care prior to the child's placement with a foster parent or parents. When the department learns such information after placement, the department shall make that information available to the foster parent as soon as practicable.
- (8). The right to a written explanation of the plan concerning the placement of a child in the foster parent's home. For emergency placements where time does not allow prior preparation of the explanation, the department shall provide such explanation within 72 hours. Prior to placement, the department shall allow the foster parent to review a written summary of information concerning the child, including, but not limited to, assessments, evaluations, and case plans, and allow the foster parent to assist in determining whether they can meet the needs of the placement for the prospective foster family. For emergency placements where time does not allow prior review of the information, the department shall provide the information within 72 hours of placement. Confidential information shall be kept confidential by the foster parents, except as determined through the ISP process to promote the health and welfare of the child. Refer to the Form Section for the "Foster Parents Written Explanation Regarding Placement." If a county desires to use its own form all the required information must be included. Counties should make two

copies of the placement information form, a signed copy for the child's DHR record and a copy for the foster parents to keep.

(9). The right to a staff person representing the department on call 24 hours a day, seven days a week, for the purpose of aiding the foster parent in receiving departmental assistance.

(10). The right to fair and equitable board payments based on a system of daily board rates and other financial reimbursement as specified in a plan adopted by the department after consultation with foster parents, subject to the availability of funds.

(11). The right to accept or refuse placement within their home, or to request, upon reasonable notice to the department, the removal of a child from their home for good cause without threat of reprisal for acting on such good cause.

(12). The right to information about scheduled meetings and appointments concerning the foster child and permission for the foster parent to actively participate in and provide input to be used by the Individualized Service Plan team in the case planning and decision-making process regarding the child in foster care, including, but not limited to, individual service planning meetings, foster care reviews, individual educational planning meetings, and medical appointments.

(13). The right to request that a volunteer advocate be present at all meetings with the department, including, but not limited to, individualized service planning, administrative hearings, the grievance/mediation process, the adoption process, and the allegation process where the foster parent is present. All communications received by the volunteer advocate shall be in strict confidence.

(14). The right to notice and a right to be heard, including timely information concerning all court hearings. This notification may include, but is not limited to, notice of the date and time of the court hearing, the name of the judge or hearing officer assigned to the case, the guardian ad litem, the location of the hearing, and the court docket number. The notification shall be made upon receipt of this information by the department. Although not a party to the case, the foster parent may attend court hearings at the discretion of the judge.

(15). The right to communication with professionals who work with the foster child, including, but not limited to, therapists, physicians, and teachers who work directly with the child.

(16). The right to communicate with the child's birth family, other foster parents of the child, and prospective and finalized adoptive parents of the child with Individualized Service Plan Team approval and without the threat of reprisal.

(17). The right to necessary information on an ongoing basis which is relevant to the care of the child, including timely information on changes in the case plan or termination of the placement and reasons for the changes or termination of placement to the foster parent except in the instances of immediate response of child protective service.

(18). The right to first consideration as the resource for a child in a foster parent's home after post TPR and all relatives have been explored.

(19). The right to a period of respite upon the request of a foster parent. The foster parent shall provide reasonable notice of a request for respite.

(20). The right to information, in person and in writing, of any allegations of maltreatment of children in the home of the foster parent alleged to have been perpetrated by a member of the foster parent's household, the process for disposition of these allegations, and any review process for reports of indicated child abuse and neglect upon receipt of the allegations. A written notification of any report in which a finding is not indicated on the county level shall be provided to a foster parent within five days of the findings.

(21). The right to copies of all information relative to their family and services contained in the personal foster home record.

(22). The right to mediation procedures that may be developed and adopted by the department and the Alabama Foster and Adoptive Parent Association Board. The foster parent may request mediation in accordance with any mediation policy adopted by the department and the Alabama Foster and Adoptive Parent Association Board without threat of reprisal.

(23). The right to appeal the revocation of a foster family home by the department in accordance with any appeal procedure adopted by the department and the Alabama Foster and Adoptive Parent Association Board without threat of reprisal.

There is no provision in the FPBR that allows the Department to release written information to foster parents about the parents of children in care. No personal information about the parent should be included on the written summary provided to the foster parents. The Department has no authority to release Social Security numbers of the parents of children in care on the written information form or otherwise. The whereabouts of the parents may be included to the extent that it is of value to placing the child. Information about the parents will be shared/covered during the ISP.

