

Child and Family Services Review 2007 Statewide Assessment



State of Alabama
Department of Human Resources

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Section I – General Information

Name of State Agency	
Alabama Department of Human Resources	
Period Under Review	
Onsite Review Sample Period: 4/1/06 – 8/6/07 Period of AFCARS Data: 4/1/06 – 9/30/06 Period of NCANDS Data (or other approved source; please specify alternative data source): 4/1/06 – 11/30/06	
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Section II – Safety and Permanency Data

Alabama Child and Family Services Review Data Profile: March 19, 2007

CHILD SAFETY PROFILE	Fiscal Year 2004ab				Fiscal Year 2005ab				12-Month Period Ending 03/31/2006 ^A							
	Reports	%	Duplicate Child ²	% Unique Child ²	Reports	%	Duplicate Child ²	% Unique Child ²	Reports	%	Duplicate Child ²	% Unique Child ²	%			
I. Total CAVN Reports Disposed ¹	19,118		31,300		18,318		27,378		25,789		18,426		27,366		25,759	
II. Disposition of CAVN Reports ⁵																
Substantiated & Indicated	6,521	34.1	9,414	30.1	6,224	34	9,029	33	8,794	34.1	6,397	34.7	9,214	33.7	8,961	34.8
Unsubstantiated	11,239	58.8	19,827	63.3	10,933	59.7	16,763	61.2	15,574	60.4	10,944	59.4	16,685	61.0	15,521	60.2
Other	1,358	7.1	2,059	6.6	1,161	6.3	1,586	5.8	1,421	5.5	1,085	5.9	1,467	5.4	1,277	5.0
III. Child Cases Opened for Services ⁴			4,278	45.4												
IV. Children Entering Care Based on CAVN Report ⁵																
V. Child Fatalities ⁶									22	0.3				26	0.3	
STATEWIDE AGGREGATE DATA USED TO DETERMINE SUBSTANTIAL CONFORMITY																
VI. Absence of Maltreatment Recurrence ⁷ (Standard: 94.6% or more)									3,934 ^B of 4,012	98.1				4,313 of 4,408	97.8	
VII. Absence of Child Abuse and/or Neglect in Foster Care ⁸ (12 months) [standard 99.68% or more]									10,180 of 10,194	99.86				10,363 of 10,377	99.87	

The Permanency Data for the 12-month period ending March 31, 2006 was based on the annual file created on 01/19/2007. All CFSSR Round One safety Results are on page 2; Permanency Round one results are on page 15.

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NCANDS data completeness information for the CFSR			
Description of Data Tests	Fiscal Year 2004sb	Fiscal Year 2005sb	12-Month Period Ending 03/31/2006
Percent of duplicate victims in the submission [At least 1% of victims should be associated with multiple reports (same CHID). If not, the State would appear to have frequently entered different IDs for the same victim. This affects maltreatment recurrence]	n/a	2.60	2.80
Percent of victims with perpetrator reported [File must have at least 75% to reasonably calculate maltreatment in foster care]	n/a	99.80	99.50
Percent of perpetrators with relationship to victim reported [File must have at least 75%]	n/a	97.20	97.60
Percent of records with investigation start date reported [Needed to compute mean and median time to investigation]	n/a	99.10	98.80
Average time to investigation in the Agency file [PART measure]	n/a	not reported	not reported
Percent of records with AFCARS ID reported in the Child File [Needed to calculate maltreatment in foster care by the parents; also all Child File records should now have an AFCARS ID to allow ACF to link the NCANDS data with AFCARS. This is now an all-purpose unique child identifier and a child does not have to be in foster care to have this ID]	n/a	Not reported	7.60

FOOTNOTES TO DATA ELEMENTS IN CHILD SAFETY PROFILE

Each maltreatment allegation reported to NCANDS is associated with a disposition or finding that is used to derive the counts provided in this safety profile. The safety profile uses three categories. The various terms that are used in NCANDS reporting have been collapsed into these three groups.

Disposition Category	Safety Profile Disposition	NCANDS Maltreatment Level Codes Included
A	Substantiated or Indicated (Maltreatment Victim)	"Substantiated," "Indicated," and "Alternative Response Disposition Victim"
B	Unsubstantiated	"Unsubstantiated" and "Unsubstantiated Due to Intentionally False Reporting"
C	Other	"Closed-No Finding," "Alternative Response Disposition - Not a Victim," "Other," "No Alleged Maltreatment," and "Unknown or Missing"

Alternative Response was added starting with the 2000 data year. The two categories of Unsubstantiated were added starting with the 2000 data year. In earlier years there was only the category of Unsubstantiated. The disposition of "No alleged maltreatment" was added for FYY 2003. It primarily refers to children who receive an investigation or assessment because there is an allegation concerning a sibling or other child in the household, but not themselves, AND whom are not found to be a victim of maltreatment. It applies as a Maltreatment Disposition Level but not as a Report Disposition code because the Report Disposition cannot have this value (there must have been a child who was found to be one of the other values.)

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Starting with FFY 2003, the data year is the fiscal year.

Starting with FFY2004, the maltreatment levels for each child are used consistently to categorize children. While report dispositions are based on the field of report disposition in NCANDS, the dispositions for duplicate children and unique children are based on the maltreatment levels associated with each child. A child victim has at least one maltreatment level that is coded "substantiated," "indicated," or "alternative response victim." A child classified as unsubstantiated has no maltreatment levels that are considered to be victim levels and at least one maltreatment level that is coded "unsubstantiated" or "unsubstantiated due to intentionally false reporting." A child classified as "other" has no maltreatment levels that are considered to be victim levels and none that are considered to be unsubstantiated levels. If a child has no maltreatments in the record, and report has a victim disposition, the child is assigned to "other" disposition. If a child has no maltreatments in the record and the report has either an unsubstantiated disposition or an "other" disposition, the child is counted as having the same disposition as the report disposition.

1. The data element, "Total C/A/N Reports Disposed," is based on the reports received in the State that received a disposition in the reporting period under review. The number shown may include reports received during a previous year that received a disposition in the reporting year. Counts based on "reports," "duplicated counts of children," and "unique counts of children" are provided.
2. The duplicated count of children (report-child pairs) counts a child each time that (s)he was reported. The unique count of children counts a child only once during the reporting period, regardless of how many times the child was reported.
3. For the column labeled "Reports," the data element, "Disposition of C/A/N Reports," is based on upon the highest disposition of any child who was the subject of an investigation in a particular report. For example, if a report investigated two children, and one child is found to be neglected and the other child found not to be maltreated, the report disposition will be substantiated (Group A). The disposition for each child is based on the specific finding related to the maltreatment(s). In other words, of the two children above, one is a victim and is counted under "substantiated" (Group A) and the other is not a victim and is counted under "unsubstantiated" (Group B). In determining the unique counts of children, the highest finding is given priority. If a child is found to be a victim in one report (Group A), but not a victim in a second report (Group B), the unique count of children includes the child only as a victim (Group A). The category of "other" (Group C) includes children whose report may have been "closed without a finding," children for whom the allegation disposition is "unknown," and other dispositions that a State is unable to code as substantiated, indicated, alternative response victim, or unsubstantiated.
4. The data element, "Child Cases Opened for Services," is based on the number of victims (Group A) during the reporting period under review. "Opened for Services" refers to post-investigative services. The duplicated number counts each time a victim's report is linked to on-going services; the unique number counts a victim only once regardless of the number of times services are linked to reports of substantiated maltreatment.

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5. The data element, "Children Entering Care Based on C/N Report," is based on the number of victims (Group A) during the reporting period under review. The duplicated number counts each time a victim's report is linked to a foster care removal date. The unique number counts a victim only once regardless of the number of removals that may be reported.
6. The data element "Child Fatalities" counts the number of children reported to NCANDS as having died as a result of child abuse and/or neglect. Depending upon State practice, this number may count only those children for whom a case record has been opened either prior to or after the death, or may include a number of children whose deaths have been investigated as possibly related to child maltreatment. For example, some States include neglected-related deaths such as those caused by motor vehicle or boating accidents, house fires or access to firearms, under certain circumstances. The percentage is based on a count of unique victims of maltreatment for the reporting period.
7. The data element "Absence of Recurrence of Maltreatment" is defined as follows: Of all children who were victims of substantiated or indicated maltreatment allegation during the first 6 months of the reporting period, what percent were not victims of another substantiated or indicated maltreatment allegation within a 6-month period. This data element is used to determine the State's substantial conformity with Safety Outcome #1.
8. The data element "Absence of Child Abuse/Neglect in Foster Care" is defined as follows: Of all children in foster care during the reporting period, what percent were not victims of substantiated or indicated maltreatment by foster parent or facility staff member. This data element is used to determine the State's substantial conformity with Safety Outcome #2. A child is counted as not having been maltreated in foster care if the perpetrator of the maltreatment was not identified as a foster parent or residential facility staff. Counts of children not maltreated in foster care are derived by subtracting NCANDS count of children maltreated by foster care providers from AFCARS count of children placed in foster care. The observation period for this measure is 12 months. The number of children not found to be maltreated in foster care and the percentage of all children in foster care are provided
9. Median Time to Investigation in hours is computed from the Child File records using the Report Date and the Investigation Start Date (currently reported in the Child File in mmdyyy format). The result is converted to hours by multiplying by 24.
10. Mean Time to investigation in hours is computed from the Child File records using the Report Date and the Investigation Start Date (currently reported in the Child File in mmdyyy format). The result is converted to hours by multiplying by 24. Zero days difference (both dates are on the same day) is reported as "under 24 hours", one day difference (investigation date is the next day after report date) is reported as "at least 24 hours, but less than 48 hours", two days difference is reported as "at least 48 hours, but less than 72 hours", etc.
11. Average response time in hours between maltreatment report and investigation is available through State NCANDS Agency or SDC File aggregate data. "Response time" is defined as the time from the receipt of a report to the time of the initial investigation or assessment. Note that many States calculate the initial investigation date as the first date of contact with the alleged victim, when this is appropriate, or with another person who can provide information essential to the disposition of the investigation or assessment.

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12. The data element, "Children Maltreated by Parents while in Foster Care" is defined as follows: Of all children placed in foster care during the reporting period, what percent were victims of substantiated or indicated maltreatment by parent. This data element requires matching NCANDS and AFCARS records by AFCARS IDs. Only unique NCANDS children with substantiated or indicated maltreatments and perpetrator relationship "Parent" are selected for this match. NCANDS report date must fall within the removal period found in the matching AFCARS record.
13. The data element, "Recurrence of Maltreatment," is defined as follows: Of all children associated with a "substantiated" or "indicated" finding of maltreatment during the first six months of the reporting period, what percentage had another "substantiated" or "indicated" finding of maltreatment within a 6-month period. The number of victims during the first six-month period and the number of these victims who were recurrent victims within six months are provided. This data element was used to determine the State's substantial conformity with Safety Outcome #1 for CFSR Round One.
14. The data element, "Incidence of Child Abuse and/or Neglect in Foster Care," is defined as follows: Of all children who were served in foster care during the reporting period, what percentage were found to be victims of "substantiated" or "indicated" maltreatment. A child is counted as having been maltreated in foster care if the perpetrator of the maltreatment was identified as a foster parent or residential facility staff. Counts of children maltreated in foster care are derived from NCANDS, while counts of children placed in foster care are derived from AFCARS. The observation period for these measures is January-September because this is the reporting period that was jointly addressed by both NCANDS and AFCARS at the time when NCANDS reporting period was a calendar year. The number of children found to be maltreated in foster care and the percentage of all children in foster care are provided. This data element was used to determine the State's substantial conformity with Safety Outcome #2 for CFSR Round One.

Additional Footnotes

The Permanency Data for the 12-month period ending March 31, 2006 was based on the annual file created on 01/19/2007. All CFSR Round One safety Results are on page 2; Permanency Round one results are on page 19.

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POINT-IN-TIME PERMANENCY PROFILE	Federal FY 2004ab		Federal FY 2005ab		12-Month Period Ending 03/31/2006	
	# of Children	% of Children	# of Children	% of Children	# of Children	% of Children
I. Foster Care Population Flow						
Children in foster care on first day of year ¹	5,393		6,350		6,544	
Admissions during year	3,540		3,844		3,833	
Discharges during year	3,042		3,279		3,373	
Children discharging from FC in 7 days or less (These cases are excluded from length of stay calculations in the composite measures)	550	18.1% of the discharges	519	15.8% of the discharges	480	14.2% of the discharges
Children in care on last day of year	5,891		6,915		7,004	
Net change during year	498		565		460	
II. Placement Types for Children in Care						
Pre-Adoptive Homes	49	0.8	468	6.8	333	4.8
Foster Family Homes (Relative)	493	8.4	583	8.4	592	8.5
Foster Family Homes (Non-Relative)	1,586	26.9	1,870	27.0	2,325	33.2
Group Homes	66	1.1	92	1.3	124	1.8
Institutions	412	7.0	474	6.9	581	8.3
Supervised Independent Living	10	0.2	21	0.3	28	0.4
Runaway	64	1.1	82	1.2	78	1.1
Trial Home Visit	234	4.0	225	3.3	255	3.6
Missing Placement Information	21	0.4	38	0.5	44	0.6
Not Applicable (Placement in subsequent year)	2,956	50.2	3,062	44.3	2,644	37.7
III. Permanency Goals for Children in Care						
Reunification	1,900	32.3	2,168	31.4	2,391	34.1
Live with Other Relatives	742	12.6	817	11.8	872	12.5
Adoption	1,158	19.7	1,729	25.0	1,633	23.3
Long Term Foster Care	2,023	34.3	2,151	31.1	2,056	29.4
Emanicipation	0	0.0	0	0.0	0	0.0
Guardianship	0	0.0	0	0.0	0	0.0
Case Plan Goal Not Established	68	1.2	50	0.7	52	0.7
Missing Goal Information	0	0.0	0	0.0	0	0.0

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POINT-IN-TIME PERMANENCY PROFILE		Federal FY 2004ab		Federal FY 2005ab		12-Month Period Ending 03/31/2006	
IV. Number of Placement Settings in Current Episode		# of Children	% of Children	# of Children	% of Children	# of Children	% of Children
One	3,022	51.3	3,496	50.6	3,580	51.1	
Two	965	16.4	1,120	16.2	1,142	16.3	
Three	604	10.3	726	10.5	732	10.5	
Four	346	5.9	421	6.1	425	6.1	
Five	258	4.4	286	4.1	294	4.2	
Six or more	696	11.8	866	12.5	831	11.9	
Missing placement settings	0	0.0	0	0.0	0	0.0	
V. Number of Removal Episodes							
One	4,476	76.0	5,282	76.4	5,384	76.9	
Two	1,071	18.2	1,273	18.4	1,268	18.1	
Three	253	4.3	277	4.0	272	3.9	
Four	76	1.3	69	1.0	69	1.0	
Five	11	0.2	11	0.2	9	0.1	
Six or more	4	0.1	2	0.0	2	0.0	
Missing removal episodes	0	0.0	1	0.0	0	0.0	
VI. Number of children in care 17 of the most recent 22 months² (percent based on cases with sufficient information for computation)		1,753	47.1	1,973	47.5	2,140	47.6
VII. Median Length of Stay in Foster Care (of children in care on last day of FY)		18.2		19.2		19.6	
VIII. Length of Time to Achieve Perm. Goal		# of Children Discharged	Median Months to Discharge	# of Children Discharged	Median Months to Discharge	# of Children Discharged	Median Months to Discharge
Reunification	2,434	5.6	2,591	6.2	2,645	6.6	
Adoption	396	41.5	335	41.4	368	38.3	
Guardianship	0	--	0	--	0	--	
Other	212	13.2	352	38.0	359	35.9	
Missing Discharge Reason (footnote 3, page 16)	0	--	0	--	1	167.9	
Total discharges (excluding those w/ problematic dates)	3,042	8.1	3,278	9.4	3,373	10.0	
Dates are problematic (footnote 4, page 16)	0	N/A	1	N/A	0	N/A	

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Statewide Aggregate Data Used in Determining Substantial Conformity: Composites 1 through 4

	Federal FY 2004ab	Federal FY 2005ab	12-Month Period Ending 03/31/2006
IX. Permanency Composite 1: Timeliness and Permanency of Reunification [Standard: 122.6 or higher].			
Scaled Scores for this composite incorporate two components	State Score = 126.7	State Score = 119.7	State Score = 124.2
National Ranking of State Composite Scores (see footnote A on page 12 for details)	37 of 47	30 of 47	37 of 47
Component A: Timeliness of Reunification			
The timeliness component is composed of three timeliness individual measures:			
Measure C1 - 1: Exits to reunification in less than 12 months: Of all children discharged from foster care to reunification in the year shown, who had been in foster care for 8 days or longer, what percent was reunified in less than 12 months from the date of the latest removal from home? (Includes trial home visit adjustment) [national median = 69.9%, 75 th percentile = 75.2%]	66.1%	65.3%	65.6%
Measure C1 - 2: Exits to reunification, median stay: Of all children discharged from foster care (FC) to reunification in the year shown, who had been in FC for 8 days or longer, what was the median length of stay (in months) from the date of the latest removal from home until the date of discharge to reunification? (This includes trial home visit adjustment) [national median = 6.5 months, 25 th Percentile = 5.4 months (lower score is preferable in this measure)]	Median = 7.1 months	Median = 7.7 months	Median = 8.0 months
Measure C1 - 3: Entry cohort reunification in < 12 months: Of all children entering foster care (FC) for the first time in the 6 month period just prior to the year shown, and who remained in FC for 8 days or longer, what percent was discharged from FC to reunification in less than 12 months from the date of the latest removal from home? (Includes trial home visit adjustment) [national median = 39.4%, 75 th Percentile = 48.4%]	48.2%	48.8%	47.4%
Component B: Permanency of Reunification The permanency component has one measure:			
Measure C1 - 4: Re-entries to foster care in less than 12 months: Of all children discharged from foster care (FC) to reunification in the 12-month period prior to the year shown, what percent re-entered FC in less than 12 months from the date of discharge? [national median = 15.0%, 25 th Percentile = 9.9% (lower score is preferable in this measure)]	9.0%	10.6%	8.6%

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	Federal FY 2004ab	Federal FY 2005ab	12-Month Period Ending 03/31/2006
X. Permanency Composite 2: Timeliness of Adoptions [standard: 106.4 or higher].	State Score = 56.2	State Score = 56.4	State Score = 56.0
Scaled Scores for this composite incorporate three components.			
National Ranking of State Composite Scores (see footnote A on page 12 for details)			
2 of 47			
2 of 47			
2 of 47			
Component A: Timeliness of Adoptions of Children Discharged From Foster Care.			
There are two individual measures of this component. See below.			
Measure C2 - 1: Exits to adoption in less than 24 months: Of all children who were discharged from foster care to a finalized adoption in the year shown, what percent was discharged in less than 24 months from the date of the latest removal from home? [national median = 26.8%, 75 th Percentile = 36.6%]	15.7%	17.7%	19.1%
Measure C2 - 2: Exits to adoption, median length of stay: Of all children who were discharged from foster care (FC) to a finalized adoption in the year shown, what was the median length of stay in FC (in months) from the date of latest removal from home to the date of discharge to adoption? [national median = 32.4 months, 25 th Percentile = 27.3 months/lower score is preferable in this measure]	Median = 41.5 months	Median = 41.4 months	Median = 38.2 months
Component B: Progress Toward Adoption for Children in Foster Care for 17 Months or Longer. There are two individual measures. See below.			
Measure C2 - 3: Children in care 17+ months, adopted by the end of the year: Of all children in foster care (FC) on the first day of the year shown who were in FC for 17 continuous months or longer (and who, by the last day of the year shown, were not discharged from FC with a discharge reason of five with relative, reunify, or guardianship), what percent was discharged from FC to a finalized adoption by the last day of the year shown? [national median = 20.2%, 75 th Percentile = 22.7%]			
	14.5%	10.6%	10.9%
Measure C2 - 4: Children in care 17+ months achieving legal freedom within 6 months: Of all children in foster care (FC) on the first day of the year shown who were in FC for 17 continuous months or longer, and were not legally free for adoption prior to that day, what percent became legally free for adoption during the first 6 months of the year shown? Legally free means that there was a parental rights termination date reported to AFCARS for both mother and father. This calculation excludes children who, by the end of the first 6 months of the year shown had discharged from FC to "reunification," "live with relative," or "guardianship." [national median = 8.8%, 75 th Percentile = 10.9%]			
	4.6%	9.0%	7.6%
Component C: Progress Toward Adoption of Children Who Are Legally Free for Adoption. There is one measure for this component. See below.			
Measure C2 - 5: Legally free children adopted in less than 12 months: Of all children who became legally free for adoption in the 12 month period prior to the year shown (i.e., there was a parental rights termination date reported to AFCARS for both mother and father), what percent was discharged from foster care to a finalized adoption in less than 12 months of becoming legally free? [national median = 45.8%, 75 th Percentile = 53.7%]			
	32.3%	31.3%	27.7%

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	Federal FY 2004ab	Federal FY 2005ab	12-Month Period Ending 03/31/2006
XI. Permanency Composite 3: Permanency for Children and Youth in Foster Care for Long Periods of Time [Standard: 121.7 or higher].	State Score = 108.4	State Score = 106.2	State Score = 107.6
Scaled Scores for this composite incorporate two components			
National Ranking of State Composite Scores (see footnote A on page 12 for details)	16 of 51	16 of 51	16 of 51
Component A: Achieving permanency for Children in Foster Care for Long Periods of Time. This component has two measures:			
Measure C3 - 1: Exits to permanency prior to 18th birthday for children in care for 24 + months. Of all children in foster care for 24 months or longer on the first day of the year shown, what percent was discharged to a permanent home prior to their 18th birthday and by the end of the fiscal year? A permanent home is defined as having a discharge reason of adoption, guardianship, or reunification (including living with relative). [national median 25.0%, 75 th Percentile = 29.1%]	20.5%	17.7%	17.9%
Measure C3 - 2: Exits to permanency for children with TPR: Of all children who were discharged from foster care in the year shown, and who were legally free for adoption at the time of discharge (i.e., there was a parental rights termination date reported to AFCARS for both mother and father), what percent was discharged to a permanent home prior to their 18th birthday? A permanent home is defined as having a discharge reason of adoption, guardianship, or reunification (including living with relative) [national median 96.8%, 75 th Percentile = 98.0%]	97.3%	97.1%	96.8%
Component B: Growing up in foster care. This component has one measure.			
Measure C3 - 3: Children Emancipated Who Were in Foster Care for 3 Years or More. Of all children who, during the year shown, either (1) were discharged from foster care prior to age 18 with a discharge reason of emancipation, or (2) reached their 18 th birthday while in foster care, what percent were in foster care for 3 years or longer? [national median 47.8%, 25 th Percentile = 37.5% (lower score is preferable)]	49.6%	51.1%	51.2%

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Alabama Child and Family Services Review Data Profile: March 19, 2007

	Federal FY 2004ab	Federal FY 2005ab	12-Month Period Ending 03/31/2006
XII. Permanency Composite 4: Placement Stability [national standard: 101.5 or higher]. Scaled score for this composite incorporates no components but three individual measures (below)	State Score = 109.8	State Score = 109.5	State Score = 111.0
National Ranking of State Composite Scores (see footnote A on page 12 for details)	43 of 51	43 of 51	45 of 51
Measure C4 - 1) Two or fewer placement settings for children in care for less than 12 months. Of all children served in foster care (FC) during the 12 month target period who were in FC for at least 8 days but less than 12 months, what percent had two or fewer placement settings? [national median = 83.3%, 75th Percentile = 86.0%]	87.3%	87.5%	89.0%
Measure C4 - 2) Two or fewer placement settings for children in care for 12 to 24 months. Of all children served in foster care (FC) during the 12 month target period who were in FC for at least 12 months but less than 24 months, what percent had two or fewer placement settings? [national median = 59.9%, 75th Percentile = 65.4%]	73.4%	72.6%	74.1%
Measure C4 - 3) Two or fewer placement settings for children in care for 24+ months. Of all children served in foster care (FC) during the 12 month target period who were in FC for at least 24 months, what percent had two or fewer placement settings? [national median = 33.9%, 75th Percentile = 41.8%]	51.9%	51.3%	51.4%

Special Footnotes for Composite Measures:

- A. These National Rankings show your State's performance on the Composites compared to the performance of all the other States that were included in the 2004 data. The 2004 data were used for establishing the rankings because that is the year used in calculating the National Standards.
- B. In most cases, a high score is preferable on the individual measures. In these cases, you will see the 75th percentile listed to indicate that this would be considered a good score. However, in a few instances, a low score is good (shows desirable performance), such as re-entry to foster care. In these cases, the 25th percentile is displayed because that is the target direction for which States will want to strive. Of course, in actual calculation of the total composite scores, these "lower are preferable" scores on the individual measures are reversed so that they can be combined with all the individual scores that are scored in a positive direction, where higher scores are preferable.

The Permanency Data for the 12-month period ending March 31, 2006 was based on the annual file created on 01/19/2007. All CFSSR Round One safety Results are on page 2; Permanency Round one results are on page 15.

Alabama Child and Family Services Review Data Profile: March 19, 2007

PERMANENCY PROFILE FIRST-TIME ENTRY COHORT GROUP	Federal FY 2004ab		Federal FY 2005ab		12-Month Period Ending 03/31/2006	
	# of Children	% of Children	# of Children	% of Children	# of Children	% of Children
I. Number of children entering care for the first time in cohort group (% = 1 st time entry of all entering within first 6 months)	1,405	81.6	1,408	78.8	1,691	82.2
II. Most Recent Placement Types						
Pre-Adoptive Homes	2	0.1	23	1.6	16	0.9
Foster Family Homes (Relative)	299	21.3	328	23.3	364	21.5
Foster Family Homes (Non-Relative)	460	32.7	435	30.9	578	34.2
Group Homes	17	1.2	28	2.0	43	2.5
Institutions	91	6.5	73	5.2	123	7.3
Supervised Independent Living	1	0.1	0	0.0	1	0.1
Runaway	16	1.1	8	0.6	9	0.5
Trial Home Visit	152	10.8	110	7.8	192	11.4
Missing Placement Information	8	0.6	41	2.9	26	1.5
Not Applicable (Placement in subsequent yr)	359	25.6	362	25.7	339	20.0
III. Most Recent Permanency Goal						
Reunification	779	55.4	785	55.8	1,084	64.1
Live with Other Relatives	237	16.9	214	15.2	223	13.2
Adoption	161	11.5	157	11.2	146	8.6
Long-Term Foster Care	71	5.1	83	5.9	78	4.6
Emancipation	0	0.0	0	0.0	0	0.0
Guardianship	0	0.0	0	0.0	0	0.0
Case Plan Goal Not Established	157	11.2	169	12.0	160	9.5
Missing Goal Information	0	0.0	0	0.0	0	0.0
IV. Number of Placement Settings in Current Episode						
One	1,055	75.1	1,078	76.6	1,277	75.5
Two	180	12.8	175	12.4	237	14.0
Three	90	6.4	78	5.5	101	6.0
Four	35	2.5	25	1.8	41	2.4
Five	15	1.1	19	1.3	18	1.1
Six or more	30	2.1	33	2.3	17	1.0
Missing placement settings	0	0.0	0	0.0	0	0.0

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PERMANENCY PROFILE FIRST-TIME ENTRY COHORT GROUP (continued)	Federal FY 2004ab		Federal FY 2005ab		12-Month Period Ending 03/31/2006	
	# of Children	% of Children	# of Children	% of Children	# of Children	% of Children
V. Reason for Discharge						
Reunification/Relative Placement	612	94.4	626	96.9	702	95.9
Adoption	2	0.3	0	0.0	3	0.4
Guardianship	0	0.0	0	0.0	0	0.0
Other	34	5.2	20	3.1	27	3.7
Unknown (missing discharge reason or N/A)	0	0.0	0	0.0	0	0.0
VI. Median Length of Stay in Foster Care	Number of Months 10.8		Number of Months 6.2		Number of Months not yet determinable	

ACFARS Data Completeness and Quality Information (2% or more is a warning sign):	Federal FY 2004ab		Federal FY 2005ab		12-Month Period Ending 03/31/2006	
	N	As a % of Exits Reported	N	As a % of Exits Reported	N	As a % of Exits Reported
File contains children who appear to have been in care less than 24 hours	0	0.0 %	0	0.0 %	0	0.0 %
File contains children who appear to have exited before they entered	0	0.0 %	0	0.0 %	0	0.0 %
Missing dates of latest removal	0	0.0 %	0	0.0 %	0	0.0 %
File contains "Dropped Cases" between report periods with no indication as to discharge	16	0.5 %	2	0.1 %	0	0.0 %
Missing discharge reasons	0	0.0 %	0	0.0 %	1	0.0 %
File submitted lacks data on Termination of Parental Rights for finalized adoptions	0	0.0 %	1	0.3 %	0	0.0 %
Foster Care file has different count than Adoption File of (public agency) adoptions (N=adoption count disparity).	2	0.5% fewer in the foster care file.	0	No discrepancy between foster care and adoption files.	N/A	There is no rolling year adoption file.
File submitted lacks count of number of placement settings in episode for each child	0	Percent of cases in file 0.0 %	0	Percent of cases in file 0.0 %	0	Percent of cases in file 0.0 %

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Alabama Child and Family Services Review Data Profile: March 19, 2007

Note: These are CFSR Round One permanency measures. They are intended to be used primarily by States completing Round One Program Improvement Plans, but could also be useful to States in CFSR Round Two in comparing their current performance to that of prior years:

	Federal FY 2004ab		Federal FY 2005ab		12-Month Period Ending 03/31/2006	
	# of Children	% of Children	# of Children	% of Children	# of Children	% of Children
IX. Of all children who were reunified with their parents or caretakers at the time of discharge from foster care, what percentage was reunified in less than 12 months from the time of the latest removal for home? (4.1) [Standard: 76.2% or more]	1,667	68.5	1,739	67.1	1,762	66.6
X. Of all children who exited care to a finalized adoption, what percentage exited care in less than 24 months from the time of the latest removal from home? (5.1) [Standard: 32.0% or more]	62	15.7	59	17.6	70	19.0
XI. Of all children served who have been in foster care less than 12 months from the time of the latest removal from home, what percentage have had no more than two placement settings? (6.1) [Standard: 86.7% or more]	3,591	89.3	3,931	89.1	3,987	90.4
XII. Of all children who entered care during the year, what percentage re-entered foster care within 12 months of a prior foster care episode? (4.2) [Standard: 8.6% or less]	357	10.1 (81.7% new entry)	360	9.4 (80.6% new entry)	337	8.8 (81.9% new entry)

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Alabama Child and Family Services Review Data Profile: March 19, 2007

FOOTNOTES TO DATA ELEMENTS IN THE PERMANENCY PROFILE

¹The FY 04, FY 05, and 06 counts of children in care at the start of the year exclude 78, 110, and 85 children, respectively. They were excluded to avoid counting them twice. That is, although they were actually in care on the first day, they also qualify as new entries because they left and re-entered again at some point during the same reporting period. To avoid counting them as both "in care on the first day" and "entries," the Children's Bureau selects only the most recent record. That means they get counted as "entries," not "in care on the first day."

²We designated the indicator, *17 of the most recent 22 months*, rather than the statutory time frame for initiating termination of parental rights proceedings at *15 of the most 22 months*, since the AFCARS system cannot determine the *date the child is considered to have entered foster care* as defined in the regulation. We used the outside date for determining the *date the child is considered to have entered foster care*, which is 60 days from the actual removal date.

³This count only includes case records missing a discharge reason, but which have calculable lengths of stay. Records missing a discharge reason and with non-calculable lengths of stay are included in the cell "Dates are Problematic".

⁴The dates of removal and exit needed to calculate length of stay are problematic. Such problems include: 1) missing data, 2) faulty data (chronologically impossible), 3) a child was in care less than 1 day (length of stay = 0) so the child should not have been reported in foster care file, or 4) child's length of stay would equal 21 years or more. These cases are marked N/A = Not Applicable because no length of stay can legitimately be calculated.

⁵This First-Time Entry Cohort median length of stay was 10.8 in FY 04. This includes 0 children who entered and exited on the same day (who had a zero length of stay). Therefore, the median length of stay was unaffected by any 'same day' children.

⁶This First-Time Entry Cohort median length of stay was 6.2 in FY 05. This includes 0 children who entered and exited on the same day (who had a zero length of stay). Therefore, the median length of stay was unaffected by any 'same day' children.

⁷This First-Time Entry Cohort median length of stay is Not Yet Determinable for 06. This includes 0 children who entered and exited on the same day (they had a zero length of stay). Therefore, the median length of stay would still be Not Yet Determinable, but would be unaffected by any 'same day' children. The designation, Not Yet Determinable occurs when a true length of stay for the cohort cannot be calculated because fewer than 50% of the children have exited.

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

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

This item was rated as a Strength in the first CFSR.

Alabama policy defines response time as the timeframe in which an in person initial contact is made with the children who are allegedly at risk of serious harm. Currently, there are two designated response times "immediate" and "within five (5) calendar days." Immediate is defined as "as soon as possible after a report received, but no later than twelve (12) hours from receipt of the intake information." Within five (5) days means that an in person child contact must be made within five (5) days from the date the intake information was received. The response time is determined by analyzing all information collected at intake, including a review of agency records. Supervisory consultation and concurrence is required on all response time determinations.

Policy requires that individual, in-person, private interviews be conducted with all children in the home within the response time designated at intake. "All children" includes children identified at intake as allegedly abused/neglected as well as all other children residing in the home. Non-verbal children must be observed while they are awake. At least one home visit is required during every CA/N Assessment.

Child Protective Services (CPS) Prevention policies allow counties greater flexibility in assessing and determining risk of maltreatment of children. CPS Prevention policies are an alternative Department response when information obtained at intake does not meet the definitions of child abuse and neglect. Child safety must continue to be assessed in CPS Prevention cases. Initial in-person contact with children identified at risk of maltreatment are made as quickly as intake information warrants, but no later than five (5) calendar days from the receipt of referral.

Safety Data Element IV, related to the State Data Profile, is listed below. Information on children entering care based on a CA/N report is currently captured in ACWIS under admission reason. This field is not mandatory and some admission reasons overlap; therefore, the accuracy of the data is questionable. In most cases, more than one admission reason may apply, but workers must select one reason. The following chart compares cohort data for FY 2004-FY 2006 in the following areas of maltreatment: Alleged Physical Abuse; Alleged Neglect, Alleged Sexual Abuse and Alleged Emotional Abuse.

ADMISSION REASONS
CHILDREN WHO ENTERED CARE FOR THE FIRST TIME

	FY04	FY05	FY06
Alleged Abuse	593 (19%)	560 (17%)	516 (17%)
Alleged Neglect	1021 (32%)	1036 (31%)	985 (33%)
Alleged Sexual Abuse	167 (5%)	169 (5%)	197 (7%)
Alleged Emotional Abuse	30 (1%)	15 (0.5%)	15 (0.5%)
TOTAL CHILDREN	3150	3304	3007

Based on the available data, the majority of the children enter care due to allegations of neglect. There has been no significant change in the percentage in the past three years. Physical abuse follows neglect as the second highest reason for children entering care followed by sexual abuse and emotional abuse. There recently has been an effort in some counties to verify existing data and train workers on entering the admission reason that most accurately reflects the primary reason that children entered care. Currently work is being done on FACTS (the new SACWIS system) that may provide more accurate data for future reporting.

Alabama initial response data does not capture exact time of initial contact. Therefore, there is no data to support Safety data elements VIII Median Time to Investigation in Hours and X Mean Time to Investigation in Hours.

An important component of Alabama's practice is the use of data as a management tool for improving child welfare services and achieving best outcomes for children and families served. This includes monitoring, analyzing and using data to affirm and/or adjust practice and system performance. Since the completion of the Program Improvement Plan, Alabama has continued to focus on improving the timely initiation of investigation of reports of maltreatment. Policy was changed requiring child contact within 5 calendar days rather 5 working days and is monitored for compliance.

In 2004, Family Services developed a safety threshold for timely child victim contacts as a means of measurement of effective practice. Having established thresholds in place enables a uniform approach, across counties, for determining when particular data has risen to a level prompting more significant questions. When data reaches a level of prompting further examination, it does not necessarily mean practice or systemic changes are needed.

Having child contact within five (5) days of receiving the CA/N report received is identified as a critical component to achieving child safety. In order to meet the Safety Threshold counties must achieve 85 % or more of initial child contacts within five (5) days for two consecutive months during the quarter, including the last month of the previous quarter. Within 30 days following the end of the quarter, county directors and state office staff are notified in writing, with accompanying documentation when the safety threshold is exceeded. Thresholds are also posted on the DHR website. In turn counties where the threshold is not met must provide a detailed explanation of why the threshold was not met

and, where necessary develop, a corrective action plan which must be submitted to their child welfare consultant. Counties with less than an 85% rate are regularly identified and are provided targeted consultation. State office consultants work with county managers and supervisors to use available data (ERD) to regularly monitor daily progress within the county. County office staff with the help of state office consultants analyzes their data and develop a response and implement a plan to increase initial child contacts.

CPS consultants and Child Welfare Consultants have partnered to provide county specific consultation around increasing timely contacts. Much attention has been placed on increasing the capacity of the line supervisor to routinely monitor the daily work of their staff. State Office Consultants assisted some counties in completing a 100% desk audit in order to identify deficiencies. Supervisors were provided with tools and follow up to enable them to regularly monitor child contacts on a daily basis. In one large county where this was done, there was a 20% increase in the number of timely contacts made over the next two quarters. Supervisors are routinely using data to manage cases. County directors have used other office staff, with previous CA/N experience, to provide assistance on new cases so that CA/N workers could complete delinquent work. County directors have also approved for CA/N workers to work earlier or later hours than provided by the current flex time schedule. The safety thresholds have also been incorporated into the county directors' performance evaluation.

The counties meeting this safety threshold have increased over the past two years. In March 2003, at the time the PIP was approved, 90% of reports had timely contacts (victim seen within 5 calendar days). The following year (March 04) the percentage of reports with timely contacts was 90% the Federal penalties were rescinded for Safety Outcome 1 as the outcome was achieved. The PIP was completed in March 05. At that time timely contacts on reports received was at 91.90%. At the end of the assessment period for the 2007 review, 93.80% of reports received had timely contacts.

In the 3rd quarter of 2004, counties began being notified in writing as to whether or not their county exceeded the safety thresholds data. At that time, 57 of 71 counties (66 counties plus five (5) regions in Jefferson County) or 76 % met or exceeded the safety threshold. For the remainder of the Child and Family Service review period, except for the 3rd quarter of 2005, counties meeting or exceeding the threshold have steadily increased. As of March 31, 2006, 97 % (69 of 71) of counties either met or exceeded this threshold. The use of data by counties continues to be a valuable tool for improving outcomes for families and strengthen their system of care.

County and state staffs, in focus groups and county corrective action plans, have identified several barriers to timely initiation of CA/N reports. Failure to enter initial contacts in the automated child welfare system timely and/or correctly is one of the most commonly identified reasons for not meeting this threshold. Many social workers wait until the completion of the CAN Assessment to enter assessment information, including the first victim contact, into ASSIST. By not entering contacts as they occur, it appears as though no contact has been made. The Department has recently replaced outdated computer equipment statewide which contains up to date software which makes the data entry

process faster with not as much system down time. A contract has also been negotiated and signed for the completion of the SACWIS system. The system will provide a worker-friendly application that will streamline entering critical data, allow supervisor monitoring and generate reports for management.

Personnel issues such as staff turnover; staff vacancies and untrained staff, both line supervisors and line workers was identified by both internal and external stakeholders as common reason for contacts not occurring timely. Solutions proposed were flexible work schedules, with core hours, but the ability to have work different hours in order to meet the needs of families.

Also identified was the requirement that contacts be made within five (5) calendar days. Focus groups recognize the importance of timely contacts, but often find it difficult during weekends and holidays to insure that all contacts are completed. The Department fully recognizes that weekends and holidays are problematic for timely contacts and the timeframe policy was carefully thought out. There is a strong commitment within the Department that immediate contact is paramount to ensuring safety of children and preserving families. The Offices of CPS and Child Welfare Consultation continue to work with county supervisors to develop methods to monitor initial contacts and to ensure that timely entry is made in ASSIST.

Although not identified as a barrier, the Hispanic population in the state is steadily increasing. Until the past few years not all counties were affected by this population, but now most counties are serving more Hispanic clients. One county, with a large Hispanic population, has a bilingual social worker. However, the pool for bilingual social workers is limited. Discussions have taken place with the personnel office around establishing an employment register for bilingual social work staff. Additionally, many of the Department's forms and other information are being produced in Spanish. The Department also has a contract with an interpreter service to assist staff in interviewing the family and Individualized Service Plan (ISP) meetings.

In addition to the use of the Safety Thresholds, information related to tracking of response times is done through the Annual Quality Assurance Report. This report provides response times for CAN Assessments disposed. For FY 2005, Quality Assurance data indicates that 91.4 % of the cases disposed had a first child victim face to face contact within 5 days of receiving the intake. Of the 91.4 %, 77.1 % were seen within 3 days; 58.7 % were seen within 1 day and 42.0 % were seen within 12 hours of receipt of the assessment. The same report shows that first child victim face to face contacts within 5 days occurred in 93.2% of cases disposed in FY 2006. Of that 93.2%, 78 % were seen within 3 days; 58.8 % were seen with 1 day and 42 % were seen with 12 hours. The Child and Family Services Review Data Profile support this as a strength.

Also, the Alabama Child and Family Services Review Data Profile identify the statewide average of children who were not maltreated in foster care (out of home care) as 99.87 %. Alabama's safety indicator of absence of maltreatment in foster care is above the national

standard of 99.68 %. This is also reflected in the Safety Data Profile which identifies that twelve (12) children were maltreated in foster care during the review period.

There are several factors occurring in practice that support this positive safety indicator of low maltreatment in foster homes and residential placements. These include:

- Foster parents are receiving extensive training and are more prepared to parent children in foster care
- The therapeutic foster care program has grown and children with difficult behaviors are more appropriately placed
- There is better matching of children with foster parents able to meet the children's needs
- There is increased partnership between the Department and providers of foster care
- Providers are active participates in the individualized service plan (ISP)
- The ISP process continues to assess safety during the entire time the child is in care or receiving services from the Department
- There is increased contact with children in foster placements (Policy requires monthly contact and at least once a quarter in the foster home or residential program); Contract providers also make frequent contacts in the foster homes
- There are fewer placements in group type settings
- Foster parents receive support from the Foster/Adoptive Parents Association.
- Increased services, such as respite, behavior aides, tutors for children, etc. are provided to support the foster parents
- There is increased contact and partnership between the birth parents and the foster/adoptive parents

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

Item 2: How effective is the agency in reducing the recurrence of maltreatment of children?

This item was rated as a Strength in the first CFSR.

Quality Assurance data measures repeat maltreatment as: "children disposed as indicated who had a prior indicated CAN assessments within twelve months of receiving the assessment." Recurrence exists even if (1) different type of maltreatment; (2) different person identified as allegedly responsible or (3) different location (i.e. home, school, foster home). Other policy, such as CPS safety policy plays an integral part in preventing repeat maltreatment. In November 2006, CPS Safety Assessment Policy was revised to support social workers in quality safety assessments and developing safety plans. Thorough safety assessments provide for early identification of safety threats and aid in development of safety plans to control threats and change behaviors. Training was provided to County supervisory staff who in turn trained line social workers on the new policy. The Office of CPS continues to provide training, monitoring and follow-up with county supervisors and workers.

The national standard for Absence of Maltreatment Recurrence is 94.6 %. Alabama's current rate for Absence of Maltreatment Recurrence, based on the Alabama Child and Family Service Review Data Profile: March 19, 2007, is 97.8 %. This is 3.2 % above the national standard. At the time of the 2002 Review, the Absence of Maltreatment Recurrence was 94.8 %. Since the implementation of the PIP in March 2003, there has been steady progress in increasing the Absence of Maltreatment Recurrence. At end of FY 2003, after 5 months of work on the previous PIP, the Absence of Maltreatment Recurrence was 94.6 %. In March 2004 the Federal penalties for Safety Outcome were rescinded. The rate of the Absence of Maltreatment Recurrence was 94.7%. At the completion of the PIP in March 2005 the rate for Absence of Maltreatment Recurrence was 4.6%.

The overall success of protecting children from the recurrence of maltreatment is attributed to a focus on child safety by direct and supervisory staff, Individualized Service Planning Teams and continued monitoring of this indicator by local and State Quality Assurance Teams. Prevention of abuse and/or neglect is addressed through a thorough assessment of the family's strengths and underlying needs and provision of services developed to meet the individualized needs of the family. The emphasis on comprehensive assessments to address the family functioning as opposed to only addressing presenting allegations is also thought to contribute to the reduction of recurrence of maltreatment.

Tracking of the recurrence of maltreatment occurs through various efforts across the State. Statewide data has been provided through ASSIST to allow counties to monitor on a quarterly basis those children who have been identified as having multiple reports of maltreatment during designated time frames. Information regarding repeat maltreatment is reported in the pre-assessment prior to the County QA Review and twice a year in the Semi-annual QA Report that is submitted to SDHR. Counties must provide information on whether cases were open due to child safety and to identify any issues regarding assessment, provision of services or case practice.

Also included in the Safety Thresholds established in 2004 is repeat maltreatment. The national standard of 6.1 % was used in establishing the baseline for this threshold. Counties exceed this safety threshold if their percentage of repeat maltreatment is 6.1 % or higher for two quarters, which includes the current and most previous quarter. In order to determine the percentage per county, the number of children with Repeat Maltreatment with in the Past Twelve (12) Months is divided by the number of children with Indicated Dispositions. Data is tracked through the Department's automated data system and is easily accessible to county staff. Safety thresholds have been compiled for the past 12 quarters. The number of counties exceeding this threshold has ranged from 4 to 11 counties per quarter.

There does not seem to be any pattern as to counties exceeding this threshold. Several of the counties who have repeatedly exceeded the threshold have a documented history of high crystal methamphetamine use in the county. There have been no identified geographic areas where the recurrence maltreatment is more prevalent than other areas. Incidences where repeat maltreatment occurs, appears to be related to county specific

issues. These counties also have a higher number of protective service cases per capita than other counties their size. In smaller counties, where a low number of CA/N reports are received each month, repeat maltreatment treatment of one child in a case or multiple children in a single case could cause the county to exceed the threshold. If counties fail to meet or exceed the required threshold, they are required to submit a corrective action plan. Child Protective Services Safety Consultants and Consultants for the Office of Child Welfare Consultation work with counties to assess possible causes for the repeat maltreatment and develop strategies to reduce the number of children who are maltreated.

As stated in the Annual Progress and Services Report, there is concern that repeat maltreatment reports of abuse and neglect are not being properly linked to existing cases in the automated system. Improper linking could cause the absence of repeat maltreatment to appear higher than it is. Case reviews in the last CFSR supported a low rate of repeat maltreatment. QA indicators are currently being modified so that QA case reviews can likewise evaluate this item through actual case reviews. Plans are underway to strengthen data reporting via requirements for the new SACWIS system contract. The system proposes an improved case search that will enable staff to more accurately identify existing cases in order to correctly link reports to cases. When in place, these two steps should validate absence of repeat maltreatment as it exists in the State.

Safety Outcome 2: Children Are Safely Maintained in Their Homes Whenever Possible and Appropriate

Item 3: Services to family to protect child(ren) in the home and prevent removal or reentry into foster care. How effective is the agency in providing services, when appropriate, to prevent removal of children in their homes?

This item was found to be an area that Needs Improvement in the first CFSR.

Policies related to this item include the safety assessment policy section of Child Protective Services, the visitation, and ISP policies. Regional ISP policy trainings were conducted in 2006. One of the primary practice issues covered during the training was what in the family needs to change in order to keep the children safe, as opposed to the completion of services. The safety assessment policies address the assessment of safety threats and the parents' protective capacities. Visitation policy also addresses safety and meaningful visits.

At the time of the Department's prior federal review in 2002, it was noted in the exit interview that the Department has a wide array of service, but the appropriate services were not always put into place to keep a child safely in their own home and prevent removal. Also, families were not always appropriately monitored to assess whether the services were effective in reducing risk of harm.