D. Conflict Resolution Process (Formerly known as Grievance Process)

1. Purpose

In an effort to bring some consistency into the process of dealing with conflict involving foster parents and county departments, the following guidelines should be used to develop a plan to resolve concerns that are brought to the county's attention.

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 process:

- Gives everyone an opportunity to be heard;
- Affords everyone an opportunity to develop new ways of dealing with problems;
- Affords opportunities to create working solutions;
- Can improve the retention of existing foster families; and

- Can help eliminate the time and distress of unresolved conflict and possible placement disruption for children in care.

The intent of this process is not to remove the authority from the local DHR office to handle problems within the county nor is it 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.

Larger County offices may have more supervisory levels to be considered in developing a chain of command for handling problems, concerns, and issues. Each county office should use the information contained in this document as a guide in developing a local process that will be effective and efficient in handling these matters on the local level. County Departments should inform individuals making a CRT referral of their county's chain of command (in writing). The chain of command might include, as an example: worker, service supervisor, program supervisor, program manager, child welfare administrator, assistant director, and county director.

2. General Guidelines Regarding Conflict Resolution Teams (CRT)

If you have questions regarding this process, call 334-242-9500 and ask for the Office of Foster Care.

County CRT

The CRT Team shall include: one (1) County DHR representative who is unrelated to the case to serve as facilitator; one (1) foster parent or if a married couple both (2) involved in the filing of the conflict resolution must be present; two (2) advocates of the foster parent (s) choosing; and two (2) county department advocates presenting information regarding the conflict resolution for the county department (must be the County Director and a supervisor). **No other individuals will be permitted in the room during the proceedings.** People present in support of DHR personnel or the foster family may be called by either party to present information regarding the conflict resolution. These individuals will not be permitted in the room until such time they are called to participate. Upon completion, they must exit the room.

State CRT

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); if applicable, both foster parents must attend, 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). No other individuals will be permitted in the room during the proceedings. People present in support of DHR personnel or the foster family may be called by either party to present information regarding the conflict resolution. These individuals will not be permitted in the room until such time they are called to participate. Upon completion of their participation, they must exit the room.

The entire process, from initial contact with the county office until a referral is made to the Conflict Resolution Team, should take no longer than 30 days. If the solution is ongoing and all parties are satisfied with actions being taken, referral to the State CRT should not be initiated.

Timely response (see time frames set forth in the local process section of this policy) from the County DHR office is crucial to the process. Failure to respond to complaints timely may result in earlier referral of complaint to the State CRT.

Foster parents, including relative caregivers and DHR staff may all utilize this process in an attempt to resolve conflicts.

- Examples of possible items for referral include: Problems with communication between line worker and the foster parents; lack of courtesy, partnership, respect, professionalism in communication demonstrated by failing to return telephone calls, failing to listen to concerns, etc.
- Lack of responsiveness to requests by the foster parent or staff in addressing needs of children.
- Removing children without due notice according to applicable policies and standards and there is no identified risk of harm to a child.
- Issues of potential safety risks to children.
- Failing to follow policies.
- Failing to arrange needed services for the child and/or foster family.
- Failing to schedule an ISP team meeting when requested.
- Situations where the local foster parent association or State DHR staff has identified trends in actions by the county that would be appropriate for CRT review, but individual foster parent(s) have not made a CRT referral. One example, SDHR Family Services consultant staff note repeated instances of lack of partnership between staff and foster parents. They may ask the State CRT to review and make recommendations.
- Situations where the local foster parent association or DHR staff has identified trends in actions by the county foster parent association or their representatives that note repeated instances of lack of partnership between foster parents and DHR staff.
- Closing a foster family home by DHR. This process will serve as the appeals right referred to in the Foster Parent Bill of Rights Act for foster parents whose foster home is closed by DHR. This process does not serve as an appeal for foster families approved by agencies other than DHR. Note: The requirement for 30-day review at county level may be waived in situations involving closure of a foster home.
- Failing to abide by the provisions of the Foster Parent Bill of Rights.