During the PIP process, work was done on trying to improve the collaboration among service providers prior to the child's removal to ensure that family preservation services were explored before deciding that a child must be removed from the home to ensure safety. Information was sent to County Departments directing staff to include family

preservation workers in pre-removal staffing of cases. Also, policy was implemented to require at least a monthly contact with families receiving in-home services. In addition, random reviews of in-home protective services cases were conducted by Office of Child Protective Services, Office of Child Welfare Consultants and Family Preservation staff. Counties were provided written feedback on cases to strengthen the services provided to keep children safe at home. Safety plan policies were developed to assist staff in providing services in the child's own home. Although the Department's established goal of 44% for improving practice related to this item was met during certain reporting periods during the PIP timeframe, it continues to be an item in which practice fluctuates, as noted in the Department's Quality Assurance Reviews.

The Department's Quality Assurance crosswalk item to capture Item 3 information is noted in the system performance Item #9 - Family Preservation. This system performance indicator is completed on cases reviewed that are receiving in-home protective services and for foster care children that have been removed from their home for less than 90 days.

During rolling year, January 1, 2005-December 31, 2005 and rolling year April 1, 2005-March 31, 2006, family preservation services were rated strength during the Department's Quality Assurance Reviews in only 29% of the cases reviewed. For rolling year July 1, 2005 to June 30, 2006, family preservation was rated strength in only 23% of the cases reviewed. For rolling year, October 1, 2005 - September 30, 2006, these services were rated a strength in 33% of the cases reviewed. For the rolling year from January 1, 2006 - December 31, 2006, family preservation services were rated strength in 38% of the cases reviewed. Based on the Department's Quality Assurance data, Family Preservation continues to be below the goal established during the PIP process and is an area needing improvement.

In attempting to analyze why the Department's rating on family preservation fluctuates significantly and is continuously evaluated as an area needing improvement for this item, it has been determined that an improved method of evaluating this item is needed in the Department's Quality Assurance Review system. Plans are currently underway to modify the Department's Quality Assurance Review instrument to provide additional data on the effectiveness of services and safety management in child protective services cases in which children are being served in their own home. The revised review instrument will include a specific question regarding family preservation services strictly for in-home protective services cases. It will also include information about the effectiveness of safety plans. This revised instrument will be implemented during mid-2007.

The need for an improved method of evaluating this item is compelling since the data for the Department's family preservation program, Family Options, does not match this finding. Family Options, which is an intense family preservation program aimed at keeping children safely in their own home, is available statewide. Family Options data reveals that during FY 2005, 939 families participated in the program. Of this number, 93% of the families remained together at the end of 12 months. The data for FY 2006, revealed 912 families participated in Family Options and 93% remained together 12 months following the program. During the focus group discussions with stakeholders, which included law

enforcement, child advocacy centers, public health, etc., it was expressed that the Department needed additional family preservation programs that were less restrictive in length of time for participation than the Family Options program, which is based on the Homebuilders model of a maximum of 4 to 6 weeks duration. It was also noted by the focus group of stakeholders that in some areas of the state the Family Options Program is not able to take additional families because they are at their program's maximum number to serve.

The Department uses Family Preservation and Support federal monies to fund 10 Family Services Centers across the State. Also, with Community Based Child Abuse Prevention (CBCAP) funds, the Department of Child Abuse and Neglect Prevention (Children's Trust Fund) provides funding for 9 prevention programs and 7 of the 9 are in Family Service Centers. The Department has collaborated with staff in the Department of Child Abuse and Neglect Prevention with the goal of increasing the array of services in any given Family Service Center and to maximize funding dollars.

Another factor that is probably impacting the lower performance on family preservation services is that in some areas of the state, juvenile court judges are less tolerant of any form of drug use on the part of the parent or caregiver and order the removal of the child from the home. For example, in some counties there has been a steady increase in the number of children entering foster care due to the parent's or caregiver's drug use.

Also, it is believed that the rising use of more serious and addictive drugs, such as methamphetamine, has prevented the use of family preservation services to be provided and has caused the foster care population to rise. A study was conducted of the foster care children in care on July 31, 2006 and the percentage of FY 2006 entries that were related to methamphetamine abuse. This study determined that 25 County Departments identified the percentage of new entries into foster care due to methamphetamine abuse of the child's parent or caregiver ranged from 10%-100%. Most of the areas of the state in which the new entries into foster care due to abuse of methamphetamine ranged higher than 50% were in rural counties. Statewide, for this timeframe, 11.57% of the new entries into foster care were attributed to methamphetamine abuse of the parent or caregiver. The Department continues to provide training in the substance abuse curriculum on methamphetamine. Also, during the statewide Service Supervisors' Meeting in April, 2007, a workshop on this topic was provided by the Alabama Bureau of Investigation.

Based on ACWIS Report 170B, Existing Child Protective Services to Foster Care, statewide during FY 2005, the percentage of children that came into the foster care system from an open child protective services case was 24%. During FY 2006, the percentage was 26%. For the first quarter of FY 2007, 32% entered care from an open child protective service case. The Office of Quality Assurance manager plans to recommend to the State Quality Services Committee that a special study be conducted by this group to help evaluate the effectiveness of family preservation services in these cases.

The Department's statewide cohort profile of children who entered foster care for the first time during FY 2005 indicated that 53.9% entered care due to alleged abuse or neglect. In

FY 2006, this data reveals that 57.7% of the children entered care due to alleged abuse or neglect. It is believed this information may reflect a data collection problem. While staff are allowed to enter only one reason code, it is not a required field. Also, other admission reasons listed imply some type of abuse or neglect. For example, drug abuse of parent/caretaker is listed as the admission code for 17.7% of the children in FY 2005 and in FY 2006; it was the admission code for 15.5% of the children. The new SACWIS system should assist with this data collection issue.

The criteria for opening cases for in-home protective services in Alabama are not contingent on a substantiated finding of maltreatment. In-home protective services may be opened based on a non-substantiated finding of child abuse or neglect where the risk of maltreatment is determined to be significant to warrant volunteer protective services. Also, the Department has a classification of intake referrals from the community that do not rise to the level of an abuse or neglect report (which is identified at the risk of serious harm level) but, the intake information identifies a significant risk of maltreatment. These cases may also be opened for in-home protective services. If these cases are not opened for in-home protective services, they may be referred to other community organizations or programs.

The point in time statewide data provided on the Family Services System report, PSRCZ030A, revealed that on February 28, 2007, 1775 cases were opened to in-home protective services as a result of a substantiated report of child abuse and neglect; 551 cases were opened with a reason code of a non-substantiated finding of maltreatment; and 1804 cases were opened as a result of a prevention referral. Alabama's law states that the Department "seek out" and prevent child abuse. Initially, it was thought that perhaps the significantly at risk of maltreatment cases, which are receiving protective services, may hinder the social work staff from focusing on the identified substantiated maltreatment cases (whose children may more likely be placed in out-of-home care). However, when it is factored in that the caseload size for staff involved in providing in-home services is determined by administrative code to be limited to a maximum of 18 families per worker, this does not appear to be a significant barrier.

Resource development for in-home services within the rural areas continues to be a barrier. Community providers have identified the amount of travel time needed to cover a rural area as a barrier in making a program cost effective. This continues to be an area that needs continued work. The Division of Resource Development has gathered county resource information from rural counties and is exploring developing regional resources for these counties.

Another possible reason the Department's performance for providing services in the families' own home to keep children safe and to prevent removal is consistently low, is whether the services available are appropriate for the families experiencing child safety or significant risk of maltreatment issues. The Family Services Centers who are receiving family preservation and support funds have been encouraged to provide more in-home services to families. Because this will require a change in emphasis and the reallocation of funds, this has been met with resistance. Stakeholders in the focus group meeting,

specifically county staff, expressed that more family preservation services are needed. Whether changes are needed in the funding of current family preservation programs needs further evaluation.

The Department's Family Preservation Program has a promising pilot program, named Family Options Reunification Assessment, which is available in 4 Family Option programs - Tuscaloosa, Southeast Alabama, East Alabama and Jefferson/Shelby. This program is designed to provide for an intensive assessment period of up to 30 days by Family Options Specialists to assist in making permanency decisions. These Specialists help decide if reunification is the best permanency goal and if it is, referrals are made to the Family Options Reunification Program. This Program extends family preservation services for a period of 8-12 weeks. During FY 2005, data revealed that 90% of the families in this Reunification Program were together at the end of 12 months after completing the program. During FY 2006, 93% of the families were together at the end of 12 months.

In October, 2006, the Department developed a pilot Continuum Family Preservation Program in six counties with the goal of keeping children safe in their own home. While the referrals are primarily from in-home protective services cases, the same service providers continue to work with the families should a child be placed in foster care and attempt to reunify the family. The Department has recognized the need to provide additional funding for front-end services. The Continuum Program is currently available in Lee, Madison, Jefferson, Cullman, Mobile and Montgomery Counties. Preliminary opinions on these programs are positive and five of the sites received additional slots. Also, in the 2008 budget, plans are to expand this program into Lauderdale, Houston and Tuscaloosa counties. Monthly reports on these programs will be available in June, 2007. Plans are to track the children involved in these programs for 24 months post discharge.

Two County Departments, Madison and Calhoun, have drug court programs established in their counties that may contribute to preventing removal or re-entry into foster care. The Calhoun County Program began in 2006 and is currently being evaluated. The Madison County Drug Court program is operated through the criminal court and Madison County Department of Human Resources has found this program to be helpful in obtaining effective substance abuse treatment quickly for some of the families. The availability of appropriate substance abuse treatment is not always readily available in the state. Many areas of the state have a waiting list to receive these services. The Office of Child Protective Services staff initiated a recent meeting with State Department of Mental Health/Mental Retardation to begin discussions about the substance abuse treatment needs of the families we serve. In order to determine if the needs are due to the availability of services, appropriate services matched to the families or effectiveness of the services, discussions centered on developing a plan to assess the needs more thoroughly and to develop a plan of action. The availability and appropriateness of the National Resource Center on Substance Abuse to provide technical assistance will be explored.

Safety Outcome 2: Children Are Safely Maintained in Their Homes Whenever Possible and Appropriate

Item 4: Risk Assessment and Safety Management. How effective is the agency in reducing the risk of harm to children, including those in foster care and those who receive services in their own homes?

This Item was determined to be an area that Needs Improvement during the first CFSR.

The Review determined there was a lack of consistency in assessing safety and providing appropriate services to decrease the safety threats. A goal of 81% of the cases reviewed with safety being a strength was established for the PIP. On the Department's Quality Assurance instrument, data element number one-Child Safety under Child and Family Status is the crosswalk item that best captures this data element. The Department met and exceeded this goal during several reporting periods of the PIP; however, based on the Department's Quality Assurance data from County Reviews, this item continues to be an area that needs improvement. During rolling year May, 2004 to June, 2005, child safety was determined to be a strength in 85% of the cases reviewed. During rolling year January 2005-December 2005, only 77% were determined to be a strength. Quality Assurance data for the following rolling years reveals safety to be a strength in the noted percentages of cases reviewed: April 2005 - March 2006 = 76%, July 2005 - June 2006 = 71%, October 2005 - September 2006 = 83%, and January 2006 -December 2006 = 80%. This data also reveals that there are substantial variances in practice around safety assessments.

With the assistance of the National Resource Center for Child Protective Services, the Department has developed policies that make a distinction between risk of maltreatment and safety threats. The assessment of safety is based on obtaining adequate information during a child abuse and neglect investigation to assess impending safety threats and the parent/caregivers' protective capacity to keep the child safe. This policy was implemented statewide in September, 2002.

After extensive work with the Policy Subcommittee of the State Quality Assurance Committee, the Department released revised child protective services policy on safety assessment in September, 2006. This Subcommittee of stakeholders is composed primarily of some of the juvenile court judges. These committee members expressed concern about the Department's policy on safety plans, particularly those identified as out-of-home care (non-foster care). In this type of safety plan, the parent/caretaker may agree for the child to stay with a relative or family friend until the identified safety threat is diminished or controlled. The Department negotiated with this Subcommittee about placing a policy timeframe of no more than 90 days for this type of safety plan to be used without involving the courts. Policy information was also given on when it would not be appropriate to use this type of safety plan. Alternative types of court intervention, instead of the Department seeking custody, were also provided in this policy. This Subcommittee was interested in obtaining statewide data on the number of safety plans in effect at any given time. While the current data system does not capture this information, this will be available in the new SACWIS system and the Department is working on a manual procedure to capture this information.

It is also stressed in the revised safety assessment policy that the Department's staff are ultimately responsible for assessing and monitoring child safety. What was noted in the prior Federal Review and in the Department's own review of cases is that staff have a tendency to leave the monitoring of safety to other resources that are put into place during the Individualized Service Plan (ISP) (others who are working with the family).

A strategy for contributing to further improvement in reducing risk of harm to children and safety management is consolidating policy specifically addressed to on-going child protective services cases. While several of the individual policies, such as individualized service plans, child contact and child abuse and neglect and prevention, are appropriate and pertinent to on-going protective services caseload, specific policies for this caseload type have not been developed. The Office of Child Welfare Policy does have this policy in their current work plan to develop. There continues to be a need to strengthen policy in the area of safety assessment so that it is emphasized throughout the life of the case work process, as opposed to giving the majority of emphasis on the child abuse/neglect investigative phase of the case.

Alabama's Child and Family Services Review data profile, taken from the NCANDS Report, notes that for the FY of 2005, Alabama had 22 reports of child fatalities due to child abuse or neglect. This data is tabulated by disposed cases and not by year of the child's death. Of these 22 fatalities, the Department's child welfare programs had some type of contact within the prior 12 months with the child's family in seven of the fatalities. Sixteen of these fatalities were due to abuse and six were due to neglect. Not surprisingly, 16 were the ages of two and younger.

As noted on Alabama's Child and Family Services Review data profile, during the 12 month period, ending March 31, 2006, the Department received 26 reports of a child fatality due to child abuse and neglect. Updated information on child deaths due to maltreatment for FY 2006 is 24 fatalities. The Department had prior knowledge of the child's family within the prior 12 months preceding the child's death in 10 of the fatalities. Abuse was the cause in 15 of these fatalities and neglect was the cause in 9 cases. Eighteen of these children were ages 2 and younger.

Alabama has a child death review system established by law, which is coordinated by the State Department of Public Health. This system reviews all cases of unexplained or unexpected (including deaths due to maltreatment) child deaths in the state. The Department's staff, at the county and state level, are involved in this review system. This Child Death Review System has had a positive impact on preventing child death by actions such as supporting legislation that changed the requirements of how over-the-counter medications in a day care setting can be administered and sponsoring educational programs such as Safety for Sleeping Babies. This educational program was aimed at preventing roll over child deaths, which has been a significant reason for the child fatalities due to neglect.

The Department also has an internal child death review process in place for child deaths allegedly due to abuse or neglect in which the Department has had some type of prior child

welfare involvement within the preceding 12 months. The Departmental child death reviews are conducted by members of the Department's local quality assurance committee, county department management staff and by state quality assurance staff. These child death reviews have revealed a need for improvement in communication and coordination between providers and the Department and between different units within the Department. One of the most vulnerable timeframes noted for child safety that was learned from these child death reviews is during the period of transfer of the case from one unit to another. As a result of these reviews, safety assessment policy was strengthened to increase the communication and coordination of transfer of cases when child safety is an identified issue. While these internal child death reviews look at each case individually, the State Quality Assurance Committee also has a subcommittee on child fatalities. This subcommittee has recently been reorganized. The stakeholders' focus group has recommended that this subcommittee evaluate from a statewide practice and program development perspective the child deaths due to maltreatment. Of particular interest, is whether there are any trends noted in social work practice on the cases known to the Department and recommendations for improvement.

The Department has long had policy that supports the practice of child abuse and neglect investigations are completed separately from the foster care casework. In the Child Protective Services - Out of Home Care policy, it identifies that the child abuse report must be investigated by child protective services staff (foster care staff may be present). In cases which are open for in-home protective services, new reports of different incidents of child maltreatment are handled as a separate child abuse investigation. For cases that are currently under investigation and news allegations are received prior to the investigation being completed, these allegations are added to the current investigation that is underway. When intake information is received that does not rise to the level of child abuse or neglect allegations (which are identified at the level of risk of serious harm, *i.e.* safety), other types of concerns that address "risk" of maltreatment are considered part of the regular casework of both foster care staff and on-going child protective services staff. The threshold of identifying child abuse and neglect allegations at the "risk of serious harm" level was negotiated with the plaintiff attorneys during the R.C. Federal Consent Decree Court case. The Department's child protective services policy on "CPS Prevention" addresses intake referrals that do not meet the criteria for child abuse/neglect allegations, but express a level of risk of maltreatment. This Prevention policy is considered an alternative response to child protective services.

The Child and Family Service Review Data Profile data reveals that the Department continues to meet the national standard of 99.67% for the absence of maltreatment in foster care. This data profile indicates that for the FY 2005, in 99.86% of the foster care cases, there was an absence of child abuse and neglect. For the 12-month period ending March 31, 2006, there was an absence of maltreatment in 99.87% of the foster care cases. Factors believed to be contributing to the absence of child maltreatment in foster care include the preparedness training provided to foster care providers, the supervision and support provided to foster parents, and regular visits into the home by social workers and contract agencies. The County-specific profile information provided for the absence of maltreatment in foster care reveals 6 counties are slightly below the national standard.

The Alabama Child and Family Service Review Data profile indicates that for the 12-month period ending March 31, 2006, 28 of 10,377 (0.3%) children were maltreated by their parents while in foster care.

The Department contracted with ACTION for Child Protection to provide training on safety assessments and developing effective safety plans. This training has been provided statewide to both child abuse and neglect investigative social workers and supervisory staff. In addition, training on safety assessment was also provided statewide to on-going child protective services staff and supervisors.

One of the lessons learned since providing this training is that for social work staff and supervisors to become competent in safety assessments, it requires more than 3 or 4 days of classroom training. The Office of Child Protective Services has one consultant working with specific County Departments that have either identified a need for follow-up safety assessment consultation themselves or the consultant staff with the Office of Child Welfare Consultation has identified a specific safety issue in a specific County Department. What has been determined to be more effective, in addition to the classroom training, in building capacity for staff in safety assessments is working in small groups and with the supervisors. The need to build additional consultant skills within the Department's consultant staff on safety assessments is identified as a need to improving practice.

During the stakeholders focus group discussion on assessing and managing child safety, some felt there might be a need to increase effectiveness of the Department's basic child welfare training program, ACT, to prepare workers for their jobs. The need to evaluate the effectiveness of ACT was expressed and it was recommended that more focus be placed on the practice issues. The current ACT Training Program is being evaluated and revised. One simple change made, in regard to the material on safety assessment, is providing all the safety training material together instead of having it woven through the training curriculum. This change seems to make it easier for newly hired staff to understand and analyze safety assessments.

Another issue thought to be contributing to the Department's performance around safety assessment is the critical need to build the capacity of direct supervisors. It has long been known that direct supervisors have the greatest influence on social work practice. Like most states, the Department is challenged to build supervisory capacity around practice. The Department is currently revamping the basic supervisory training for supervisors to incorporate more training on building the capacity of their staff on practice issues. Currently, State Personnel rules only require that a supervisor have one year of experience prior to becoming a supervisor. Stakeholders in the focus group on safety acknowledged the complexity of the families that the Department's staff work with and the need to develop competent supervisors.

The National Resource Center for Child Protective Services is currently providing technical assistance on developing an approach to build the capacity of direct supervisors with regard to safety assessments. Recently, this Resource Center conducted focus groups in

two counties, Jefferson and Tuscaloosa, to determine what is needed for supervisors to become child safety experts. Many of the supervisors did not think they had any more knowledge and sometimes less (depending on their work background) about safety assessments and safety management than their workers. It was pointed out that supervisors receive the same training as workers. Supervisors expressed the need to have support from their own supervisors and higher management. The number of workers per supervisor was also identified as a challenge. The Department's current ratio standard for staffing supervisors is 1 supervisor for 6 workers. Supervisors in the focus groups pointed out that many times, due to the high turnover of staff, the supervisor may be working with several new or inexperienced workers at the same time, and the volume of cases responsibilities remain the same.

A promising approach the Department is currently exploring, in an effort to build the capacity of supervisors regarding child safety decision making, is working with a number of states and territories in exploring the feasibility of developing a multi-state consortium. The goal of the consortium is developing supervisors to become child safety decision making experts. This will be more than training. It will be a rigorous professional development resource, involving both highly structured classroom and off-site learning experiences in a small group setting. The program will provide opportunities for testing of competency. The advantages for developing a consortium among states to address this area of practice that needs improvement are the sharing of both financial and manpower resources. In addition, each state or territory would have individual ownership of how the program is implemented in their state/territory. Alabama hosted a meeting in Mobile on February 27-28, 2007 of known interested states and territories. The 8 states and territories that attended this meeting were: Hamilton County, Ohio, Kansas, Louisiana, Nebraska, Puerto Rico, South Dakota, Wisconsin, and Alabama. ACTION for Child Protection helped to facilitate the meeting and a follow-up meeting was held in April, 2007 during the National Child Abuse Conference in Portland, Oregon. This meeting was also represented by Children's Bureau and Quality Improvement Centers' staff. Plans are currently underway to determine the exact number of states willing to make a financial investment into this project.

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

Item 5 Foster Care Re-entries. How effective is the agency in preventing multiple entries of children into foster care?

Re-Entries	FY04	FY05	12 month period ending 3/31/06
Re-entries to foster care in less than 12 months	9.0%	10.6%	8.6%

This item was determined to be a Strength in the first CFSR. Statewide aggregate data reflects that in FY 04 re-entries were at 9% and FY 05 at 10.6% which was below the

national median. Data reflects that re-entries into care for the 12 month period ending 3/31/06 were 8.6% which remains below both the national median of 15% and the 25th percentile of 9.9%. Alabama's data is specifically impacted by assessments and early identification of safety risks on the front end to determine if removal is necessary. Furthermore, the State has continued to focus training on identifying and addressing underlying issues impacting families and the provision of an array of services that support the families during and after placement in foster care. Counties experiencing reduced entries into care understand and place focus on a comprehensive assessment of the family system and individual needs of family members and identify services that will address underlying issues which generally result in the need for a child to be removed from the home. In addition, policies and training around behaviors and underlying needs provided to foster care providers and state staff have improved assessments around parental capacity which aids in decisions as to when a child may safely be returned home. This results in less likelihood of re-entry. The development of a family team that is involved in the beginning of the planning process provides the opportunity for additional supports and monitoring of the family after removal and at the time of reunification. This includes better connections to community supports, educational professionals, and mental health resources to meet the family's needs.

In discussing this item during a focus group with mental health, private agencies, foster adoptive parents and other service providers who support families at the time of removal and reunification, it was suggested that re-entries may occur more frequently in cases where family members do not have an adequate support system to monitor that transition back to the primary caretaker or when services are prematurely discontinued due to non-compliance by the caretakers, limited access to ongoing services due to financial or transportation barriers or as a result of additional crisis resulting from a relapse when substance abuse is the issue. Policy has been revised directing that a case remain open to provide monitoring and services for 6 months following a reunification.

A review of state available data revealed that parental substance abuse has been on a steady rise. The following data shows the number of cases involving parental drug use at the time of entry.

Point in Time	Number in Care	Number with parental substance use
September 30, 2004	5663	346 or 5%
September 30, 2005	5947	494 or 8.0%
March 31, 2006 (end of reporting period)	5785	521 or 9.0%
September 30, 2006	5907	640 or 10.9%

Item 6: Stability of foster care placement: How effective is the agency in providing placement stability for children in foster care?

Alabama CFSR Statewide Assessment

Placement stability in Alabama has continued to exceed the national standard of 101.5 since the first review when this item was determined to be a Strength. Alabama's rating was 109.8 in FY04, 109.5 in FY05 and 111 for the 12-month period ending March 31, 2006 giving the State a national ranking of 45 of 51 states which had a completed federal review.

	FY04	FY05	12 mo. period ending 3/31/06
Placement Stability (National Standard 101.5 +)	State Score 109.8	State Score 109.5	State Score 111.0
State Ranking Composite Scores	44 of 51	43 of 51	45 of 51
Children with two or fewer placements and in care for less than 12 months	87.3%	87.5%	89.0%
Children with two or fewer placement setting and in care for 12-24 months	73.4%	72.6%	74.1%
Children with two or fewer placement settings for children in care for 24+	51.9%	51.3%	51.4%

Alabama has had a slight rise in the percentage of children who experience multiple moves within the first 24 months in foster care.

However, the overall measure for the State Score has continued to improve for Placement Stability with a score of 111.0 and a National ranking of 45 of 51. In FY 2006, Alabama was asked to participate in a National Conference in Washington, D.C. to provide best practices and successful approaches that support improved outcomes in this area.

Areas Contributing to Alabama's success include:

Foster Care Homes and Providers - Alabama has provided ongoing training around critical areas that need to be understood when caring for children with topics including trauma, underlying needs, reactive attachment disorder and other impact of loss and grief on children behaviors. This has resulted in a better understanding and less fear in serving children as well as new approaches to serving children in an out of home setting.

Improved Assessments and Matching - Alabama utilizes a Child and Family Assessment (CFA) that covers family domains critical to understanding family dynamics. In addition, Alabama was able to receive training on a Multi-Systemic Assessment tool which had been developed through Northwestern University and used in Illinois to aid in reducing residential placements. This tool has been adapted for Alabama's use and is used when stepping children to either a higher level of care or in determining stepping children to a less restrictive or intensive setting. This has resulted in stronger matching of children to settings which meet their needs and children being placed in less restrictive placements.

Additional factors contributing to improved stability for children entering care include the emphasis of policy and practice regarding routine face to face contact between the social workers and children. In addition, individualized planning with a team approach provides for the involvement of service providers resulting in a stronger commitment to the child's stability.

Requirements regarding "In-Person Contact" were initiated January 2004 which emphasized the importance of social worker and child contact on a minimum monthly basis. Additionally, contacts between children in foster care and their families are viewed as supporting stability. In 35 QSR reviews completed since the last CFSR there were 8 counties that showed an area of need and 8 counties where it was identified as both a need and strength in visits between children and families. Focus has been placed on utilizing visitation as a meaningful event, not only to improve connections, but to also improve stability.

In addition, Alabama has focused on education and training in having a stronger understanding of the needs of the children served. Alabama provides specific consultation around children with severe emotional and behavioral disorders (SEBD). There have been efforts on enhancing knowledge of staff and providers by working in collaboration with Mental Health in improving staff and provider understanding on the effects of trauma as an underlying issue impacting children's behaviors that in the past may have resulted in disruption or led to impairments in home, school or community functioning.

Staff across the state was introduced to a video series produced by the Child Trauma Academy featuring the founder, Dr. Bruce Perry. The series explained the impact of trauma on the brain and suggested interventions for child welfare, mental health and education professionals. These training efforts continued throughout 2005 and 2006. A statewide conference was held for in January 2007 for 400 people that featured several additional trauma experts along with Dr. Bruce Perry presenting workshops to staff from the Department, Mental Health and the Education system. This increased knowledge has resulted in a new awareness and approaches in identifying and providing services specific to dealing with children and families who have experienced trauma. Additionally, Alabama has provided workshops and ongoing training on Reactive Attachment Disorders and was able to have Dr. Gregory Keck provide workshops for county staff at the Permanency Conference and other venues. Also, the State contracted with Dr. Keck to provide a two week intensive training to a core group of therapists who would be committed to serving children in the system who exhibit symptoms of Reactive Attachment Disorder. Additional supports have been provided for staff and providers to have a stronger understanding of the issues which arise with multiple placements specific to attachment and loss.

The Department has partnered with Auburn University to address the needs of children who are experiencing behavioral difficulties. An Applied Behavior Analysis based parenting curriculum has been developed and taught to parents, foster parents, adoptive parents, other caregivers and child welfare staff. The curriculum provides the tools to build relationships and skills and reinforce positive behaviors. Classes with an in-home training component have been presented on an ongoing basis in two counties since September 2006. Next year an expansion is planned to include additional counties who are able to receive this support.

Through resource development, residential providers are encouraged to embrace a "no reject, no eject policy." This requires providers to provide a 30 day notice to give time for

planning and locating a placement better able to meet the child’s needs. In some cases this added time has resulted in resolving of the issues through additional supports.

Quality Service Reviews are completed identifying trends in practice through reviewing cases for key indicators around matching children’s needs to placements, visitation between children and their families, and foster care placement being supported by services to minimize disruptions.

The state is able to look at individual county data and target areas where additional focus on stability is needed as well.

Quality Service Reviews conducted since the last CFSR assessments revealed only 1 of 35 counties as having an area needing improvement with regard to matching children to placements based on their needs and 4 counties where it was identified as both an area of need and a strength. County staff strive to place children where they are more likely to be successful in having their needs rather than in an empty bed. In addition QSR reviews have also revealed 2 of 35 counties reviewed had an area of need for improvement around supporting foster care placements with services to minimize disruptions and 12 counties reviewed as having both a need for improvement and strength in this same area.

For first time entries during the 12 month period ending March 31, 2006, the cohort data reflects the following:

First Time Entry Cohort Data (in the first 6 months of care)	FY04	FY05	12 month period ending 3/31/06
Number of Placements in Current Episodes			
Children with one placement	1,055 or 75.1%	1,078 or 76.6%	1277 or 75.5%
Children with two placements	180 or 12.8%	175 or 12.4%	237 or 14.0%
Children with three or more placements	170 or 12.1%	155 or 10.9%	177 or 10.5%

Of the children with 3 or more placements, there were 17 who had experienced more than six placements during the current episode which is 1% of first time entries during the 12 month period ending March 31, 2006. This is a reduction from previous years indicating that children are experiencing stability early in placement.

Alabama has worked to reduce the number of placements for children, specifically within the first six months of placement by:

Resource Development: The identification and development of placement resources that better match children’s needs to prevent the need for disruptions.

Therapeutic Foster Care: Foster homes which are skilled and supported in meeting children's therapeutic needs in a less restrictive and home like setting.

Continuum of Care: Provision of services for children and their families while the child is out of home. Services are provided to improve the parental capacity while working toward the child's return.

Education and Training: Ongoing efforts to educate foster/adoptive providers in the needs of children and families while providing the tools to assist in serving them.

Multiple moves for children continue to occur in some situations where adequate and timely assessments have not yet been completed resulting in placements that are not prepared to meet the children's needs. In these cases, consultation is often provided to identify areas of need and to support a more thorough assessment.

Item 7: Permanency goal for child. How effective is the agency in determining the appropriate permanency goals for children on a timely basis when they enter foster care?

This item was rated as Needs Improvement in the first CFSR. Cohort data reflects the number of children entering care for the first time in FY 04 was 1,405 or 81.6%, in FY05 was 1,408 or 78% and in the 12-month period ending March 31, 2006, 1,691 or 82%. There has continued to be an increase in the children entering foster care in Alabama.

Of those children entering care for the first time in the 12-month period ending March 31, 2006, cohort data reflects that 64.1 % or 1084 children had the permanency goal of reunification which is an increase from previous years with FY04 55.4 % or 779 children and FY05 55.8% or 785 children. An increased commitment toward reunifying with families may contribute to the increase along with policies and practice governing efforts toward engagement of families and providing more comprehensive assessment to identify changes needed for the child to be reunified. Training and consultation supports the importance of family involvement and maintaining connections which contribute to the goal and success of reunification. In addition, the improved availability of services to address needs supports the likelihood of reunification.

Though Alabama has some counties who are very successful in identifying appropriate permanency goals for children, there is inconsistency across the state. This is evidenced by the QSRs since the first CFSR. Of 35 reviews conducted, 11 counties showed areas of both strength and need in identifying appropriate permanency goals with only one (1) county showing it as being an area needing improvement. As counties are identified as having needs in this area consultant support is provided to target skill development.

According to county input, case worker turnover may contribute to some of the need due to cases being reassigned to a new worker and that worker starting over with a family. Efforts are continuing through building capacity in supervision to coach newly assigned workers to review the family history in determining next steps rather than starting at the

time of assignment. Thus, documentation has been stressed so that newly assigned staff is aware of the direction in a case.

After the first round of the CFSR, steps were developed and implemented to improve permanency through the development of Permanency and Concurrent Planning policy released in September 2003, which helped to guide staff on steps toward achieving goals of permanency. The policy outlined the timeframes for steps to achieving permanency according to the ASFA goals. A key to implementation was with supervisory staff and, therefore, in December 2003 Alabama developed and released Supervisory Guidelines to address timelines around record reviews, conferences and work related activities to support timely achievement of permanency goals. The state's Supervisory Association assisted with Statewide training with implementation beginning in February 2004 and included a workshop at the Supervisory Association's Annual statewide conference in December 2004.

ACWIS codes in capturing and reflecting accurate data regarding permanency goals was updated in August 2003 as a step in the PIP. The codes began capturing both the permanency plan and concurrent plan of children entering the system.

The Office of Foster Care has been completing Quarterly Permanency Profiles to share with County Directors, local Quality Assurance Coordinators, Juvenile Court Judges and others concerning their county's performance in achieving permanency in a timely manner. Thresholds have been established of acceptable timeframes based on ASFA guidelines and any county exceeding the accepted threshold receives an alert at the end of the quarter. The counties are then expected to provide an explanation or a corrective action plan to address the specific threshold and consultation provided as indicated. The staff in the Court Improvement Program of the Administrative Office of Courts (AOC) and the Department have also identified counties in which the court system in a particular area may be contributing to some of the delays. AOC has made site visits in some counties to meet with the courts and share ideas and suggestions in improving the trends in permanency through the courts. This is an ongoing endeavor and has proven effective in some counties.

Targeted consultation also has been provided by the Office of Foster Care to those counties exceeding thresholds for children in care in excess of 15 of the last 22 months. Information from state and local QA reviews is utilized to target consultation on permanency goals. Consultation has also targeted those children under age four who have been in care over 12 months during their lifetime to assist with timely permanency.

In July 2005 and 2006, Alabama hosted a Permanency Conference in which workshops were presented on permanency planning. These conferences served approximately 300 foster care and adoption line staff each time. The conference was funded from Adoption Incentive Funds and was viewed by county staff as beneficial in refreshing their sense of urgency and commitment toward achieving permanency for children. Alabama is currently in the process of planning an Adoption Conference in the Summer of 2007 for adoption workers and providers to provide workshops on permanency through adoption.

Alabama CFSR Statewide Assessment

In focus groups conducted with stakeholders, who included members of the court, county staff, State staff and service providers, participants suggested that improved engagement and involvement by the family results in a stronger commitment toward steps to reunify. The participants further indicated that sometimes the appropriateness in the goal of reunification becomes questionable when efforts have been made to engage the family without success or the family has not remained consistent in their involvement with the agency. Counties are more successful in helping to achieve permanency goals when the steps identified in the family plan are clearly tied to outcomes. Achieving reunification becomes more challenging and delayed when steps are not measurable and meaningful.

Work will continue to ensure statewide consistency as there is still need for improvement in this area.

The goal to live with relatives decreased from FY 04 16.9% or 237 children and FY 05 15.2% or 214 children to 13.2 % or 223 children in the 12-month period ending March 31, 2000:

There is some thought that this decrease may be a result of data not being updated to accurately reflect the most current goal. Policy provides for the identification of a permanency goal along with a concurrent plan to be explored concurrently to prevent delays. Often, children will be coded with the permanency goal of reunification while staff actually was working toward the concurrent plan to live with relatives but the data entry system was not updated. The appropriateness of this goal is contingent on the relative's capacity to provide long term care and meet the needs of children who have entered the system. Alabama now requires fingerprints for criminal history checks prior to the Department supporting transfer of custody to a relative.

It was also suggested that the financial commitment may be hindering relatives from being a resource for children or the assessment of the children's needs reveals issues too extensive for relative care. Alabama does not currently provide kinship payments outside of TANF and relatives may not be as forthcoming in providing for children without assistance. In addition, some families may be concerned of parental involvement that is unsafe, particularly as it applies to substance abuse.

The goal of adoption decreased from FY04 with 11.5% or 161 children to FY05 11.2% or 157 children to 8.6% or 146 children in the period ending March 31, 2006:

During the period since the first CFSR, the Office of Adoption at the State Office underwent management changes and had staff losses which resulted in a reduced ability and focus on permanency through adoption. There is some speculation that delays in locating and making adoptive placements through the Office of Adoption resulted in the perception that permanency through adoption was unattainable for many children, particularly those that were older, in large sibling groups or having a higher level of need. In addition, this may have contributed to delays in seeking Termination of Parental rights in some cases or resulted in children being identified as having the goal of APPLA, Another Permanent Planned Living Arrangement.

However, since July 2005, the Office of Adoption has been successful in hiring additional adoption consultants who serve all 67 counties around permanency through adoption and placements. Also, an additional consultant position was created and staff hired to provide for the development and provision of statewide training on adoption policies. The Office of Adoption has also been successful, in Fall 2006, to receive a Dave Thomas Wendy's Wonderful Kids grant that provided the funding to hire a child specific recruiter with the Office of Adoption. This additional staff has been successful toward increasing focus in the area of adoption providing a renewed focus on adoption as a permanency goal.

Permanency Profile	Federal FY 2004		Federal FY 2005		12-month period ending 3/31/06	
	#Chn	%Chn	# Chn	%Chn	#Chn	%Chn
1 st time entry						
APPLA (Another Permanent Planned Living Arrangement)	71	5.1	83	5.9	78	4.6

However, even with the decrease in first time entries, the point in time data noted on the permanency profile shows a significant number of children with the plan of APPLA in comparison to other goals. See following chart.

Point in Time	Federal FY 04		Federal FY 05		12 month period ending 3/31/06	
	# children	% children	# children	% children	# children	% children
Reunification	1,900	32.3	2,168	31.4	2,391	34.1
Relative Placement	742	12.6	817	11.8	872	12.5
Adoption	1,158	19.7	1,729	25.0	1,633	23.3
APPLA (Approved Planned Permanent Living Arrangement)	2,023	34.3	2,151	31.1	2,056	29.4

There is some indication that staff are deferring to APPLA when it initially appears that family has been ruled out and the youth is older and may have even indicated no desire to be adopted. During focus groups with youth it was learned that some of the youth were not aware of what APPLA meant or indicated that they had not been approached about adoption. Those who were approached indicated that they had not considered adoption for themselves due to misconceptions noted in the following statements from the youth:

- "Adoption is good for younger children"
- "Adoptive parents want younger children"
- "It is harder to be adopted over the age of 14"
- "Older teens are set in their ways and adoptive parents want children that they can mold"
- "I would feel disloyal to my biological family and not have any contact with them..."
- "I would question why do you want me?"

This has raised awareness of further needed efforts in helping staff understand older youth and their misconceptions on adoption as a permanent plan.

Item 8: Reunification, guardianship, or permanent placement with relatives.
How effective is the agency in helping children in foster care return safely to their families when appropriate?

PERMANENCY	FY 2004	FY 2005	12 month Period ending 3/31/06
Timeliness and permanency of Reunification (standard: 122.6 or higher) State Score =	126.7	119.7	124.2
State Ranking =	37 of 47	30 of 47	37 of 47
Exits to reunification in less than 12 months	61.1%	65.3%	65.6%
Exits to reunification, median stay	7 mos	7.7 mos	8 mos
Entry cohort reunification in < 12 months	48.2	48.8	47.4

This item was rated as Needs Improvement in the last CFSR. The data reflects that timeliness of permanency is below the national standard in Alabama. The median length of stay in foster care has increased slightly each year. QSRs revealed this being an area needing improvement in 23 of 35 counties reviewed since the last CFSR.

In developing the PIP after the first CFSR, focus on the education of staff and stakeholders on the ASFA timeline was expanded through the development of a brochure in collaboration with AOC that discussed the ASFA timelines. This brochure is provided in many venues and most regularly at the time of the ISP with the family. In addition, work began with the courts through AOC to encourage families to complete a list of relatives to include addresses at the time of the first court hearing. Out of state resources were challenging due to the Interstate Compact on Placement of Children (ICPC) policies. In September 2003, ICPC policy was revised and trained through videos. There are plans in

progress to train regionally on the most recent changes to the federal guidelines and timeliness of ICPC.

In 2004 standards were also developed for length of stay in care along with a policy on stepping children down to less restrictive settings from Therapeutic Foster Care. Jefferson County, the largest county and one with the majority of children in care was targeted for additional foster care reviews in this area. As Jefferson County was divided into five regions, consultants were added to be assigned to each region for increased support. As a result of a higher number of children entering care due to law enforcement, the County Director met with the court personnel to discuss the issue and develop a more effective intake process. The county created a court liaison position to facilitate stronger cooperation and communication.

During this same period of time, Family Options staff was combined with the Resource Development Office in the Resource Management Division to provide a more seamless approach to resource development and monitoring of resources to include the assessment services provided under Family Options.

In addition, Family Service Centers have also been funded in Houston, Jefferson, Hale, Montgomery, Baldwin, Russell, Calhoun, Talladega, Lowndes, Tuscaloosa, and Chambers Counties and the Healthy Families program to enhance availability of family support and help facilitate support for reunification.

In surveying 33 youth receiving Independent Living Services who had been in care more than 12 months, their perception on likelihood on returning to family and achieving permanency was explored. They were asked if they thought they should have been able to go home by now. The responses were 16 YES, 18 NO, 7 Don't Know and 2 N/A. This might suggest that 16 teens believed that there has been ample change with the family to warrant going home and 18 who may believe that significant changes may not have occurred toward the goal of reunification. In addition, 17 teens were aware of their permanent plan, while 16 indicated no understanding of what the permanent plan was. The number of teens indicating no knowledge of their permanent plan raises questions as to teen involvement and preparation in the reunification process. This awareness is being shared with county staff as consultants are making contact and will be emphasized in upcoming trainings or conferences to assure that staff are involving youth in their planning.

As in many areas, delays in the court process were also viewed as a contributing factor. There have continued to be discussions and efforts to work with the juvenile courts through the AOC toward reducing the number of court continuances and instilling a sense of urgency regarding the lives of children in the system. Recently, staff of the Court Improvement Program of AOC conducted case flow management workshops for 19 counties of the state to educate judges, their docketing staff and DHR personnel on ways to improve the movement of dependency and TPR cases through the system so that children in care may reach permanency faster.

Work has also continued with the ASFA Implementation Task Force and staff of the Court Improvement Program to develop strategies to improve outcomes in this area. The information FSD has received from stakeholder meetings and consultation with counties is that a better understanding is needed by workers, attorneys, and judges that these hearings must evaluate progress toward the permanency goals. Parties must be accountable to demonstrate efforts to achieve goals and clearly identified timelines must be stated. Consultants are providing information concerning specific jurisdictions where permanency hearings are not held in a timely manner or where petitions to terminate parental rights are not scheduled or heard in a timely manner. A series of meetings have been held with Judges, Attorneys, and County DHR Staff to improve the quality of permanency hearings. Much of this work has been coordinated with AOC. This has already resulted in improved court perception and a sense of urgency with regard to permanency for children, and changes are occurring around how cases are moved through some jurisdictions.

Other recommendations from stakeholder meetings included a strategy to advocate for Court Liaisons to be identified in each county to improve working relationships between the Department and Juvenile Courts. This is already in effect in Jefferson County and available to the courts. Court Liaisons have proven to provide a level of consistency and focus to cases moving through the court as well as in building credibility and relationships with courts. Other county offices have dedicated a portion of staff time to serving in this role.

The Department and staff in the Court Improvement Program have worked with Juvenile Court Judges to obtain their support in requiring training for any guardian ad litem they appoint to represent children in care. In coordination with AOC, statewide training has been provided to attorneys, Judges, and DHR staff.

Item 9: Adoption. How effective is the agency in achieving timely adoption when that is appropriate for a child?

Permanency	FY 04	FY 05	12 month period ending 3/31/06
Timeliness of Adoption (Standard: 106.4 or higher) State Score =	56.2	56.4	56
State Ranking =	2 of 47	2 of 47	2 of 47
Exits to adoption in less than 24 months National Median 26.8%	15.7%	17.7%	19.1%
Exits to adoption, median length of stay National Median 32.4 mos	41.5	41.4	38.2

This item was rated as Needs Improvement in the first CFSR. Alabama has continued to score below the national standard in the area of Adoption. However, the median length of stay for children in the system who exit to permanency through adoption has shown improvement.

From the time of the first CFSR through 2005, the Office of Adoption underwent management changes with the retirement of the long term veteran Adoption Manager as well as the retirement and reassignment of several other adoption staff. These changes reduced the State Office's ability and focus in supporting permanency through adoption. There is some speculation that the delays in locating and making adoptive placements resulted in the perception across the State that permanency through adoption was unattainable for many children, particularly those with special needs.

However, since July 2005 the Office of Adoption has been successful in the assignment of an Adoption Manager and additional consultants that serve all 67 counties around permanency through adoption placement and building capacity on adoption at the county level. There is a renewed focus and message of urgency on permanency through adoption and now the ability to support activities identified in the Program Improvement Plan resulting from the last CFSR. In addition, there are efforts to consider how front end work impacts the timeliness of adoptions and what policy, practice and staffing changes are needed.

Alabama's Program Improvement Plan identified steps that would help in developing improved outcomes in this area. It first began in the revision of the Adoption Policy Manual which was completed and training initiated in August 2004. Training on the policy covered information on:

- Termination of Parental Rights
- DHR Placements
- Home Studies
- Subsidy
- Non-DHR Placements

In addition, the State's training program placed additional emphasis in the preparation and discussion of adoption through incorporating some of the policy into the ACT II curriculum. In January 2006, the Office of Adoption received support from the National Resource Center in a review of the policy for feedback and suggestions on current policy and practices. The feedback provided has resulted in some preliminary policy changes around subsidy and release of home studies. More changes are expected as sections are updated.

Court delays and inconsistency in philosophical beliefs around severing parental rights or questions as to whether children are adoptable may have contributed to a decrease in the sense of urgency within the state. The Administrative Office of Courts (AOC) in collaboration with the Department has made efforts and opened communication with court systems and judges to aid in a better understanding the impact of postponements and

delays have on permanency outcomes for children they serve. Work has also been done in collaboration with AOC to educate Probate Judges regarding permanency timeframes and encourage timely adoption hearings held in the probate office. Additionally, staff of the Court Improvement Program, AOC, spoke at the Probate Judges Associations Annual Conference on this topic. Also, during the Permanency Conferences held both in 2005 and 2006 a general session and workshops were presented by State legal staff around TPR and the legal process.

During a 2004-2005 reassessment of the juvenile and family courts in 22 counties involved staff of the Court Improvement Program in the AOC to review records to assess causes for delays in permanency as it pertained to court dockets and issuing of orders. The review revealed that delays in final orders for TPR hearings in many cases exceeded 6 months resulting in delays in proceeding with adoption planning. Subsequently, through an amendment of a Supreme Court rule, effective September 18, 2006 trial courts are now to issue an order within 30 days of the final TPR hearing.

The Social Worker Guide to Working with the Courts was also developed and implemented in Fall of 2006 to aid social workers in moving a case through the courts to permanency. The checklist provides required steps to filing a Dependency Petition prior to the Adjudicatory Hearing. In addition, continued efforts to improve the impact court processes have on permanency collaboration continues through a series of meetings with identified groups of juvenile court judges from various counties to discuss and strategize around case flow of dependency cases in the courts. These meetings involve county teams to develop a plan of action to improve the management of dependency of caseflows to the specific county. This has resulted in a renewed emphasis and awareness of the need for timely achievement of permanency and has further resulted in a stronger collaboration between the courts and the Department.

Some ongoing challenges include a need for more thorough assessments and information gathering early in the agency's involvement with families in supporting concurrent planning in the event reunification with family is not possible. Concurrent planning should be ongoing from the time the child enters the system and not begin when the goal changes or TPR occurs. In addition, there is some recognition by stakeholders that the concurrent planning often begins after a county has exhausted efforts toward the permanent goal and not necessarily practiced at the point the agency first becomes involved around child safety. TPR often is delayed due to staff waiting until the expiration of the 15 of 22 months to file a petition, rather than filing earlier if it becomes apparent that children will not return to family.

A delay in finalization of foster parent adoptions has also contributed to the data outcomes in this area. County offices have the responsibility of completing adoptions for children who are to be adopted by their current foster parents. This involves updating the home study for approval as an adoptive resource while completing a non-identifying background summary and proceeding with the placement process. Staff may view these children as stable and doing well and in a placement that is not going to change, the finalization of the adoption may not receive the sense of urgency due to workers placing priority on issues

needing more immediate attention. In addition, there has not been consistent training around the adoption process that would assist workers in moving forward with the foster parent adoptions. In 2004, Alabama issued an RFP and awarded three contracts for assistance in moving foster parent adoptions to finalization. The goal was for the adoption of 45 children. The contracts did not prove to be as fruitful as first hoped and by the end of the contract, 14 adoptions had been finalized. Some barriers encountered included accessibility to case material, disagreement in planning, and external time limits around filing that prevented timeliness of finalization.