The guidelines specified herein do not apply if the party filing the CRT referral considers a report urgent. This includes concerns that involve safety of a child. In these situations, the party with the concern can make immediate contact with the individual(s) that he/she feels will provide timely response to the situation. This may include local DHR staff (see chain of command), foster parent or staff liaison(s), Alabama Foster & Adoptive Parent Association (AFAPA) Advocates or Regional Representatives or State DHR personnel (i.e., State liaison or the program manager of the Office of Foster Care). If the resolution in this manner is not acceptable to the individual making contact, the appropriate referral should be made to the Conflict Resolution Team in such situations to ensure that this process is initiated.

Issues/instances which make CRT referrals null and void include, but are not limited to:

- When a court case is pending in regard to the situation;
- When a CA/N is pending and the subject of the CRT referral is part of the CA/N investigation. Note: Having a pending child abuse/neglect investigation (CA/N) does not preclude a foster parent from filing a grievance on issues unrelated to the CA/N;
- When a foster parent does not agree with the permanency plan developed by the ISP team.
- Recommendations related to personnel actions are pending or have been made.

Parties making a CRT referral are not considered to be in violation of confidentiality as long as they follow guidelines as provided in this Conflict Resolution Process Policy document. All participants at a Conflict Resolution Team meeting will be required to sign a statement indicating they agree to abide by agency confidentiality policies. Care should also be taken to avoid discussion with other individuals not listed in the policy as this is considered a violation of the rules of confidentiality. It is not a violation of confidentiality to provide the information requested in the State CRT referral to the Office of Foster Care. Before a county director or their designee refers or discusses the referral with the local foster parent liaison or other liaisons or advocates with the Alabama Foster & Adoptive Parent Association, they should obtain the consent of the person(s) making the CRT referrals. Foster parent liaisons (county and/or with AFAPA) should sign a confidentiality agreement prior to any discussion of particular cases or home situations.

The Department should ensure that every source of support for the individual is arranged. Caution should be taken to prevent this from becoming the agency versus the foster parent. Foster parents and staff are considered partners in the planning for children and have the right to have their opinions and concerns heard and have the right to be considered as a valuable part of the ISP (treatment) team. If requested, the foster parents and/or staff member making a CRT referral should have support from the DHR staff liaison, the foster parent liaison, and/or other foster parents selected by the local association, if requested. The foster parent may also call AFAPA at 1-888-545-2372 to request assistance from a Regional Representative or Advocate. Additionally, DHR staff

may ask for support or assistance from applicable staff at State DHR (Family Services consultants or supervisors; District Administrative Specialists, etc.)

Actions taken by the Department when a CRT referral is made shall never be retaliatory or punitive in nature. No person who makes a CRT referral will be discriminated against, threatened, or retaliated against in any way for filing such action.

If the complaint is concerning an office within State DHR, the local DHR office or the foster parent should send the initial complaint to the appropriate Division/Office at SDHR (see Form Section). If, within 30 days, there has been no resolution to the problem, the paperwork can then be forwarded to the Office of Foster Care.

An ISP team meeting, which includes the individual making the CRT referral, may be required at any point in the process in an effort to reach resolution if concerns or conflicts are about services or support needed by the child and/or foster parent.

Providers of care to children in DHR custody can use this process whether the placement is in a regular (traditional) foster family or therapeutic foster home setting, related foster care or related care. However, this process is only to be used to resolve disputes between DHR and the foster parent(s). It is not applicable to disputes between therapeutic foster parents and their approving/licensing agency and does not apply to the closing of a therapeutic or other foster home licensed/approved by an agency other than DHR. This process is not intended for providers of group residential care.

Local CRT referrals should be filed in the applicable county involved in the issue as identified by the individual making the referral. However, technical assistance and support will be provided to the foster parent(s) by the county that approves their home. If the foster parent is a therapeutic foster parent, they should make their CRT referral with the county holding custody of the child. These foster parents may choose liaisons from this same county, the county in which they reside (if different) or they may ask their therapeutic agency to assist and support them in making the CRT referral.

3. The Process

Each county shall establish a county CRT that mirrors the team makeup detailed in section 2 of this policy. Each County DHR shall implement the following Conflict Resolution protocol. The county's protocol should also be provided in writing to all of their foster families as well as staff and supervisors with foster care responsibilities.

a. When a Foster Parent Makes a Referral

The party making the CRT referral must complete a referral form and submit to the local DHR and maintain a copy for their personal files. Referrals must be made 30 days from the date of alleged incident.

The following description is how to make a CRT referral when other methods for resolving the issue satisfactorily have failed. **If alternative methods, through the**

chain of command, have not been utilized, the party making the referral will be directed back to the appropriate party on the chain of command.