Stakeholder groups suggested that in the past, the message heard by staff and stakeholders was older children, children in large sibling groups and with higher levels of need are considered "unadoptable" resulting in less effort to pursue recruitment for these children. Some stakeholders indicated that there is a new message being heard with the increase in consultant support and education across the state that all children are adoptable though sometimes it is challenging to locate a resource willing and able to adopt children with special needs. Alabama has been very successful in placing sibling groups of three or more and have experience with teen adoptions as well.

In an effort to provide additional education and change perception, staff from the Office of Adoption routinely meets with the Board of the Alabama Foster/Adoptive Parent Association to share the message that all children are adoptable and that it is a matter of locating a family that can meet their needs. Recruitment and retention of placement resources continues to be a factor in locating families for children free for adoption. Refer to the section on Foster and Adoptive Home Licensing, Approval, and Recruitment for more information on current practices.

One specific barrier to identifying an adoptive resource for children is that there is not a user friendly data base for identifying approved and available resources for consideration. Previously a card file was used for tracking approved resources; however, often it was not current. In July 2006, an effort to determine accurate numbers of approved and available resources both at the county and state level were initiated and involved the review of all home studies and updates along with contacting the county resource workers to determine current status of resources listed as approved on the ACWIS data base. Upon completion of the project it was revealed that Alabama is currently in need of an adequate pool of both foster and adoptive resources for children entering the system and free for adoption. This was suspected, however, the actual numbers were never known. Discussion to design improved tracking in the new SACWIS system will help to improve monitoring this more effectively.

Currently, many children placed from the state level are placed with out-of-state resources which is a huge drain on consultant time and Department resources. The Department has been working to make the needs known across the state while exploring additional efforts and strategies in recruitment, training and approval of resources. One specific effort needed is child specific recruitment which has been initiated through a grant from the Dave Thomas Foundation for Wendy's Wonderful Kids child specific recruiter. Refer to the section

on Foster and Adoptive Home Licensing, Approval, and Recruitment for more information on current practices.

In focus groups with stakeholders which included foster and adoptive resources, the perception in Alabama is that the State indicates a need for resources and yet the process for becoming a resource takes so long. Many consumers report delays in required training, approval process, and response to inquiries in their efforts to serve as an adoptive resource. Several consumers report that they are told they must/should foster before adopting or that adoption is quicker if they become approved to foster first. This has resulted in frustration by many families who either give up or have a negative experience with the system. In exploring factors contributing to delays, it was noted in focus groups that time restraints, competing priorities and staff turn over resulting in a break in the approval process.

The Group Preparation and Selection training required for approval is not always convenient or is in progress when applicants come forth. There has been some recent effort to connect the resource with an adjoining county for training when ever possible.

Several stakeholders suggested that there needs to be a renewed focus on both foster and adoption recruitment with the development of an increased commitment to a timely process for training and approval that reduces the length of time from application to approval. Alabama is current discussing proposed timeframes that might be considered standard for an applicant entering and completing the process. Alabama has a staff person dedicated to statewide recruitment. Current efforts are underway to increase state level recruitment and retention efforts through the development of a "request for proposals" to identify potential providers who can assist in identifying and training adoptive resources across the state. Consideration is being given to structuring the RFP around child specific recruitment similar to the Wendy's Wonderful Kids program.

The availability of post adoptive services is viewed as critical in supporting families during the adoption process as well as an important recruitment tool. Alabama currently contracts for post adoptive services. Alabama Post Adoptive Services (APAC) has provided statewide training support, educational materials, a Buddy and Respite program, summer camp for children waiting or adopted, counseling services, crisis intervention and a hotline. The contract was increased in 2006 to include marketing and recruitment services, an annual conference for 300 adoption and provider staff and a staff position for responding to inquiries made to the SDHR hotline and website.

Additionally, Adoption Assistance provides post adoptive support. As many staff are unfamiliar with the Adoption Assistance program there have been increased efforts to educated staff and stakeholders on the availability of financial assistance for children adopted who have special needs. Information on subsidy has been provided through workshops held at the Permanency Conference and Alabama Foster/Adoptive Parents Conference. A brochure on Adoption Subsidy has been updated to reflect revisions and clarity on eligibility and accessing adoption assistance. In addition, targeted training has been provided to counties upon request. Staff has also presented information on subsidy

to a group of judges upon request as it aids the court in knowing what is available for children in their jurisdiction.

Because educating staff and stakeholders was viewed as being needed to increase understanding of adoption policy and current practices, the Office of Adoption has partnered with AFAPA representatives in going around the state to speak and provide training. Foster/adoptive parents who have adopted older children are also invited to speak at conferences and GPS trainings across the state to share the benefits of adopting children with special needs.

Item 10: Other planned permanent living arrangement. How effective is the agency in establishing planned permanent living arrangements for children in foster care, who do not have the goal of reunification, adoption, guardianship, or permanent placement with relatives, and providing services consistent with the goals?

In January 2007, due to large number of children with the goal of APPLA, counties were required to conduct a 100% review of cases in which APPLA was the identified permanency goal. The counties received additional support through consultation for the population of children 8 years old and under with the goal of APPLA. The review revealed that some cases had incorrect coding of permanency goals, that some younger children with APPLA were siblings to older children with the same goal and that some goals were more appropriate as Adult Custodial Care due to the MRDD issues. The review also was able to raise awareness of the need to always be looking at children with the goal of APPLA to assess changes that would warrant a change in permanency goal. The Department will continue to monitor data on this goal and will provide additional consultation as data changes indicate. In addition, local and state QSRs will help to identify trends in this area as well and alert the Department to a need for attention.

During focus groups which included foster parents, providers and county/State staff, the concern was that staff may be deferring to the goal of APPLA when children are older due to the perception that older children do not want to be adopted or are not adoptable. In addition, once the goal of APPLA is identified there has not been the continued follow up or efforts made to reconsider alternative permanency goals. Policy directs that the use of this goal must receive court sanction to be valid and that the resource be named as the permanent arrangement. This is not occurring in all cases. There was some indication that APPLA may be used for younger children who are part of a sibling group in which connections are strong rather than considering permanency through adoption for the younger children. Through review and continued training on existing policies such as Concurrent Planning and Permanency Policy and the Sibling Placement Policy, the Department will continue to stress the individual needs of children to achieve permanency when it is not possible for them to achieve it together.

There is some indication that the meaning of adoption may not always be clear to the older child as evidenced by comments made by youth during a focus group. Participants had misconceptions on what adoption meant and felt that they would have to abandon any further contact or discussion regarding the biological family. Some youth indicated that

given a choice and ability to participate in identifying a family for them that they would be more likely to consider adoption. It was also stated by some youth that they may change their mind, if adoption was explored further after APPLA had been determined the goal. As a result of this feedback the Department is compelled to review policies on preparing and involving youth in their individual planning. In addition, opportunities for training staff on how to discuss adoption as a goal will be explored along with forums for older youth to receive information regarding all permanency goals. Alabama is currently in the process of establishing regional Independent Living Networks to provide future forums and opportunities for networking around education and planning that support permanency for older youth.

Alabama has available Independent Living and Transitional Living services throughout the state to support children who will possibly age out of the system without a permanent resource. Through these programs and support of the Independent Living services provided at the county level, older youth are provided with instruction and financial assistance that will provide initial assistance in setting up households or pursuing college education. More importantly, staff is encouraged to identify an individual that can provide a long term connection for the youth to be able to turn to in the time of need. It is clear that when staff are identified as having this role youth are likely to be more successful in transitioning to adulthood. Alabama is currently exploring assistance through a National Resource Center to review and enhance the current Independent Living program in the state.

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

Item 11: Proximity of foster care placements. How effective is the agency in placing foster children close to their birth parents or their own communities or counties?

This has continued to an area of strength for Alabama since the first CFSR and there has been ongoing focus on placing children in close proximity to family whenever safety is not an issue and at a minimum within the same county as the family. There are current policies that guide staff in making placements that provide for families to remain connected with their children while being able to stay in their own community. There have been efforts to keep children in the same school system, church community and neighborhood whenever possible and when placement elsewhere must occur that efforts to maintain connections must be made. In some cases foster parents have allowed families into their home while also making arrangement for children to stay connected to their own community, family and friends as well as activities that are individual to them. Resource availability contributes to whether this is possible. Every effort should be made to place children within their own neighborhood and certainly within the same county whenever possible. When children have been placed outside the county it generally involves a relative resource or known family for the child or the child requires a residential placement not available within the county. There may also be a placement outside the county when a risk to the safety to the child has been identified due to threats by a family with in the community. Children who are placed out of state usually are placed with an adoptive resources matched to their

needs, a family member, or to receive intensive services not currently provided within the state.

This strength was supported by the 35 QSRs conducted since the first CFSR as there were no counties in which this was determined to be an area needing improvement and only four counties where it was both identified as a strength and a need for consistency.

Item 12: Placement with Siblings. How effective is the agency in keeping brothers and sisters together in foster care?

This item was found to be a strength in the first CFSR. The state has current policy which guides the practice of sibling placement. Alabama has continued to recognize the importance of placing siblings together whenever possible and when they must be separated, staff work to keep the siblings connected. The provider community has been supportive of these efforts as well in developing mechanisms to increase opportunities for visitation, communication and outings together to maintain the connection.

QSRs conducted since the CFSR revealed 2 of 35 counties as needing improvement in this area and 2 counties where this was both a need and a strength.

One issue that has been seen is decision in placement when a new sibling enters the system that does not know or have a relationship with other siblings currently in the system. An example might be that a newborn sibling enters the system and is placed in a home that may be a potential adoptive resource rather than with siblings who have another permanent plan. These cases become challenging, particularly when children have entered the system at different times and the best interest of the child may be viewed as separation from the older siblings. The practice is to utilize the sibling policy in viewing the individual needs of the child and the connections with siblings. In addition, there have been several cases when siblings who are free for adoption are living in separate foster homes and each foster parent wants to adopt only one sibling or the sibling group. These have resulted in court filings by foster parents to have the court make the decision as to whether to place the siblings together for adoption or to allow the siblings to be adopted separately.

These court decisions are being used to help review policies and highlight the importance of sibling placement at the time of entry.

Item 13: Visiting with parents and siblings in foster care. How effective is the agency in planning and facilitating visitation between children in foster care and their parents and siblings placed separately in foster care?

This item was rated as Needs Improvement in the first CFSR. As per Alabama's PIP, the department worked to revise the documentation of the Individualized Service Plan to be more users friendly and to allow for visitation plans to be incorporated with the permanency goals. The ACWIS Child Contact Reporting Form was revised to more accurately monitor face to face contacts between children and parents, child and worker

and worker and parents. In addition, supervisor expectations were clarified with the expectation that supervisors attend ISPs for each of their staff to monitor performance and outcomes with regarding to involvement and contact between the worker, child and family.

Ongoing consultation around the importance of connections has been provided to all counties. Expectations have also be written into RFPs requiring visitation planning for children within other programs or facilities. Current training curriculums also incorporate connections as a topic area to support visitation.

Alabama has visitation policy that guides staff to understand the value of visitation and need for frequent contact between family and children while in foster care. There continue to be efforts to help staff view visitation as a therapeutic activity to maintaining connections, observing improved relationships and parenting as well as the commitment of the family toward reunification.

QSR reviews since the CFSR show that 8 out of 35 counties reviewed indicated an area needing improvement with regard to visits occurring between children and their families. Consultation not only has focused on the frequency of visitation, but also the quality of the visitation. Visitation routinely is occurring in more relaxed settings or settings in which parental skills can be applied such as in the foster parent's home, local parks, fun centers, and in therapeutic settings in which parent coaching may occur.

There is a need to begin visitation sooner after placement and was identified in meeting with judges as something that should and is being addressed at the first hearing when children must be removed from their home. In addition the quality of visitation is important and often takes more effort to arrange, facilitate or monitor than to just allow family and children to be together in the same room. Staff challenges include the amount of transportation involved in coordinating and implementing visitation and then being available to monitor or facilitate visitation that is frequent and productive. There are still barriers as well around some foster parents unwilling or unable to be involved and/or assist in helping to arrange and implement visitation.

Item 14: Preserving Connections. How effective is the agency in preserving important connections for children in foster care, such as connections to neighborhood, community, faith, family, tribe, school, and friends?

This item was rated as Needs Improvement in the first CFSR. As a result, ACTII training curriculum was enhanced to provide a component on maintaining a child's connections to family, community, culture, faith and friends while out of the home. Staff were also encouraged and trained to develop Life books for children to provide an avenue for discussion and remaining connected to birth and foster families. Consultation support in counties and training for foster/adoptive providers have also focused on the importance of connections for children and supports creatively thinking about how to maintain connections, from use of videos taken and share on special occasions, traditional meals served, pictures, prayers for family, Life books, acknowledging how family members might

react to a child's good grades, etc. Connections are more successful where staff are more creative in their ideas and move away from direct contact as the only way.

There have been instances in some counties and school jurisdictions that on an individual basis, children were allowed to remain in school districts outside of where they lived to provide for consistency and continuity at a minimum through the most recent school year. Social workers and providers alike have provided the additional transportation to assure this occurs when buses were not available. The same has been true in some instances with regard to children attending their home church or at least a church of their faith.

As Alabama noted a strength in placing children in close proximity of their family and home, many of the connections remain preserved more easily. Unless there is a risk to safety, children are allowed to maintain contact with family and friends in their neighborhood and community.

As mentioned in Items 11-13, Alabama views preserving connections as vital to a child's well being and success toward becoming stable. The ISP process is utilized to help identify the child's connections and then plan ways to maintain them. Some counties provide phone cards, writing material, and share videos for children and families to maintain connection.

Alabama strives to be in compliance with the Indian Child Welfare Act (ICWA) and is currently in the process of approving and issuing current policy regarding compliance with ICWA

Item 15: Relative Placement. How effective is the agency in identifying relatives who could care for children entering foster care, and using them as placement resources when appropriate?

This item was rated as Needs Improvement in the first CFSR. Exploring relatives early was viewed by stakeholders, staff and providers as a key to identifying viable relatives who might serve as a resource for children. As part of the PIP much work has been done through collaboration with AOC and the department to assure that families provide relative information early through court hearings when not able to be engaged otherwise.

Assessing relatives and their ability to service the individual needs of children rather than the automatic assumption that relationship provides for a viable resource is critical to assuring a stable placement. As per the PIP, a section of the Concurrent Planning Policy addresses systematic evaluation of relatives which includes a case staffing prior to a removal to provide consideration of relative placements.

Currently, counties are able to use the Child Support Parent Locator Service to assist in locating absent parents who may serve as a resource for a child. In addition, the Putative Father Registry may be accessed by county staff as another means for locating absent parents. Some counties have also contracted with internet search groups which they learned about at National and State Conferences to locate potential relative resources.

One area identified through the focus group that might serve to enhance relative placement is to explore non-custodial relatives and paternal relatives early on. There has been effort through the Fatherhood Initiative to improve the understanding in the value of relationships between children and their fathers. There is an annual Fatherhood Conference which staff is invited to attend to provide additional focus on the role of the father and ways of engaging the father and paternal relatives in the care of children.

Support services are available through TANF for relative care for those who chose to gain custody of the children. In many cases, relatives have been approved as related foster care resources to be able to provide for related children. Alabama does not provide subsidy assistance for related care outside of the above. The relative may be eligible to receive up to \$500 in Kinship funds for hard services.

Item 16: Relationship of child in care with parents. How effective is the agency in promoting or helping to maintain the parent-child relationship for children in foster care, when it is appropriate to do so?

As stated in Items 11-14, the Department recognizes the importance of maintaining relationships between parents and their children through the efforts in visitation, placing them in close proximity and involving them in planning.

Parental involvement and cooperation is very important while a child is in out of home placement. It is of utmost importance for birth families to maintain frequent contact with the social worker and work with the department to improve conditions that led to the child's placement. Birth families, foster parents, and the department should work in partnership to achieve the best possible outcome for the children. The main focus should be on the needs of the children and their best interests. This is accomplished through the individualized planning process. Policy, practice and training support early engagement of families in the care of their children even when out of the home.

Contact opportunities are provided in various ways to include arranging hotel and travel for families and children to visit and spend quality time together, through provision of phone cards or phone access for children to call family, joint therapy sessions, developing relationships between foster parents and birth parent to enable more routine and flexible visitation and keeping both the child and parents aware of the others current situation. Staff is encouraged to be creative in ways for families and children to maintain relationships in the most natural of ways considering the circumstances.

C. Child and Family Well-Being

Well-Being Outcome 1: Families have enhanced capacity to provide for their children's needs.

Item 17: Needs and services of child, parents, foster parents. How effective is the agency in assessing the needs of children, parents, foster parents, and in providing needed

services to children in foster care, to their parents and foster parents, and to children and families receiving in-home services?

This item was rated as Needs Improvement in the first CFSR. In only 66% of the cases reviewed, it was determined that the needs of children, parents, and /or foster parents were being adequately addressed by DHR. There were several cases in which the needs were not assessed; services were not offered; or services were offered, but there was a lack of follow-up to determine whether parents were accessing the services for themselves or their children.

Since the PIP the department has implemented the use of a consistent format for documenting the Comprehensive Family Assessment (CFA) that includes a thorough assessment of physical, emotional and educational strengths and needs of family members as well as provided training to county staff. Although the needs of foster parents are not addressed in the CFA, "DHR Partnership with Children, their Families and Providers" policy has been developed in order to enhance service planning and delivery. Foster parents are encouraged and assisted to articulate their own strengths and needs, the goals they are seeking for themselves, and what services they think are required to meet these goals. When services for foster parents are identified, they are addressed in the ISP.

The department has also added a Meeting Families' Underlying Needs Training to its training curriculum to further assist county staff in assessing the needs of children and families. The Office of Child Welfare Consultation (OCWC) has teamed with the training unit to provide this training to county staff. The SEBD training and the Underlying Needs training are being repeated as needed for county staff. This has worked well as it is seen that when new staff are hired there is a need to repeat some of the earlier training. QA results show improvements are being made in assessment which has led to preventing disruptions of children in foster care. The Manager of OCWC states there is evidence that staff are connecting the assessment process with the ISP process and not seeing them as two separate requirements. When this occurs, staff are addressing underlying conditions and that leads to a very clear ISP that focuses on the needed behavioral and environmental changes for the family, not just completion of services by the family.

To further assist counties in assessing placement needs of children, a Multi-dimensional Assessment Tool (MAT) has been developed if a child has to be removed from his or her own home. MATs are being conducted for all children considered for entry into Moderate Residential Care or Therapeutic Foster Care (TFC). MATs are further completed for children that are placed in TFC, Moderate and Intensive Residential Care every six months to assess the needs of children for step-down. Since the implementation of the MAT in December 2006, the number of children in TFC has dropped from over 1210 to less than 800. The number of children entering TFC has decreased from over 65 per month to less than 40.

The Department has also developed Minimum Standards for Child Welfare Supervision and a Guide for Supervisory Case Review to further assist in supervision and monitoring. The case review process includes the following:

Alabama CFSR Statewide Assessment

- Adequacy of the comprehensive family assessment
- Availability, appropriateness, and adequacy of services offered and assurance that services are being accessed
- Clear and timely documentation

In addition, all supervisors will be developing a Professional Development Plan (PDP) with their employees to incorporate the worker's individual strengths and needs surrounding such issues as ISP facilitation, field work, interviewing, case management, court presentation, documentation and other practice issues. The Office of Child Welfare Training is currently piloting some areas such as developing a Comprehensive Test to help the participants know in which areas they are excelling and in which areas they may need development. The staff at this time is introduced to the PDP.

The Department policy requires the creation and documentation of an Individualized Service Plan (ISP) on each family receiving child welfare services. An ISP is created by the family planning team that includes the family, social worker and those who are involved with the family. The ISP is a result of the process of engaging and joining with the family and team in the completion of a written, comprehensive assessment. The Assessment includes the identification of strengths, risks, underlying conditions/needs that are creating the risks, and the identification and provision of services to address these underlying conditions/needs. In addition, the assessment and ISP promotes the identification/addressing of issues with regards to the well being of children in the areas of education, emotional health, and physical health. An Intake Evaluation may be completed separately to assess the need for Medicaid Rehabilitative Services for children. This is due to the Department's participation in the Medicaid Rehabilitative Services Program Option for Children.

Focus Group discussions reveal the ISP process in assessing child and family needs has strengthened over time. DHR is listening more to partners as we involve them. Counties have found when other partners are not able to be present at the ISP, written feedback has proven to be helpful in further identifying the needs of the family. All counties have access to Mental Health services which assist in the identification of underlying needs; however, seven counties have maximized the use of In-house Mental Health Services to further strengthen this outcome measure. Montgomery County DHR has an Intensive in-house Mental Health clinical staff that provides mental health services as well as a domestic violence assessor to assist the social work staff in the assessment of needs.

Focus Group discussions also reveal that the ISP Process works well in the assessment of the child and family needs; however, there can be a breakdown in its implementation. Although there is policy for underlying needs, assessing the needs of families continues to necessitate work. This may be attributed to the youthfulness of the social worker staff as well as the supervisory staff. Because of this need in child welfare, the Office of Child Welfare Consultation (OCWC) provided assessment and ISP training in a regional setting across the state for supervisors in 2006. This training was followed with on-site support in the county to ensure that line staff were also trained. Since it has been an expectation that State staff provide training to line workers, OCWE wanted to be able to build capacity in

the supervisors by letting them train and support their staff. The consultants have further worked with supervisors in reviewing ISPs and facilitating ISPs as well as coaching and modeling to incorporate what they have learned.

This continues to be an area that Needs Improvement.

Item 18: Child and family involvement in case planning. How effective is the agency in involving parents and children in the case planning process?

This item was rated as Needs Improvement in the first CFSR. In only 64% of the applicable case records, it was determined that DHR had appropriately involved parents and/or children in the process of developing the case plan. This rating reflects inconsistencies in practice, particularly in regard to efforts to involve absent fathers in the case planning process. Since the PIP, State QA is continuing to work on this issue with counties as it is an ongoing process. Currently progress has been made in this item but not to the point where data can be measured.

The ISP is created by the family planning team that includes the family, the social workers and those who are involved with the family. The ISP is a result of the process of engaging and joining with the family and team in the completion of a written CFA to be based on a comprehensive, individualized assessment of the strengths and needs of children and their families and shall include, at a minimum, the following:

- Developmental, behavioral, emotional, education, and family history
- Children's strengths and needs related to behavioral, emotional, educational, social, and medical/physical areas of functioning
- Children's needs related to developing skills for independent living or transitioning into adult service systems
- Any crisis that is likely to occur, and the family members' strengths and needs related to dealing with the crisis

The Department has also developed Minimum Standards for Child Welfare Supervision and a Guide for Supervisory Case Review to further assist in the supervision and monitoring. This is also addressed in Item 17 as assessing the needs of the child, family and foster parents and case planning go hand in hand.

A Focus Group discussion revealed that ISPs are now being family driven. Families are feeling more comfortable in bringing who they need to be present at the ISP and are remaining involved even when the plan is not to return children home. QA ratings indicate less improvement in the functionality of ISPs yet there is continued improvement in the area of family satisfaction and involvement in the ISP process. DHR caseworkers are visiting homes and are more flexible to meet the family's needs (e.g., caseworkers are scheduling meeting and visits based on the family's work hours). Counties are adopting a practice of keeping the ISP as simple, clear and concise as possible so parents can understand it. One example has been to include a bullet point summary to cover the ISP discussion. This has worked well in Tuscaloosa County.

In reference to involving fathers, Dallas County caseworkers are being more flexible with scheduling to adjust to fathers' schedules and Montgomery County is doing a better job of identifying/finding absent parents, grandparents, etc., using a computer software tool. While there is still work that needs to occur in strengthening and engaging families, most county social workers and supervisors feel its making a difference in identifying more family resources.

QA includes the following indicators address both foster care and in-home cases alike. QA has seen improvements made in developing plans determining the level of services needed.

- Initial ISPs are completed on all open cases
- ISPs are current within established ISP policy time frames
- ISPs are based on thorough initial/on-going assessments
- ISP process is serving as a functional tool to guide practice

This continues to be an item that Needs Improvement.

Item 19: Caseworker visits with child. How effective are agency workers in conducting face-to-face visits as often as needed with children in foster care and those who receive services in their own homes?

This item was rated as Needs Improvement in the first CFSR. In only 62% of cases, it was determined the frequency of caseworker visits with children was sufficient to ensure adequate monitoring of the child's safety and well-being. Workers typically visited with children less than once per month.

Since the PIP, the department has set reasonable minimal requirements and issued In-Person Contact Requirements that clarify in-person contacts by DHR social workers with the children and families served. QA data reflects the national trends in that better outcomes are tied to worker visits. Data has shown tremendous stride in visits with children and families since contacts are more frequent.

Agency policy regarding in-person contacts:

Children in on-going protective services must be seen by their social worker at least once a month in the child's home setting. This is to ensure child safety, monitor the family's ability to protect children, assess improvements and on-going needs in the home, and make appropriate decisions about case closure. Opportunities for private discussion with the child should be explored by the social worker during the home visit.

Children in out-of-home-care must be seen by their social worker monthly, at a minimum, where they live. Depending on their needs, children may benefit from social worker presence and support in additional settings as well (e.g. school, therapist's office).

Exceptions:

- Severely Emotionally Disturbed (SED) children - Current policy for SED children (Administrative Letter No. 6997) mandates that if these children are placed in a treatment facility, they must be seen at least twice a month by the child's social

worker unless there is a visiting resource or family visiting at least once a month. When a monthly visiting resource is involved with the child, the child's social worker must see the child once a month.

- Children in the custody and/or planning responsibility of another agency who are placed in residential setting and payment are made by DHR.
- Multi-Needs children in placements where DHR participates in shared funding for the placement, but DHR does not have custody and/or planning responsibility.

DHR stresses that visitation with children in foster care and in their own homes be of substance and duration as to promote strong assessment, to help children see that their well being is our priority, and to ensure our professional awareness of their safety and circumstances.

Focus Group Discussion revealed visits are being made to children to meet standards but are concerned that visits are not always meaningful. However, visits may not be as meaningful in the home when other family members are present because it is sometimes difficult to achieve the stated goal. As the quality of worker visits has been identified as an issue in counties, OCWT is focusing training on coaching and modeling with supervisory staff to attempt to reinforce this critical piece as well.

This item is determined to be a Strength.

Item 20: Worker visits with parents. How effective are agency workers in conducting face-to-face visits as often as needed with parents of children in foster care and parents of children receiving in-home services?

This item was rated as Needs Improvement in the first CFSR. In only 53% of cases reviewed was there evidence that workers' visits with parents was of sufficient frequency or quality to promote the safety and well-being of child(ren) in the family or to increase movement towards permanency for the children. Workers typically visited parents less than once per month.

Policy requires that families receiving on-going protective services shall be seen in their own homes at least once a month or more frequently when directed by the ISP. When reunification is the plan, parent/primary caregivers whose children are in care shall be seen where they live on a monthly basis. Families may be seen in additional settings as indicated by the ISP, but these contacts do not take the place of the monthly in-person visit to the home.

Focus Group Discussions reveals sentiment that caseload standards don't reflect complexity of cases. Some family issues/problems are getting more difficult to work with especially when they are comprised of large sibling groups, etc. Due to the consent decree, Alabama has set manageable caseloads standards in all counties to address this issue. Alabama continues to monitor this through a child welfare staffing committee that looks at workload verses caseload when there is a need.

This continues to be an item that Needs Improvement.

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

Item 21: Educational needs of the child. How effective is the agency in addressing the educational needs of children in foster care and those receiving services in their own homes?

This item was rated as Needs Improvement in the first CFSR. In only 71% of applicable cases, it was determined that DHR was effectively addressing the children's educational needs, either because they did not assess needs or did not provide the service necessary to meet the identified needs of the children in the respective cases.

Educational success continues to be a key part of the child welfare system of care. Policy requires every comprehensive assessment to address each child's educational needs to include information regarding academic performance and reading level, social interaction with peers and school faculty, and involvement in extracurricular activities.

Focus Group Discussion reveals that social workers are more involved with Individualized Education Plans (IEPs) than teachers are involved with ISPs. School professionals seem to get involved with DHR when children have significant behavior needs in school.

More effective work with the school system works better for counties having an education liaison who serves as DHR point of contact for schools. Tuscaloosa County has found it to be useful, when sending invitations, to include a list of questions so input can be given when presence at the ISP meeting may not be possible.

Educational well-being is an area that continues to be addressed in Quality Assurance Reviews conducted by local QA Committees and State QA teams. The indicators measures are:

- Educational needs of children are being met appropriately
- School personnel are routinely involved in ISP meetings/planning
- Educational advocacy is implemented when needed

QA continues to show educational advocacy and involvement in fairly strong ratings; however, this is an area that State QA is assessing to design strategies to improve the outcome measure.

This continues to be an item that Needs Improvement.

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

Item 22: Physical health of the child. How does the State ensure that the physical health and medical needs of children are identified in assessments and case planning activities and that those needs are addressed through services?

This item was rated as a Strength in the first CFSR. In 85% of the applicable case records, it was determined that DHR's efforts to address the physical health needs of children were adequate.

Department policy requires that all children receive a medical examination ten days or less after coming into its legal custody. The date of the medical exam is entered into the ACWIS system. If a date is not entered within the required ten days, an exception is printed alerting the worker and supervisor that the medical is overdue. Yearly medical exams are required under Department policy for all children in custody. The ACWIS system print a notice three months before the exam is due to inform the worker. If a date is not entered indicating that the yearly exam was completed before the end of the year, the ACWIS system prints an exception to inform the worker and supervisor that it is overdue. An exception continues to be printed each month until the examination is completed and the date entered.

The ISP process is the mechanism for identifying all needs, including medical needs. The staff works with the foster parents to make sure that the needs are met. This can mean involvement by the worker, the foster parents, and even biological family. The steps to address the issues or needs would be spelled out in the ISP identifying who is responsible for each step.

DHR policy requires that a copy of the child's medical records be filed in the child's record. The Foster Parent's Bill of Rights requires that all medical information be shared with the foster parents.

Workers are encouraged to have EPSDT Screening for all Medicaid eligible children in their caseloads. This ensures that children in Department custody receive a more thorough examination and can also increase the reimbursement for Medicaid Rehab Claiming purposes for those children that are appropriate. EPSDT dates are tracked in the Individual counties on the Service Tracking Accounting and Claiming (STAC) billing system.

Outreach activities are critical to successful health screening services that are available to children seen by county staff. The outreach process assures that eligible families are contacted, informed, and assisted in securing health-screening services. The Alabama Medicaid Agency, in conjunction with the Department of Human Resources, informs families of EPSDT services. Alabama's Medicaid program utilizes a managed care system of assigned primary providers. There is a provision for children in foster care to be exempted from this program to allow the foster parent the ability to use the primary care physician of their choice. This permits the foster parent to use one doctor for all the children in their home.

EPSDT screenings fall under six broad categories and are available for children in foster care and in-home services. Below are the type of Screening that may be obtained when a child is referred for a comprehensive health and developmental screening.

- Initial Screenings indicate the first time an EPSDT screening is performed on a recipient by an EPSDT screening provider.
- Periodic Screenings are well child checkups performed based on a periodicity schedule. The ages to be screened are 1 month, 2 months, 4 months, 6 months, 9 months, 12 months, 15 months, 18 months, 24 months, and annually beginning on or after the child's third birthday.
- Interperiodic Screenings are considered problem-focused and abnormal. These are performed when medically necessary for undiagnosed conditions outside the established periodicity schedule and can occur at any age.
- Vision Screenings must be performed on children from birth through age two by observation (subjective) and history. Objective testing begins at age three, and should be documented in objective measurements.
- Hearing Screenings must be performed on children from birth through age four by observation (subjective) and history. Objective testing begins at age five, and should be recorded in decibels.
- Dental Screenings must be performed on children from birth through age two by observation (subjective) and history. Beginning with age three, recipients must be either under the care of a dentist or referred to a dentist for dental care.

Children with special needs can receive specialized care in Medically Fragile foster homes. The maximum per month for providing medical fragile care (difficulty of care payment) will be \$1080.00 per child which includes the child's board payment or the child's SSI.

The child's health and health care needs are assessed in the initial treatment plan/ISP that is completed for Medicaid Rehabilitation claiming purposes. This is done on an annual basis and can be tracked at the county level utilizing the STAC system (the Department's system for tracking and billing of services reimbursed through Medicaid).

Focus Group Discussion reveals that policy regulations for timely physical exam and EPSDT is implemented well but sometimes at the cost of other things getting done.

A barrier that is seen in this outcome is with transitioning responsibility back to parents because transportation is most often an issue and has to be provided by the social worker.

This item continues to be a Strength.

Item 23: Mental / behavioral health needs of the child. How does the State ensure that the mental/behavioral health needs of children are identified in assessments and case planning activities and that those needs are addressed through services?

This item was rated as Needs Improvement in the first CFSR. In only 74% of applicable cases did reviewers find that DHR adequately addressed children's mental health needs either through assessment or service delivery.

The Department policy requires the creation and documentation of an Individualized Service Plan (ISP) on each family receiving child welfare services. An ISP is created by the family planning team that includes the family, social worker and those who are involved with the family. The ISP is a result of the process of engaging and joining with the family and team in the completion of a written, comprehensive assessment. The Assessment includes the identification of strengths, risks, underlying conditions/needs that are creating the risks, and the identification and provision of services to address these underlying conditions/needs. In addition, the assessment and ISP promotes the identification/addressing of issues with regard to the well-being of children in the areas of education, emotional health, and physical health. Additionally, an Intake Evaluation may be completed separately to assess the need for Medicaid Rehabilitative Services for children. This is due to the Department's participation in the Medicaid Rehabilitative Services Program Option for Children.

As part of the comprehensive, ongoing assessment, caseworkers are expected to look beneath/beyond the behaviors to identify the underlying needs in these areas. A specialized training on identifying the underlying conditions of abuse and neglect is offered as part of the advanced in-service training-ACTII. Another component of this training series which addresses working with families with substance abuse issues also assists staff in working toward the emotional well-being of children and their families. Since adding ACT II: Concurrent Permanency Planning training, 298 supervisors and workers have completed the course

The Multi-dimensional Assessment Tool (MAT) is another tool used to further assist counties in assessing placements needs for children as discussed in Item 17.

Focus group discussion revealed a barrier to meeting the mental/emotional needs as being the "honeymoon" period as problems do not necessarily show up early on when a child is entering care. New Workers are especially challenged in knowing if services that are authorized are meeting the needs of the child. As this need has been identified as an issue in counties, OCWT is focusing training on coaching and modeling with supervisory staff to attempt to reinforce this critical piece of assessment and identifying underlying needs to assist in meeting the needs of children. Social workers are required to do continuous assessment of children and families to understand the family and to identify underlying needs. They are trained to complete this assessment in ACT I and in the ACT II Session Identifying Underlying Conditions. Supervisors and Consultants continue to coach and model assessment and recommend formal psychological assessments at any time they are needed for a child or family. Adding a formal psychological is an integral part of the

ongoing assessment to identify underlying needs and to design appropriate services to meet the needs of the child and family.

This item continues to be an area that Needs Improvement.

Section IV – Systemic Factors

A. Statewide Information System

Item 24: Statewide Information System. Is the State operating a statewide information system that, at a minimum, can readily identify the status, demographic characteristics, location, and goals for the placement of every child who is (or within the immediately preceding 12 months, has been) in foster care?

The Department operates several automated information systems for child welfare as well as many manual recording and reporting systems. Much of the information collected on the legacy systems is for central aggregate reporting. The Alabama Child Welfare Information System (ACWIS) was developed in the early 1980's for tracking children in foster care and adoptive placement. The Family Services System (FSS) provides demographic and eligibility data on cases opened to protective services. The Federal Claiming and Billing System (FCBS) were developed to process billing of Targeted Case Management Medicaid Claims. The Medicaid Mental Health Rehabilitative Services Claiming system assists in federal claiming to Medicaid for mental health rehabilitative services. In 1996 Alabama began the process of SACWIS implementation. The first release in 2001 included Intake and Child Abuse/Neglect Investigations. The second release in 2005 included enhancement to web and Prevention assessment functionality. The new SACWIS information system for the State of Alabama (FACTS) under development will integrate all service components of Child Welfare and Adult Protective Services. The system is being designed to be a comprehensive, integrated and worker-driven application. In October 2006 the contract was awarded to Deloitte with anticipation of completion by October 2008. SysTest, a quality assurance vendor has been hired to monitor, report and provide recommendations to the SACWIS project to ensure adequate and complete development.

Quarterly threshold reports are generated producing data which shows how well counties are performing in areas of safety and permanency. Having established thresholds in place enables Family Services to have a uniform approach, across counties, for determining when particular data has risen to a level of prompting more significant questions, which in turn will require a response from the county. When data reaches a level of prompting further examination, it does not necessarily mean that practice/systemic changes are needed, as there can be appropriate/reasonable explanations for the data. However, it is important to explore the issue in order to ensure best practice is occurring and to identify any issues that may need to be addressed. Thresholds do not change DHR policy but rather provide a means for measurement of effective practice. Thresholds are measured in the following areas:

Alabama CFSR Statewide Assessment

CA/N Reports Pending Greater Than 90 Days:

If the percentage of CA/N reports pending greater than 90 days is 20% or higher for the quarter.

Prevention Assessments Pending Greater Than 90 Days:

If the percentage of Prevention Assessments pending greater than 90 days is 20% or higher for the quarter.

Child Repeat Maltreatment:

If the percentage of repeat maltreatment is 6.1% or higher for two quarters; includes the current and previous quarter.

Child Contact Within 5 Days of CA/N Report Received:

If the percentage of child contact is below 85% for two consecutive months during the quarter, including the last month of the previous quarter.

Children in Care 15 out of the last 22 Months Without TPR Petition Filed and No Compelling Reason:

If the percentage of children without a TPR petition filed and no compelling reason entered exceeds 10% of the children in care for the quarter.

Children in Care With a Permanency Goal of Adoption with no TPR Petition Filed within 90 Days:

For all children with a permanency goal of adoption, if there is no TPR petition filed within 90 days of the permanency plan date.

Alabama began a process of rating counties' performance on safety and permanency measures called the Report Card, which is published bi-annually on the DHR website for the general public to see Alabama's progress in child welfare. The Report Card is similar to the Threshold Report in that it captures five of the same measures but also includes two additional Quality Assurance measures obtained from each county's individual case reviews. The Child and Family Status as well as the Status of the System's Performance is rated. An overall average is given which includes all seven measures. If a county falls below the expected standard, it is to work with its child welfare consultant to establish a corrective action plan which is followed by the consultants to ensure each county is meeting outcomes for children and their families.

The Statewide Information System item was rated a Strength in the first CFSR; however, additional reports were added to support outcome areas.

Children Exiting Protective Services and Entering Foster Care Reports are used to identify children and the services they received prior to entering foster care. This has been used by counties to evaluate different services offered to prevent removal from the home as well as the average length of time services were provided prior to entry.

Children Discharged From Foster Care Within 90 days of Entry Reports are used to identify children who possibly could have been served in their own home without entering the system. Counties use this report to evaluate admission as well as discharge reasons to identify patterns in particular areas.

The Consolidated Permanency Reports identifies all children in out-of-home care by permanency goals and tracks alerts and exceptions to establishing adoption goals as well as TPR filing dates or compelling reasons not to terminate parental rights. This report was used to establish the two permanency indicators on Alabama's report card and Family Services Division threshold report. Over the two and half year reporting period the report card indicator of TPR filing dates/compelling reasons have shown great improvement going from an average of seven counties to an average of only one county being below standard. The report card adoption goal indicator improved from eleven counties to an average of only four counties being below standards. Over the 13-quarter reporting period the threshold indicator of TPR filing dates/compelling reasons has shown great improvement going from an average of nine counties to no counties being below standards. The threshold adoption goal indicator improved from 23 counties being below standards to only four counties.

The In-Person Contact Report is used to track visits among caseworkers and foster children as well as caseworkers and the parent/relative caregiver, and foster children and their parent/relative. These reports are allowing workers to see actual progress in this area. This is also very useful in regards to the new federal law requiring that children be visited monthly. Systems have already been updated to capture if the caseworker/foster child visits are occurring in the child's residence.

Children Under Age 4 in Out of Home Care More Than 12 Months Reports are being utilized by the foster care workers across the state to help identify children for whom adoption may be the most appropriate plan. Adoption workers utilized this report in obtaining prospective resources for these young children.

The County and Statewide Quarterly and Annual Permanency Reports are utilized to see how long children are remaining in care based on their permanency plan. This allows counties to see which children are moving to permanency sooner and those who are lingering in foster care beyond the desired timeframes.

Electronic Report Distribution (ERD) has impacted Alabama's data ability tremendously by having data available 24/7. All reports with the exception of confidential Adoption reports are available via desktop. Counties can compare data from one month to the next within their own county or see how well they compare with neighboring or similar demographic counties. Each worker can see his or her caseload electronically to determine what actions are coming due and what are past due. Through stakeholder comments and help desk calls, the Department is able to identify which reports are more frequently used and which provide the most useful information to the counties. Changes have been noted and a portion is being incorporated into SACWIS to better serve the counties regarding data. As evidenced by the report card and threshold data, having these reports available and

counties' constant assessment of data has definitely impacted practice in all areas of the state.

Over 200 reports are generated each month. A majority of these reports are run the last day of the month and again on the tenth day of the month to allow counties to check the data for accuracy before the final report. If corrections need to be made this gives them an opportunity for the final report to be accurate. Reports are now being utilized in other areas of the agency for purposes such as County Director Evaluations and worker/supervisor caseload staffing. Alabama is revising reports to be more Outcome focused rather than policy focused. This will provide workers a more direct look at their practice.

The legacy systems are all mainframe based and virtually stand-alone applications designed to support specific operational programs. These systems suffer from a number of severe and intractable deficiencies, such as redundant data entry required across systems, data and system maintenance activities which are very labor intensive and introduce opportunity for data inconsistencies among data in the systems and they do not share common data sets. One barrier that Alabama experiences is our current systems are not able to interface with other state agencies. Also, the systems need to be modified to reflect current AFCARS and NCANDS requirements. The Department's current systems do not allow for non-duplication of individuals. County staff is not thoroughly searching case participants, thereby creating duplicate individuals. However, these barriers are expected to be reduced at the onset of the new SACWIS system. Timeliness and completeness of data entry continues to be a challenge. By giving counties deadlines for data entry the information is more reliable, although continued efforts are needed to assure data entered is timely and accurate. County staff needs training on data entry. This will be achieved through a specific training schedule upon release of SACWIS. Timeliness of data entry is an issue across the state. As more and more individual caseworkers are learning that their data are actual children this is increasing the timeliness of input. It is believed with SACWIS this problem will be almost eliminated. It has been a slow process but as counties begin to look at each individual report from month to month and see where data entry has impacted their numbers they are gradually ensuring that all data is entered timely and correctly. This does not affect national standard data due to timeliness being simply a month to month problem. National data has a significant length of time between submission and publication therefore this data is not affected. Alabama currently only has the capability of producing entry cohort data. The entry cohort was established with the assistance of the Casey Foundation. A need for exit cohort data has been identified which would benefit the state in achieving outcomes. The NRC-CWDT has been approached about establishing exit cohort however they were unable to assist. Alabama recently became a sponsor of CWLA and we are looking to them for assistance in this area. CWLA has an established connection with the University of Illinois which they are using as a resource for our request.

The Office of Data Analysis is now more effective simply based on the increase in staff. Four additional Program Specialists have been added to the unit. Responsibility of the

system's help desk has also been assumed by this unit which has brought the addition of a part time retired state employee.

The Office compiles quarterly reports analyzing county by county aggregate data over a four year reporting period. NCANDS data is provided yearly to several other public and private sector agencies to use in writing grants. For the past year, the Office has worked closely with Jefferson County regarding data and outcomes. A monthly meeting is held with the county's management where safety and permanency outcomes are discussed. This group was organized by the Department's Commissioner through the assistance of an external consultant, Jim Dimas of Dimas Consulting.

The Office is also responsible for two separate Access databases for Quality Assurance data as well as Child Death data. These databases give the Department the ability to measure data associated with a specific case or review. The QA database is used to determine overall performance on various indicators of all State facilitated reviews. These ratings are compiled and cross-walked with the CFSR measures in an effort to monitor progress of each item.

The Office of Data Analysis has a specific individual responsible for working with the state staffing committee to ensure proper data entry of caseload information and assist counties in maintaining their caseload within standards. An automated county caseload management report is available monthly to provide a tool for managing worker caseloads within the established standards. Counties respond through comments when they have workers who exceed or fall below the standard caseload and provide the action that will be taken to correct the situation.

A questionnaire was sent to County Directors and/or Quality Assurance Coordinators in twelve counties as a means to obtain stakeholder input. After responses were compiled, a one-hour conference call was conducted for further discussion. This has proven to be a very enlightening experience for the Office of Data Analysis.

The following recommendations were made in tracking additional data that would be relevant to the counties in measuring outcomes: safety plan information, families with multiple "not indicated" reports, ISP information, placement information, long-term stays in care, caseload management, more detailed CPS data, specific CAN allegations i.e. Meth, and more in-depth use of cohort data.

Counties have used data to evaluate and achieve outcomes by analyzing and recognizing trends that have an impact upon case practice and service performance/provision in ways such as: management tools regarding policy compliance, monitoring practice, staffing/caseload assignments, evaluation of employees, sharing with community stakeholders, development and enhancement of agency resources, issues are identified earlier when looking at data therefore they can be addressed sooner, and special studies on items such as length of time in care and children under age 13 with a permanency goal of APPLA. By monitoring the data closely and maintaining low caseloads counties have seen progress in child welfare.

Recommendations of how current data could become more useful were: align state/county data with State QA and Federal guidelines, capture more data in per capita measures, provide a clear understanding to the counties on how state office uses the data in regard to statewide comparisons and evaluating county performance, narrow down the number of reports to what is vital and eliminate the less useful ones, provide a clearer path online in locating specific data including identifying the systems where data is obtained as well as clear instructions on the use of the systems, ability to view reports daily instead of monthly for more up to date data, county ability to generate their own reports, provide more comprehensive data on children from one report instead of having to access several reports, report run dates to be congruent, comprehensive listing of report details and 100 percent clean-up of data currently on the systems.

Strengths of data use mentioned by counties were: evaluation of data has helped to achieve and maintain success in child safety, helped to develop strategies to improve practice, supervisors are aware of issues before reports are run which speaks to the strength of the systems in which front line workers understand how to use the data to support practice, counties rely on State office support to better understand data, workers have better understanding of how much more efficient the work flows when the data is where it needs to be, everyone understands the relevance of data as an indicator of best practice, if there is a gap in data collection the county develops tracking systems and other methods of getting information collected that is truly needed (this need has become less and less over the years), it is great to have one place to go to locate data, data causes the counties to regularly self-assess best practice, when a significant change is seen in the data they seek to understand why, ability to identify particular workers showing affinity in particular areas and trying to use those workers in areas that will make the biggest statistical impact, has helped workers understand why data is important and not just policy, County Directors are checking reports for accuracy, making supervisors ultimately responsible for correct data and setting goals for data entry such as last day of month.

Counties are very optimistic of the new SACWIS, stating it will be an enormous benefit to the agency. Integration of the systems will greatly improve the quality of data. The need for training of the new system will be critical. Training needs are not being met currently as workers and supervisors could benefit from learning how to analyze trends, understanding the need for valid data and examining data related to specific program areas. Time is always a factor in training but counties believe the concept of using data needs to be constantly reinforced to everyone from Directors down to line workers. This needs to be very basic and practical for the best results.

Statewide Information system continues to be seen as a Strength.

B. Case Review System

Item 25: Written Case Plan. Does the State provide a process that ensures that each child has a written case plan, to be jointly developed with the child, when appropriate, and the child's parent(s), that includes the required provisions?

This was found to be an area that Needs Improvement in the first CFSR.

Alabama has extensive policy on developing "individualized service plans" (ISPs) for all children in foster care, all on-going protective service cases and any case that is open to services. The *Individualized Service Plan Policy* was originally developed and released in 1994 and has had two substantive revisions in 2000 and 2004. Initial ISPs are required within thirty days of opening a case; except for children placed in care, who require an ISP within 72 hours of entering care. ISPs are updated when there are changes in the child's and/or family's circumstances that require changes to the ISP. Policy requires that ISPs be updated every six months. An ISP is created by a family planning team consisting of the parents, children, social worker, and others who are involved with the family. At a minimum, an ISP team consists of the children, parents, the social worker, the primary caregiver or foster care provider and other individuals requested by the children and family.