- Written CRT referrals should be submitted to the county director who shall disseminate a copy to each person on the chain of command.
- The CRT referral shall be acknowledged in writing to the party making the referral within five (5) days of receipt. Once acknowledged, strategies for working toward resolution of conflict shall be developed and weekly updates provided to the individual making referral. Updates shall be provided in writing. If parties on the local level can agree to strategies toward resolution the referral will remain at the county level as long as satisfactory progress is being made. The individual making the CRT referral will determine satisfactory progress.
- At any point during the process after the CRT referral has been made, a consultant from State DHR can be contacted for assistance.
- If applicable, both foster parents must participate/attend CRT meetings and reviews.
- When resolution is reached at the local level, the County Director shall follow-up in writing with the person making the referral to confirm agreement to resolution.
- New issues identified require a separate CRT referral.
- If after 30 days of working with the county on the CRT referral, the person making the referral does not feel there has been timely response or a satisfactory solution is possible, the referral can be elevated to the State CRT. Lack of timely response or satisfactory solution includes: no acknowledgement, no plan, or no required status reports. If at any point during the 30-days the county director determines that no local resolution is likely, the referral can be elevated to the State CRT at the request of either party.
- The form or other documentation requested by CRT Staff Liaison should be mailed to:
Alabama DHR – Family Services Division
Office of Foster Care – CRT Liaison
Alabama Department of Human Resources
P.O. Box 30400
Montgomery, AL 36130-4000

b. When a Referral is Made Against a Foster Parent

At times a county may have concerns about their own foster parent that deal with the quality of care the family is providing to the children in their home. In these situations careful consideration should be given to determining if a policy, standard or approval issue exists and if it does, the county's resource worker/unit should address the issues with the family. However, there may be times when a DHR staff

person believes there are issues around communication, partnership, support of the child/family case plan, etc. that have gone unresolved despite best efforts by the social worker one-on-one work with the foster family. In these situations, the concerned staff may ask the County Director (through appropriate chain of command) to have the county conflict resolution protocol accessed for examining and resolving these concerns or conflicts.

Other times that the local CRT protocol may be accessed to address concerns a staff person has with a foster care provider may include, but are not limited to:

- State office consultant, QA team member, etc. may review a record and see concerns that need to be addressed.
- A foster care worker in one county has a child placed in the foster home of another county and has concerns about foster family.

Alternative methods of resolution through the chain of command as described earlier should be utilized first. If these alternative methods prove to be unsuccessful, CRT referrals may be made. If a CRT referral is made steps bulleted above in (a.) when a foster parent makes a referral should be followed.

Documentation of local review process shall be maintained in the resource file for the foster family involved.

C. State Referrals

When the CRT Referral is forwarded to State DHR, the Office of Foster Care, Staff Liaison to CRT, will record it on the referral log.

The Liaison to the Conflict Resolution Team will notify the foster parent and the local DHR office, via the agency's form letter that the CRT referral has been received. This acknowledgement will be sent within five (5) business days. Other information that may be necessary for a complete review of the CRT referral includes, but is not limited to: current and prior ISP's, medical, psychological or other assessments or summaries, CA/N files, foster family home records, dictation from child/family record, reports from Quality Assurance Committee reviews, court orders and/or reports. A list of needed information will be requested by the state liaison. The county office shall redact records prior to providing them to SDHR so that only information pertinent to the CRT referral will be shared with team members. CA/N records will only be reviewed by the liaison that will provide a summary for the team. In addition, the State CRT members will be notified that a referral has been received.

Upon preliminary review of the case by the staff liaison, assistance from appropriate SDHR Consultants may be requested (if a consultant has not already been involved in reviewing the case/situation). The consultant may be asked to review the record or interview parties as indicated.

If the consultant has already been involved in reviewing the case, a report of their consultation will be forwarded to the Office of Foster Care within two working days of the request. If the consultant has not already reviewed the case, the review consultation

should be completed within ten working days of the request and then a written report shall be provided within two working days of the consultation.

Depending on the nature of the referral, other steps may be taken by the Office of Foster Care prior to bringing the referral to the conflict resolution team (CRT). Some of these steps may include:

- Request an ISP team meeting immediately be held to look at the issue(s) in question with specification as to which parties should attend the meeting. The ISP team should address steps necessary to ensure the safety and well-being of the child which might include: suspension of visitation; change in visitation location; safety measures to ensure careful monitoring of the case, temporary suspension of the placement until safety measures are in place, etc. and other evaluations or assessment as deemed necessary.