In practice, an ISP results from engaging and joining with the family and the team to complete a written, comprehensive assessment that identifies strengths, risks, and underlying conditions/needs that creates the risks. The team identifies issues regarding safety, permanency and well-being of the children in the areas of education, emotional health, and physical health. The result of the process is the identification and provision of services to address the underlying conditions/needs. The team is responsible for the implementation of the plan and the measurement of progress. In March 2004, 83% of initial ISPs for protective service cases were completed; 96% initial ISPs for foster care children were completed; 67% of protective service cases had ISP reviews within required timeframes; and 91% of foster care cases had ISP reviews within required timeframes. In February 2007, following full implementation of the PIP, substantial improvement can be seen in completion of ISPs: 98% of initial ISPs are completed on protective service cases; 98% of initial ISPs are completed on foster care cases; 92% of protective service cases had ISP reviews within required timeframes; and 96% of foster care cases had ISP reviews within required timeframes. [Source: RC Status Report, March 2004 and February 2007]. Alabama's greatest improvement in completing ISPs has been in the protective service cases.

Since the 2002 CFSR and as part of the Program Improvement Plan (PIP), ISP Policy was revised in July 2004. ISP teams now include both custodial and non-custodial parents as well as primary caregivers for children not in foster care but being cared for by someone other than a parent. An Addendum was added to meet the federal documentation requirements. Documentation is required to show that efforts are made to locate non-custodial and/or absent parents for inclusion in the ISP team. A timeframe (within 10 working days of the ISP meeting) for distribution of completed ISPs has been included. [Source: Individualized Service Plan Policy, Revised 2004]

The ISP process includes documenting invitations and attendance at all ISPs. During the 2004 PIP, the Qualitative Service Review (QSR) was revised to capture whether appropriate family members were involved in the ISP and whether their input and opinions were sought, valued and utilized. The intent of the revised QSR is to capture the involvement

of absent parents/other relative resources. To accomplish this, the names of absent parents and other relatives were needed. Through work with the Quality Assurance Policy Subcommittee, a "Paternity Worksheet" and a "Relative Resources Identification" form were developed and released in October 2006. Early identification of relatives and absent parents, and consistency in assigned caseworker impact involvement of appropriate family members. The QSR Report indicates that having appropriate family members present at ISPs is an area that needs improvement. Use of the "Paternity Worksheet" and "Relative Resources Identification" forms is reviewed at the county QA review. Of the QSRs completed in 2004 through January and February of 2007 the following data is available:

	<u>Strength</u>	<u>Area Needing Improvement</u>
2004	7	11
2005	14	11
2006	8	12
2007	5	2

Alabama measures and monitors compliance with ISP requirements through the Alabama Child Welfare Information System and the Family Services System. Workers receive monthly "Worker Action Reports" that include any ISPs that are due. The systems must be updated to capture the completion of the ISPs. In the first quarter of FY 2007, 47 counties out of 67 had 100% completion of initial ISP; 21 of 67 had 100% completion of updates to ISPs within required timeframes; and 43 of 67 counties have a 95% or more completion of updated ISPs. [Source: Quality Assurance First Quarter Report Fiscal Year 2007]

Quality of ISPs is monitored during county QA reviews. Additionally, line supervisors perform systematic record reviews and State Consultants provide case consultation, and record review. These three review processes work together to ensure that families are included in the ISP team decision-making and planning. Meaningful involvement of parents is assessed at the QA review and by the county self assessment through the Fifty Indicators of Best Practice. Indicator number 36 specifically addresses the quality of parental involvement in the planning process.

Alabama has worked with the Administrative Office of Courts and several juvenile court judges to assure that names and addresses of both parents and all relatives are obtained preferably at the shelter care hearing, but no later than the adjudicatory hearing, in order to include them in the ISP meetings and in permanency planning. The judge, guardian ad litem and other attorneys work with the social worker and family to assure that both parents, age appropriate children and relatives are part of the ISP process. Segmented ISPs may be used to bring together some team members but family members and age appropriate children must be able to attend segmented ISPs.

In reviewing the data on completion of ISPs, some of the lowest percentages are occurring in small counties. One case in a small county carries greater weight when looking at percentages. Nevertheless, a greater number of small counties have 100% completion of initial and updated ISPs.

This item is seen as a Strength.

Item 26: Periodic Reviews. Does the State provide a process for the periodic review of the status of each child, no less frequently than once every 6 months, either by a court or by administrative review?

This was rated as a Strength in the first CFSR.

All counties have a process whereby there is either a six-month judicial review or an administrative review of the ISP. In those counties that have a judicial review system, a report is sent to the court each six months, with copies of the court report sent to the parents' attorney and the guardian ad litem. Parents are advised at the six-month review of the ISP that the Court will be doing a preliminary investigative review of the case and may wish to have the parents advised of the date and place of the review. The Court may wish to schedule a hearing and if so the parents will be given notice of the hearing. [Source: Family and Children's Services Policy Manual]. Court reports contain accurate and defensible information as they can be incorporated into court orders. Judicial reviews include a summary of the reason for child welfare involvement including how, why, and when the family became involved with DHR; the family conditions and circumstances which need to be addressed for the children to have a safe, stable and permanent living situation; statement of permanency goal and concurrent planning goal; the current out-of-home placement and any changes in placements since the previous review; current status of parents and children in terms of progress made towards addressing the identified needs; array of services provided to address the needs and achieve the established permanency and concurrent planning goal; and recommendations to the court regarding future steps and a timeframe for addressing. In those counties which conduct a six-month administrative review, the administrative review panel consists of the professional staff involved in the case. Those considered appropriate are the caseworker, supervisor and other professionals from other agencies that are working with the child and family. There must be at least one professional person on the administrative review panel who has no involvement in the case. In practice, Alabama has a 91% completion rate for judicial/administrative reviews. Since the 2003 PIP, Alabama has improved from 88% of completed judicial reviews (March 2004) to 91% (March 2007). [Source: PSCWB426A, 3/12/07] Contributing factors for improvement of practice include greater emphasis on use of data; performance evaluations of county directors based on county meeting established thresholds; and release of minimum supervisory requirements that requires supervisors to specifically evaluate completion of court requirements.

This item continues to be a Strength.

Item 27: Permanency Hearings. Does the State provide a process that ensures that each child in foster care under the supervision of the State has a permanency hearing in a qualified court or administrative body no later than 12 months from the date that the child entered foster care and no less frequently than every 12 months thereafter?

This item was found to be an area that Needs Improvement in the first CFSR.

After the passage of the Adoption and Safe Families Act, Alabama established a process for each child in foster care to have a permanency hearing no later than 12 months after entering foster care and every 12 months thereafter. Implementation of the PIP required that formal *Permanency Planning Policies and Procedures* be developed which was completed in October 2003. Permanency hearings are held to determine whether county child welfare staff has made reasonable efforts to achieve a child's permanency goal and reasonable efforts must be addressed in the court order resulting from the hearing. According to §12-15-62(c), Alabama Code 1975, permanency hearings also determine when a child can and will be: (1) returned to and safely maintained at home; or (2) placed with a relative and referred for legal custody; or (3) placed for adoption following TPR; or (4) placed in another planned permanent living arrangement, if the other permanency options are not appropriate. (If a child's permanency plan should change between permanency hearings, as a result of the ISP process, the court is notified and the court determines whether an interim hearing is needed). The Alabama court system provides for permanency hearings to be conducted by a family or juvenile court with the judge being a district judge or a circuit judge. In some jurisdictions, court referees conduct permanency hearings with the juvenile judge ratifying the referees' findings and recommendations. To qualify as a permanency hearing, the hearing must be open to the age-appropriate child, the child's parents, the child's foster parents, and any pre-adoptive parents.

In practice, it is the responsibility of the child welfare worker to provide written notification to foster parents, pre-adoptive parents and relatives providing care of court hearings. The Court provides notifications to all parties in the case. Notifications of permanency hearings to foster parents, pre-adoptive parents and relative caregivers are occurring. The court allows these individuals, if they attend, the opportunity to be heard. (Legislation is in process to provide these individuals with the right to be heard). County child welfare staffs are responsible for submitting a court report prior to the permanency hearing detailing reasonable efforts to achieve the permanency goal.

Since passage of ASFA and the 2002 CFSR, the Department, through an ASFA Task Force, developed a strong working relationship with the Administrative Office of Courts to develop standard court orders for permanency hearings, and training for judges and attorneys on permanency hearings. Collectively, the SDHR IV-E program, the Court Improvement Program in the Administrative Office of Courts (AOC), SDHR staff and county staff have all worked to bring about improvements in permanency hearings being conducted within required timeframes and having appropriate language. In March 2004, 72% of permanency hearings were completed within required timeframes. In March 2007, 91% of permanency hearings are completed within required timeframes. [Source: PSCWB426A]. In addition to having permanency hearings within the required timeframes, improvement in the quality of the hearings has also occurred. This is seen in the court orders that result from the hearings having language regarding reasonable efforts to achieve the permanency goal. The improvement in the permanency hearings can be contributed to collaboration between the court system and (Court Improvement Program), attorneys, judges, SDHR financial staff; SDHR family services staff and county departments. The ASFA Task Force was established to develop a plan to assure that all ASFA requirements are implemented.

The Administrative Office of Courts has placed standard court orders on their website for courts to access. DHR Legal staff in conjunction with staff in the Court Improvement Program has trained judges, attorneys and social workers. The QA Policy Subcommittee invited judges to participate in the development of policy which strengthened judges' understanding of quality and meaningful permanency hearings.

While there has been almost a 20% improvement in timely permanency hearings, postponement of permanency hearings is still being experienced. Training of judges on timely permanency hearings' relationship to funding is alleviating this.

This item is seen as a Strength.

Item 28: Termination of Parental rights. Does the State provide a process for Termination of Parental Rights (TPR) proceedings in accordance with the provisions of the Adoption & Safe Families Act (ASFA)?

This item was found to be an area that Needs Improvement in the first CFSR.

Since the passage of ASFA, Alabama developed policy requiring the filing of a petition for termination of parental rights for children who had been in care 15 cumulative months of the most recent 22 months, or a court of competent jurisdiction determined that the parent had (1) committed murder or voluntary manslaughter of another one of his or her children; or (2) aided or abetted, attempted, conspired, or solicited to commit murder, or voluntary manslaughter of one of his or her other children; or (3) committed a felony assault which resulted in serious bodily injury to the child or one of his or her other children. In October 2003, as a result of the PIP, *Permanency Planning Policies and Procedures* was released which incorporated the circumstances under which a petition for termination of parental rights shall be filed. In addition to the ASFA requirements, TPR is pursued for an infant or a child who has been abandoned (abandonment is presumed after 4 months or may be factually established earlier).

In practice, child welfare workers are notified through "Monthly Worker Action Reports" of children who have met the 15 out of 22 months requirement. There has been great improvement in this area. In March 2004 240 cases either needed a compelling reason or a TPR petition and only eight or 3% were completed. In March 2007, 76% of the cases needing a compelling reason or a TPR petition had been completed. [Source: PSCWB426A, March 2004 and March 2007]

Improvements made in this item can be attributed to several areas. Through the agency's child welfare management reports, county directors' performances are evaluated in part on how well the county is performing in the child welfare area. Thresholds have been established, one of which is permanency, upon which the county's performance can be evaluated. Other areas contributing to improvements are permanency and concurrent planning training (provided in ACT) which points out the need to follow through on TPR; work with the Administrative Office of Courts; work of the SDHR QA Policy Subcommittee to have the Alabama Rules of Juvenile Procedure amended to require courts to make a

finding in TPR cases by docket entry or written order within 30 days of completion of the trial. Children are identified through the Alabama Child Welfare Information System who has been in care 15 cumulative months out of the past 22 months. If a child has been in care for 13 consecutive months, notice is given to the child welfare worker that consideration of TPR or a compelling reason is appropriate. Alabama decided to provide two months lead time to workers for cases that are nearing the 15 out of 22 months status. Time/months spent in trial visits home or runaway status is not counted towards the 15 months.

Exceptions to filing TPR includes relative placement, staff have not provided services deemed necessary for the child's safe return home, or compelling reasons. Compelling reasons include, but are not limited to, (1) child is 14 years old and does not want adoption and refuses to consent; (2) child is married, separated or divorced; (3) child is a minor and is pregnant; (4) child has a relative identified as a permanent home but adoption is not feasible; (5) child is attached to birth family and if that attachment is broken it would cause irreparable damage to the child; (6) child is institutionalized with a permanency goal of adult custodial care; (7) the child and family are making substantial progress toward the permanency goal. Exceptions to TPR are reviewed by ISP teams. The court would be informed of the permanency plan for concurrence.

This item is seen as a Strength.

Item 29: Notice of Hearings and Reviews to Caregivers. Does the State provide a process for foster parents, pre-adoptive parents and relative caregivers of children in foster care to be notified of, and have an opportunity to be heard in any review or hearing held with respect to the child?

This item was found to be a Strength in the first CFSR.

Foster parents, pre-adoptive parents and relatives providing care for children must be provided notification of court hearings. [Source: Alabama Code 1975, §12-15-65]. Additionally, the 2004 Foster Parent Bill of Rights provided that a foster parent has a right to notice of any type of hearing involving a foster child placed with them. It is the responsibility of the child welfare worker to provide notification or to ensure it is provided by the court and to ensure that the court has the current name and address of the provider. The court is responsible for notification of parties in the case. Child welfare staffs are notified through the "Worker Action Reports" of upcoming permanency hearings or judicial reviews three months in advance of the month the hearing is due. This provides time to coordinate with the court the scheduled time of the hearing/review and to notify foster parents, pre-adoptive parents and relative caregivers. Notification may be in writing or verbally. If verbally provided, it is recorded in the case record.

In practice the manner in which notification of foster parents, pre-adoptive parents and relative caregivers varies from county to county. Most counties notify these caregivers verbally. In some jurisdictions, the court will make the notification, but that is the exception since courts are not required to make these notifications.

Because this item was found to be a Strength in the previous CFSR, the PIP did not address it. At each QSR this item is addressed in the stakeholder interviews. The current systems of the Department do not measure or track this item. QSRs reveal that notification varies from county to county. Some jurisdictions allow foster parents, pre-adoptive parents and relative caregivers to be in the hearing and to be heard. Other jurisdictions (judges) elect not to allow this. Currently, legislation is in process that provides that these persons will have the right to be heard in any proceeding involving the child in their care. Training on the new legislation, when it passes, will be conducted.

Whether foster parents, pre-adoptive parents or relative caregivers are part of court hearings seems to be influenced by the importance the court places on this and the priority given by the county. Because some courts do not allow foster parents or these other persons in the courtroom, these persons elect not to come. Strengthening of the statute promises to have a positive impact on involvement of providers in hearings.

This item Needs Improvement.

C. Quality Assurance System

Item 30: Standards Ensuring Quality Services. Have the State developed and implemented standards to ensure that children in foster care are provided quality services that protect the safety and health of children?

This Item was rated as a Strength in the first CFSR.

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. The QA system is intended to support social workers, supervisors and management at every level within the Department, as well as support the development, implementation and refinement of the service delivery system. 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 county departments for the implementation and effects of corrective actions when needed.

Quality assurance provides more than an audit function. In addition to examining and assessing the Department's Best Practice Indicators, QA 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 system also functions as the state Citizen Review Panels. The State QA Committee oversees the entire function for the state making recommendations on a statewide basis.

The local QA Committees work with the individual counties doing quality assurance reviews, stakeholder interviews, and making recommendations for improvement of the county child welfare system.

Quality Assurance Standards to Ensure Children and Families Experience Improved Outcomes: The Quality Assurance System in Alabama has developed a review system based on 50 *Indicators of Best Practice*. These indicators are divided into three outcome areas and eight systemic factors.

Outcome areas:

- Safety
- Permanency
- Child and Family Well Being

Systemic factors

- Community Collaboration
- Service Array and Resource Development
- Individualized Service Plans
- Quality Assurance
- Supervision
- Staffing and Caseloads
- Staff and Provider Training

The Department's QA system is comprised of the following core components: a) the Office of Quality Assurance in the Family Services Division; b) a State QA Committee that includes representatives of the Department and stakeholders representing other interests and entities in the State; c) a QA coordinator in each County Department; and d) a local QA committee in each county consisting of representatives of the County Department and community stakeholders. Statewide QA review functions are performed by the Office of Quality Assurance in the State Department of Human Resources and the State QA Committee.

The Office of Quality Assurance includes the State Quality Assurance director and Quality Assurance staff in the Family Services Division. The primary functions of State QA staff are directed toward consultation, training, and technical support to counties to support their local Quality Assurance Committees and the activities they perform in quality service reviews and as Citizen Review Panels. This Unit also is responsible for helping to complete on-site quality service reviews in each county on a rotating basis every three years.

Each County Department directs and monitors its own QA system that also includes routine data collection and analysis along with case review activities, special studies and recommendations as to system improvement in its function as a citizen's review panel. The County QA system, through the local staff person designated as QA Coordinator, submits periodic reports on the functioning of its system to the State QA office, its local QA committee, and others as needed. Recent changes in the reporting system for QA includes the counties completing reports on a biannual basis and including more evaluative language in the reports as well as using them to evaluate their county improvement plans

and assess their ongoing progress toward practice improvement. When counties complete the reports, they are reviewed by the QA consultants who give feedback to counties in partnership with consultants from the Office of Child Welfare Consultation. For example, one county was able to improve their intake process by establishing a better screening of possible reports and improve their repeat maltreatment as well as their percentage of indicated reports.

Involving local Quality Assurance Committees in stakeholder interviews has been a large plus to the entire system. Local committees are required to interview stakeholders on an annual basis. This allows counties to have input from stakeholders and to address practice and system issues identified thus making the system stronger. Another plus from the stakeholder interviews completed by local committee members, is the advocacy of the committee members. The member learns more about the DHR system and practice, making them strong advocates in the community. They know the system and often are able to respond to situations to which DHR would be unable to respond. This advocacy is invaluable in securing funding, improvement of public perception, and to keep the department in touch with the community.

The State Quality Assurance Committee is an independent body of representatives 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; facilitating in the development of, and networking among, county QA committees; promoting an effective child welfare system that supports positive outcomes for children and families served by the Department; and, issuing reports as requested by the Commissioner of DHR, at the initiative of the Committee, and annually as required by CAPTA for citizen review panels. Through the committee's subcommittees, several changes have resulted in the past two years. The Policy Subcommittee has produced changes in the safety plan policy, improved results in Termination of Parental Rights cases by working with the court system, and improved communication and collaboration with the court system statewide.

On-site reviews are conducted every three years if practice/system performance remains at a high level unless concerns arise necessitating an earlier timeframe. Jefferson County, home of Alabama's largest metropolitan area, is scheduled for review every other year. The case pull is also higher than other review areas - usually 30 to 35 cases. Any on-site review is conducted in collaboration with the County QA Committee and staff of the County Department. Prior to an on-site review, State QA staff prepares a preliminary assessment. This preliminary assessment provides an orientation to the review team as to possible strengths of the County Department, and those areas possibly needing improvement. As a result of the on-site review, each of the indicators addressed in the preliminary assessment are confirmed, changed or modified on the basis of the activities conducted during the review.

The findings of the review, in conjunction with information from the county's QA report, form the basis for a report regarding the findings of the review team. Priority areas are identified in order to assist the County Department and/or State Department in determining

how efforts need to be focused to support the county in making improvements in their system of care or maintaining the achieved level of practice as determined according to the *Best Practice Indicators*.

In order to support counties in the timely addressing of the priority areas identified during an on-site review, a follow-up process has been established. Generally within four to six weeks after the on-site review the QA Consultants, in partnership with Consultant from the Office of Child Welfare Consultation, support the county in developing a County Improvement Plan. This plan addresses each priority area identified in the on-site review as well as any area selected by the county to address practice. Counties are supported to develop a County Improvement Plan to address any priority area identified in the on-site review, case reviews completed by local QA Committees, or identified by internal or external stakeholders. The Plan is updated no less than twice per year and is reported, analyzed, and monitored using the Biannual Quality Assurance Report submitted by each county. When a county has improved all *Best Practice Indicators*, and submitted data on practice indicators to the Family Services Division, the county is given recognition for completing their County Improvement Plan.

Reports for local Quality Assurance Committees have recently been changed from quarterly to biannual reports. The reports had become a simple play back of data leaving out self assessment, or actual analyzing the data. The reports have been changed to incorporate the *Best Practice Indicators* and a more evaluative approach to each county system. The premise is if each county can begin to self assess and look at their outcome areas they can bring out positive change in all outcome areas. The Office of Quality Assurance will continue to gather data and outcomes on this new report and the value to collection of data regarding all child welfare outcomes.

Joining the case review process and the Citizen Review Panel function has worked well. The fact that there are so many volunteers involved, (approximately 1400 statewide) gives Alabama a richness of data and information that allows the system to change and evolve to meet the needs of the families with which the Department works. The process has identified needs as well as strengths in the system. Through information from the first round CFSR, the data collected during Alabama's PIP period, as well as through case reviews, the need to improve the functionality of the Individualized Service Plan was identified. The Family Services Division, in partnership with counties, designed a two tier process of classroom training and on the job coaching and modeling. The premise being that a concentrated approach of engaging line supervisors would yield improvement not just in the plans but in all practice areas. The classroom training portion of this plan has been completed and presently the Child Welfare Consultants are working on the coaching and modeling in partnership with line supervisors in each county. The Office of Quality Assurance is collecting data on functionality of ISPs to determine the success of this activity and if the desired outcome will be achieved.

The Office of Quality Assurance partnered with the State Quality Assurance Committee to complete a special study regarding the rising Latino population in Alabama. Several cases came to the attention of Latino advocacy groups and issues were identified in several

counties regarding this expanding population. The study was completed and the Diversity Subcommittee has been studying the report and making recommendations to the Department based on the data gathered. Several changes have been made i.e. salary increase for bi-lingual social workers, stipend for social workers to study Spanish as a second language, and increase in interpreter services. The Diversity Subcommittee continues to look at recommendations for improvement of the well being of these families. Once these recommendations are made the Department will continue to incorporate any recommendation possible into the child welfare plan.

Alabama has been collecting data from the Quality Service Reviews since 1995. These reviews are essential to improving practice and each child welfare outcome. The data has been used by the Department to design resources, change practice, design training, and to maintain expectations that practice continue to improve and that families achieve the desired outcomes. Improvement of practice without these standards and the QSR would be difficult if not impossible. The system of community volunteers as well as staff completing the reviews provides a rich and varied amount of data and information which is invaluable in maintaining a high level of child welfare outcomes. The Office of Resource Development and Management uses the information from QSRs to determine the need for resources in a given county. As a result, there have been services such as therapeutic providers and residential treatment centers placed in a county based on the QSR. The Office of Child Welfare Consultation designed and delivered ISP training containing a classroom training coupled with on the job training and coaching and modeling based on QSR finding. The Family Service Division continues to utilize data and information from QSRs to assign resources and develop programs.

A need identified during the past year has been strengthening of the feedback loop between the local QA Committees and the State Committee. This was identified in a joint meeting between all QA Coordinators, local QA Chairs, and the state committee. The county reports have been re-designed in an effort to address this need and the State QA Committee will assess the new report and how it has affected feedback at the end of the year. The local QA Committees continue to provide feedback on individual cases reviewed to county staff on a monthly basis. The feedback loop between the local committee and the county departments continue to be reviewed by state quality assurance to assure they are strong and utilized appropriately.

Another need identified has been strengthening the way the Department shows that it values and respects the work done by our volunteers. A workgroup has been formed to address this issue and will be reporting back to the group during the next quarter.

This item continues to be a Strength.

Item 31: Quality Assurance System. Is the State operating an identifiable quality assurance system that is in place in the jurisdictions where the services included in the Child and Family Services Plan (CFSP) are provided, evaluates the quality of services, identifies the strengths and needs of the service delivery system, provides relevant reports, and evaluates program improvement measures implemented?

This item was determined to be a Strength in the first CFSR.