All information should be reviewed and fact-finding completed by the staff liaison to the State CRT within 15 business days of receiving the referral unless the CRT permits an extension to gain further information. The State CRT will review the referral at their next standing monthly meeting unless additional time is needed.

1. Documentation of the state review process will be maintained by the State DHR liaison to the CRT.
2. In addition to review of records as described above, the State CRT shall conduct in-person interviews with appropriate DHR staff and supervisors as well as the foster parent involved in the CRT referral except in extreme circumstances. Those being interviewed should give consideration to CRT members and shall make arrangements for their own child care during their interviews with the team.
3. Once the meeting is completed and the State CRT has developed recommendations, minutes from the meetings will be typed and routed to CRT members for editing and/or approval within three business days. The minutes will contain a description of interviews conducted, committee's overall observations or assessment of the situation and recommendation. The team members will have five days to review the minutes and provide changes, corrections, or statement of approval to the staff liaison. Within five business days the liaison will then draft a letter to the county director for review by the Director of Family Services or designee. The committee's recommendations shall be specific to the issue in the CRT complaint. If the CRT team has additional observations or recommendations of a practice or systemic nature, these shall be communicated in a separate document to the Director of Family Services. The director or his/her designee shall review the letter and make comments (or edits) then submit for Commissioner's review and signature within five business days. The Commissioner will evaluate the CRT team recommendations. Once reviewed and signed by the Commissioner, the staff liaison will send originals to the county director. Courtesy copies of the letters will be provide to :
 - a. Party making the referral to the State CRT;
 - b. Director of Family Services;
 - c. Deputy Commissioner for Children and Family Services;
 - d. Deputy Commissioner, Field Administration;

- e. District Administrative Specialist for county in question;
 - f. Program Manager Office of Foster Care;
 - g. Members of the State CRT; and
 - h. Others as indicated and appropriate.
4. If action by the county is outlined in the recommendations of the Commissioner, the County Director shall prepare a written response to the recommendations including their plan for implementation or justification for any other action to be taken. This letter and plan shall be sent to the staff liaison of the State CRT within two weeks of receiving the Commissioner's letter. If no further action is recommended, the letter will be directed to the person making the CRT referral with a courtesy copy to the County Director and others as listed above.

Note: The State CRT cannot make changes to the child/family case plan. Recommendations for review and possible changes in case plans must be taken to the ISP team for consideration and action. Results of said ISP shall be included in the county's response to the Commissioner and Office of Foster Care.

The CRT has no authority to recommend disciplinary action against an employee and no recommendations of disciplinary action should be made in the CRT report. The Department, under the rules of the State Personnel Board, is responsible for assessing the CRT's conclusions and recommendations to decide whether personnel action is warranted and/or appropriate.

5. State CRT liaison will follow up with the individual making the CRT referral after the plan of action is received from the county. This follow-up will be documented through a feedback loop form. The feedback loop will assess:
- a. If parties believe the State CRT throughout the process understood and respected their concerns.
 - b. If the State CRT was responsive to the needs of the party making the referral.
 - c. The quality of the working relationship between county department, staff and/or foster parent involved (better, worse, same).
 - d. If the foster parent intends to (wishes to) continue being a foster parent once the CRT process has been carried out.
 - e. If the County Director believes that the foster parent can continue in a positive working relationship with the Department (if the referral was sent by the County staff).
 - f. The completed/returned feedback loop forms will be shared with the State CRT at the next monthly meeting after they are received. Courtesy copies of the feedback loop form will be shared with those listed in the courtesy copy reference made above.

D. Cases Involving Immediate State Referral

Foster parents may request an immediate **State** CRT referral if a child (ren) is removed from their home without an appropriate ISP. The requirement for 30-day review at county level shall be waived in situations involving the closure of a foster home or removal of a child from a foster home outside of a planned ISP move, court order or CA/N. If the request is made by the foster parent, the referral should be sent to State Department of Human Resources – Family Services Division within seven (7) business days. The CRT referral shall be reviewed within seven (7) days from receipt of the referral. Family Services Director or his/her designee shall review and submit to Commissioner for signature within five (5) business days.