Each of the 67 counties in Alabama has active local Quality Assurance Committees. Each county has a staff Quality Assurance Coordinator who works with the local committee to assure that reviews are completed, the feedback loop is working appropriately, that cases are selected appropriately, and that feedback is valuable to the county in continuing to improve their system of care. The Office of Quality Assurance completes on-site Quality Service Reviews in each of the 67 counties on a rotating basis. Each county is scheduled to be reviewed every three years. This allows for County Improvement Plans to be developed and implemented during the three year period between reviews. Permanent staff in the Office of Quality Assurance must access adjunct reviewers to be able to meet the standard of all 67 counties being reviewed every three years. To accomplish this, adjunct reviewers are trained and accessed from professional child welfare staff in the Family Services Division and QA Coordinators from the counties. This training provides a trained pool of reviewers to complete reviews and provides the child welfare staff and county QA Coordinators with expertise in evaluating child welfare systems.

Generally child safety is seen as a strength of practice in Quality Service Reviews completed by state and local Quality Assurance Committees. Several indicators are closely examined during reviews, such as: timeliness of initial contacts in child abuse/neglect investigations, length of time to complete child abuse/neglect investigations, child safety in cases reviewed (which include community perceptions of child safety), safety plans and repeat maltreatment. Attention to repeat maltreatment as one of the safety indicators has helped raise awareness of the issue as an important area to examine and address. County departments, in conjunction with county QA committees have done special studies, developed protocols and more closely monitored their county data as a result. While occasionally recommendations are made and it is quite often that some strengthening of given indicators is needed, it is rare that QSR reveal safety issues that are not assessed and/or addressed. This attention to safety and safety data has been one of the major reasons for the high percentages in the safety outcome areas for Alabama's CFSR State Data Profile.

The outcome area of Permanency is one which reviews often find as an area needing improvement, especially in regard to the timeliness of children achieving permanency. Although strengthening is needed in regard to the timely achievement of a number of permanency goals (e.g. reunification), a particular need identified was that of timely achievement of foster parent adoptions. A number of strategies were developed including: internal permanency committees, in-service and statewide training meetings, developing capacity with identified staff to specialize in permanency work (e.g. foster parent adoptions), an emphasis on concurrent planning, and developing internal (to county departments) protocols on how the department will proceed with permanency issues (with particular emphasis on foster parent adoptions).

Review findings often reveal positive outcomes in terms of children being in placements that match their needs, effective maintaining of connections of children in care with birth

parents, siblings being separated appropriately (e.g. due to behavioral/emotional issues for a given sibling) and placements of children being in close proximity to their county (with placements further away generally being utilized to meet the special needs of the child). However, DHR continues to struggle with timely achievement of permanency. This outcome is influenced by so many disciplines that it is sometime difficult to assess all the issues at the same time. Courts, resources, collateral stakeholders, and DHR staff all influence the ability to gain timely permanency for a child. Alabama does this through focus groups for child welfare, for IV-E and ongoing groups such as the CAPTA Group. Through listening to the feedback from these groups the Department is better able to assess ongoing needs. QA continues to assess these factors such as local courts, legal representation, and county attitudes toward termination, staffing, training, and county capacity to facilitate improvement in this outcome.

Child well-being outcomes address progress in education, emotional well-being and physical well being and help to evaluate outcomes for children and families. Typically, the findings of Alabama QA reviews demonstrate good attention being given to the identifying and meeting of physical needs of children, which would include both routine well-being needs and those requiring special attention.

The findings of QA reviews relative to educational needs reflect improvements in recent Quality Service Reviews. Partnerships with the educational community generally are positive and typically the Department is actively seeking to collaborate with the schools in addressing the educational needs of children. There are times that the Department can better involve the schools in the case planning (ISP) process, though most often the reviews reflect that the Department is at least seeking input from the schools that will be helpful in planning with a child/family. A continued emphasis is needed in regard to the importance of the Department ensuring that workers are meeting teachers and maintaining communication with them. Likewise continued emphasis is needed in terms of Department staff attending the IEP meetings for those children in the Department's care and custody, although it would appear that more often it is occurring. To address the best practice issue of having educators at the ISP meeting, the State QA Committee has asked the Education Subcommittee to complete a special study to determine strategies to examine not just having an educators' input but to have them at the meeting. The richness of having them at the meeting would improve education outcomes as well as other well-being issues.

Attention to identifying and addressing the emotional needs of children and families is somewhat more developmental than the meeting of physical needs. This could be related to the developmental progress with functional assessments. However, much skill development and progress is occurring given the attention on building staff capacity, as well as the creating and cultivating of critical partnerships with the provider community, including their involvement in the ISP process.

Service array and resource development has continued improvement as a result of focus on the issue resulting from state QA reviews. This is particularly true as it relates to the need for therapeutic foster homes and services offered through therapeutic foster home providers. An issue which surfaced in state QA reviews was the systemic issue of how to

accomplish "step-down" for children placed in Therapeutic Foster Care, i.e., when the child's behavior has progressed to a place they no longer needed TFC, how would the step-down be accomplished while considering what was best for the child. Resource Development, working with Family Services, designed step down process which allowed the TFC home to step down a payment level so the child could continue in the same home. The child was in a less restrict placement and did not have to experience a move. This is the type of collaboration and program improvement that comes from feedback provided by the Quality Assurance System.

System issues that are identified in county QA reviews are cited as state issues in the reports sent from local committees to the Office of Quality Assurance.. It was determined this could be strengthened by changing the reports to include a better feedback loop and to address specific issues rather than an examination of the data. This is being accomplished in redesigned reports which will contain a more evaluative approach rather than a repeating of the data. These reports will be assessed by State QA Committee during the coming year to determine the outcomes and to design any changes to continue to make the system stronger.

After Quality Assurance reviews placed emphasis on foster parent adoptions, Family Services designed new strategies to support foster parent adoption and in 2006, 92.1% of the adoptions completed in Alabama were foster parents, up from 89.0% foster parent adoptions in 2005.

The data gathered on the functionality of the ISP from Quality Assurance reviews resulted in a Family Services effort to re-evaluate the training methods used to increase ISP capacity. A new effort to train supervisors to coach and model the process to improve planning with families as well as improving the monitoring and measurement of outcomes was implemented. As reviews are completed in 2007 QA will be gathering data to assess the success of this effort and make suggestions as to how the training should be redesigned.

Quality Assurance reviews continue to be a rich source of information and data for Alabama Department of Human Resources. The Department has continued this year to enrich the ability to gain data and information by redesigning the reports submitted by counties on their local committees. These reports are now designed to be more evaluative in nature and aid the counties in self assessment and in designing Program Improvement Plans for their system of care. These Program Improvement Plans are a partnership between counties, Office of Child Welfare Consultation and the Office of Quality Assurance. As a county designs and implements their plans both offices will provide support and direction, as needed. When a determination is made that the plan is completed, it will be referred to Family Services for concurrence. When Family Services concurs the plan will be released by the Deputy Commissioners of Child and Family Services and Field Administration. This will assist the county in knowing where their system is between on-site QSRs completed by the Office of Quality Assurance. When promising practice is identified in a county, which should be replicated in other counties, the information is shared with the Office of Child Welfare Consultation, as well as the District Administrative Specialist so that the practice can be shared with and replicated as

appropriate in other counties. The information is also reported in the review report completed after each on-site review.

This item continues to be a Strength.

D. Staff and Provider Training

Item 32: Initial Staff Training. Is the State operating a staff development and training program that supports the goals and objectives in the CFSP, addresses services provided under titles IV-B and IV-E, and provides initial training for all staff who deliver these services?

Initial Staff Training was rated a Strength during the first CFSR.

The Department has made strides to make sure this remains a strong area. All of the curricula presented by the Office of Child Welfare Training have been approved for Continuing Education (CEU) Credits from The Alabama State Board of Social Work Examiners. The Office of Child Welfare Training currently consists of 1 Training Manager, 1 Training Coordinator, 1 Administrative Assistant, and 8 trainers who train Alabama Child Welfare Training (ACT). All Child Welfare Workers in the Family Services Division are required to take Alabama Child Welfare Training (ACT).

Alabama Child Welfare Training (ACT) is a skill based training designed for new child welfare employees. The training consists of three residential weeks and activities related to building a worker's Professional Development Plan. *ACT* helps prepare agency staff for the task of addressing the safety, permanency, and well-being needs of the children and families the Department serves. The following core practice concepts and activities are presented, modeled, and practiced in *ACT*.

FOUNDATION CONCEPTS AND DHR MISSION: The participants learn the principle foundation concepts in which the agency believes to be able to help families. The five foundation concepts are:

- Belief that People Can Change
- Respect the Family's Culture
- Join with Families
- Build Partnerships
- Work with Families as a System

INTERPERSONAL HELPING SKILLS: Participants learn how to engage and join with families so that they will be willing to work with the agency. They learn skills necessary for interviewing family and team members, including dealing with anger or resistance. Participants also learn the basics of keeping themselves safe.

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

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

CRISIS INTERVENTION: Participants learn how to assess the level of crisis and intervention techniques for crisis situations.

COMPREHENSIVE FAMILY ASSESSMENT (CFA): Participants learn how to assess families and family systems to identify strengths and needs related to abuse and/or neglect. Included in the assessment is gathering historical information as well as identifying the underlying conditions that may have contributed to the abuse and/or neglect. Participants are taught how to gather information, analyze it, draw conclusions and make decisions based on the assessment.

ASSESSING AND PLANNING FOR NEEDS OF CHILDREN: Participants are taught about the needs of children caused and/or impacted by their abuse and/or neglect and strategies to meet those needs. They also learn about issues of loss, separation, grief, and attachment for children who are in out-of-home placements. Included in assessing and meeting children's needs are interdependent living skills, which are necessary for any child age 14 or older in DHR custody to prepare them to live interdependently when they are emancipated.

PERMANENCY PLANNING: Participants learn about different permanency options and how to plan for the most appropriate permanency plan in a timely manner.

ACT currently consists of 11 days of skill-based classroom training plus 2 days computer-based training, taught over three weeks (with weeks in between for the Child Welfare Workers to work in the county). DHR county offices best know their strengths and needs and are encouraged to send their new workers to ACT as soon as they can. A survey of ACT groups August 2006 - March 2007 shows the following collected data:

Approximately 51% of the ACT participants reported having been employed with DHR greater than 6 months at the time they began ACT and approximately 19% of the staff reported having been employed by DHR greater than 12 months (Total Number = 215)

Approximately 95% of the ACT participants believed that new staff should come to ACT within the first 6 months, with the majority of these (approximately 76%) reflecting it should be within the first 3 months (Total Number = 209).

Almost all workers who attend ACT reported having some cases assigned to them. Statistics show:

Approximately 37% of ACT participants (Total Number = 214) were (reportedly) at established caseload standards upon beginning ACT (staff were provided with the established caseload standards and asked to "self-report" if they were below, at or above standards).

Approximately 28% of ACT participants indicated they were above established caseload standards upon beginning ACT.

Approximately 35% of ACT participants indicated they were below established caseload standards upon beginning ACT.

Approximately 74% of the ACT participants believed that caseload size should be somewhere between 0% and 50% (of a full caseload) upon beginning ACT (Total Number = 188). Approximately 39% believed caseload size should be between 0% & 25% upon beginning ACT.

Regarding the timeliness of receiving training and having caseloads prior to training, counties must deal with the reality of staff turnover, caseloads being covered and how to approach the issue of workers achieving licensure and/or permanent status and if that should be done before investing in costly training. These realities have to be balanced with the training needs of the staff and the importance of having a trained workforce prepared to deal with complicated child welfare issues. The best scenario would be for trainees to attend training within 3 months of employment with a minimal caseload.

Regarding how the policy requirements described above are reflected in practice, from the verbal/written comments from ACT participants from the nine ACT groups surveyed, with nearly 65% of the 214 staff beginning ACT with full (or "exceeding") caseloads, it is believed that the ability to focus on and invest in training was thereby being impacted.

Evaluations are completed for each week of training. Participants are asked to rate questions on a scale of 1-5 with 1 being low and 5 being the highest. The calculated results of over 600 evaluations from over 200 participants in 2006 and early 2007 of the three weeks were:

- This program was of great overall benefit to me. Rating: Average of 4.28 on a 5.0 scale.
- The content of this training program had considerable practical application to my work. Rating: Average of 4.40 on a 5.0 scale.
- This training program will enable me to put new ideas in to practice. Rating: Average of 4.34 on a 5.0 scale.

These results show that workers attending feel there is a benefit from the training that helps them put skills into action in the field.

From a "Needs Analysis Survey of Information from DHR Counties" regarding training quality and timeliness of ACT I, the following information was received.

Rating Definitions

QUALITY	TIMELINESS
1- Poor Quality	1- Class Is Almost Always Given Too Late
2 – Fair Quality	2 – Class Is Usually Too Late
3 – Acceptable and Professional Quality	3 – Timing Of Training Is Adequate
4 – Very Good Quality	4 – Timing Of Training Usually Good
5 – Excellent or Exceptional Quality	5 – Timing Of Training Is Excellent

ACT received an overall QUALITY rating of 3.40 and a TIMELINESS rating of 3.13.

While the program is seen by the County Directors and Managers as "Acceptable and Professional Quality" and that the timeliness is "Adequate," there is still room for improvement to help the county administrators view the training as at least "Very Good Quality" with "Good" timing. Because training does take away resources from the county when workers attend the sessions, this can be seen as a strain if there has been a high turnover.

In the past, ACT has been reduced from having full, 5 day weeks to four days so that county staff can use the additional day to work on their caseloads or deal with other county issues. The Department is currently exploring alternative ways to present the training to the participants including distance learning ideas and options, pre-testing to test out of portions or all of the basic training and post testing to give participants ideas of their strengths and needs for their Professional Development plan with follow-up on achievement of goals within their plan.

Some curriculum was added to ACT I as part of the Program Improvement Plan. Within the PIP, an action step stated was to provide policy clarification; reissue current policy to new staff; and, train on permanency hearings.

The Office of Child Welfare Training consulted with DHR's Legal office and produced additional curriculum for ACT I related to timely permanency hearings which included a Social Worker Guidelines for Working with the Courts and examples of forms for social workers to use to be sure their wording and timing is on target. This material was added to the curriculum in December of 2005. A survey of overdue permanency hearings at the end of September 2005 showed that 189 out of 1003 permanency hearings were overdue – or 18.8%. A survey of overdue permanency hearings at the end of September 2006 showed there were 97 of 1046 overdue permanency hearings overdue – or 9.3%. While the Department continues to strive for 0% overdue permanency hearings, a decrease of 50% of overdue hearings is a definite step in the right direction.

The PIP also guided other curriculum development related to (Case Review System) policy training on DHR Partnerships and FPLS to locate and involve absent parents, and identify extended family members in ISP development. Another (Case Review System) was to

enhance training to strengthen the requirement that parents/relevant family members, including absent parents, are involved in developing the ISP.

In addition to training on the policy, curriculum was developed to stress assessing all family members available with special emphasis on including absent fathers. This curriculum was added in October of 2003. Statistics from the addendum form for the QA reviews show that in FY 2005 (the first year this data was collected), ISP involvement with the family recorded that 24 (of 50) families were scored a Strength (48%) and 26 families out of 50 families (52%) were scored as an Area Needing Improvement. In FY 2006, ISP involvement with the family recorded that 50 (of 80) families were scored a Strength (62.5%) and 30 families out of 80 families (37.5%) were scored as an Area Needing Improvement. While 62.5% is still not an adequate statistic for this area, this does show a trend toward improvement in this area.

Regarding the State's capacity to track that staff are meeting State training requirements and to identify those who need training, Alabama uses the Pathlore Learning Management System computer program to document completed training. Each county is given the responsibility to send their staff to training when needed. As county supervisors begin using the Professional Development Plans with their staff, they can be better informed regarding the needs that training could help. As requests are made for training, the Office of Child Welfare Training schedules a training session based upon the requests received and schedules the session at a site closest to the majority of participants, so that travel costs are kept to a minimum.

The Department is currently exploring other abilities of the Pathlore software such as using it to identify new hires for training. Most of the users have not received formal training on the abilities of the software and many are self taught.

ACT training is provided for private agency staff, such as those agencies that provide Family Options services for families which whom DHR is working. At least 2 slots are reserved for each training session for private agency staff. Slots are also available for members of the Poarch Band of the Creek Indians. While the Poarch Band has not taken advantage of the slots, DHR has been collaborating with the Band by presenting at the "Indian Child Protection Conference." The current Executive Director of the Family Services Department of the Poarch Band of Creek Indians is a former DHR Director who sees the value of ACT and has pledged to send staff for future trainings.

The largest numbers of new staff come from the largest urban counties, such as Jefferson County. Some of the larger counties (Jefferson, Madison, Mobile) have their own training for staff prior to them attending ACT. DHR is currently assessing these programs for content to see if they can sustain their own training program within their county, so that their staff would not have duplication of material and possibly would not have to be sent to ACT.

The Office of Child Welfare Training is currently conducting a needs assessment of the training program and has already begun piloting some ideas such as internally developing a Comprehensive Test to help the participants have further information relative to areas in which they appear to be "doing well", along with areas in which they may need

development. Participants are introduced to the Professional Development Plan (PDP). The "Minimum Standards For Child Welfare Supervision" states:

All supervisors will develop a Professional Development Plan (PDP) with their employees to incorporate the worker's individual strengths and needs surrounding such issues as ISP facilitation, field work, interviewing, case management, court presentation, documentation and other practice issues.

The "Professional Development Plan Guidebook" gives the participants and their supervisors information and a format for developing these plans.

Additionally, alternative training methods, such as portable electronic presentations, are being explored for areas in which participants need development. One such presentation has been piloted and it is an area in which more work is anticipated. As these are completed, it is hoped that it will enable staff to have more training tools easily accessible on their computer in their office as needed. Pre and Post tests have enabled the training staff to see which areas of the training may need to be strengthened based on test results.

The number of ACT I sessions from 2001 – 2006 were

2001	16
2002	24
2003	13
2004	11
2005	10
2006	14

This item continues to be a Strength.

Item 33: Ongoing Staff Training. Does the State provide for ongoing training for staff that addresses the skills and knowledge base needed to carry out their duties with regard to the services included in the CFSP?

Ongoing Staff Training was rated a Strength during the first CFSR.

The Department has made strides to make sure it remains a strong area. All of the curricula presented by the Office of Child Welfare Training have been approved for Continuing Education (CEU) Credits from The Alabama State Board of Social Work Examiners. The Office of Child Welfare Training currently offers 6 advanced curricula or ACT II training components. These are: Concurrent Permanency Planning, Practical Child Protective Services (CPS) Training, Practical Child Sexual Abuse Training, The Individualized Service Planning Process for Families Who Experience Substance Abuse, Meeting Families' Underlying Needs Training, and Supervisors Training. All of the curricula from the Office of Child Welfare Training have been approved for Continuing Education (CEU) Credits from The Alabama State Board of Social Work Examiners. The County offices are responsible for requesting training for their staff as needed. As requests are made for

training, the Office of Child Welfare Training schedules training sessions based upon the requests received and schedules them at a site closest to the majority of participants so that travel costs are kept to a minimum.

Regarding the State's capacity to track that staff are meeting State training requirements and to identify those who need training, Alabama uses the Pathlore Learning Management System computer program to document completed training. Since the county offices best know the needs of their staff, each county is given the responsibility to send their staff to training when needed. As requests are made for training, the Office of Child Welfare Training schedules training based upon the requests received and schedules at a site closest to the majority of participants so that travel costs are kept to a minimum.

ACT II training is offered to private agency staff, such as those agencies that provide Family Options services for families DHR serves. Slots are also available for members of the Poarch Band of the Creek Indians.

From a "Needs Analysis Survey of Information from DHR Counties" regarding training quality and timeliness of the ACT II trainings, the following information was received.

Ratings Definitions

QUALITY

- 1- Poor Quality
- 2 - Fair Quality
- 3 – Acceptable and Professional Quality
- 4 – Very Good Quality
- 5 – Excellent or Exceptional Quality

TIMELINESS

- 1- Class Is Almost Always Given too Late
- 2 – Class Is Usually too Late
- 3 – Timing Of Training Is Adequate
- 4 – Timing Of Training Usually Good
- 5 – Timing Of Training Is Excellent

ACT II training received an overall QUALITY rating of 3.67 and a TIMELINESS rating of 2.56.

Because training resources are limited by the number of trainers available, priorities for providing training are as follows: first and foremost ACT I training is provided for new staff, the second priority is providing Group Preparation and Selection certification training, a third priority is providing Supervisor Training, and the fourth priority is providing Underlying Needs Training. After these are managed, the additional trainings are provided as requested by the county staff.

The largest numbers of new staff come from the largest urban counties, such as Jefferson County. Some of the larger counties (Jefferson, Madison, Mobile) have their own training for staff prior to them attending ACT. DHR is currently assessing these programs for content to see if they can sustain their own training program within their county so that their staff would not have duplication of material and possibly would not have to be sent to ACT. If some of the larger counties can sustain their own basic training, this will free up the resources of the Office of Child Welfare to offer more ACT II modules.

Alabama CFSR Statewide Assessment

As part of the CFSR Program Improvement Plan, one step was to provide training on concurrent/permanency planning. A training pilot was conducted and the curriculum finalized 9/30/03, based on feedback from the pilot. Since adding ACT II: Concurrent Permanency Planning training, 298 supervisors and workers have completed the course.

Total ACT II sessions for 2001-present

	CPS	Sexual Abuse	Underlying	CPP	Supervisors	Substance Abuse
2001	10	6	4	NA	2	7
2002	11	6	11	NA	2	11
2003	6	5	5	6	4	11
2004	4	2	0	6	7	5
2005	3	3	3	5	3	4
2006	1	1	3	2	3	4

This item continues to be a Strength.

Item 34: Foster and Adoptive Parent Training. Does the State provide training for current or prospective foster parents, adoptive parents, and staff of State-licensed or State-approved facilities that care for children receiving foster care or adoption assistance under title IV-E? Does the training address the skills and knowledge base that they need to carry out their duties with regard to foster and adopted children?

Foster and Adoptive Parent Training was rated a Strength during the first CFSR.

The Department has made strides to make sure it remains a strong area. All of the curricula presented by the Office of Child Welfare Training have been approved for Continuing Education (CEU) Credits from The Alabama State Board of Social Work Examiners. Alabama has been using the Group Preparation and Selection of Foster and/or Adoptive Parents (GPS) curriculum for over 10 years. GPS is a component of the Model Approach to Partnerships in Parenting (MAPP) program that DHR purchased from Child Welfare Institute and now own the copyright for this State. The Office of Child Welfare Training conducts the GPS certification training for county, agency staff, and foster parents who will be conducting the GPS groups in the county. It is an expectation that all counties have GPS capacity. The Group Preparation and Selection of Foster and/or Adoptive Families Leadership Training empowers staff and foster/adoptive parents to become GPS Leaders who can lead GPS groups for their county/agency. By the end of the two-week certification training, participants are able to use the tools of GPS to enable prospective parents to make a mutual decision with the agency about fostering/adopting.

Evaluations are completed for each week of training. Participants are asked to rate questions on a scale of 1-5 with 1 being low and 5 being the highest. The calculated results

of over 200 evaluations from over 100 participants in 2006 and early 2007 of the two weeks were:

- This program was of great overall benefit to me. Rating: Average of 4.83 on a 5.0 scale.
- The content of this training program had considerable practical application to my work. Rating: Average of 4.82 on a 5.0 scale.
- This training program will enable me to put new ideas in to practice. Rating: Average of 4.85 on a 5.0 scale.

There are currently 4 staff trainers who are certified to train the Certification Training and 1 Master Trainer (Training Manager) who is certified to certify other trainers.

Deciding Together is the one-on-one component of MAPP that can be conducted with one family. The Office of Child Welfare Training also conducts certification in Deciding Together. For a person to be certified in Deciding Together, they must first be a GPS leader and have conducted at least one group and completed the family consultations with at least one family. Alternately, a person can be certified in Deciding Together by shadowing another Deciding Together leader while they lead a family through the process. Deciding Together is especially important in the rural counties of Alabama where a group may not be feasible.

For both GPS and Deciding Together Leader Certification Training, counties and agencies send in their request for training, and when enough requests for a group are received (generally 12 at a minimum for GPS and 2 at a minimum for Deciding Together) a class is scheduled at a location convenient for a majority of the participants. The total number of certification trainings that were conducted from 2001-2006 were:

	GPS	Deciding Together
2001	4	2
2002	4	2
2003	7	2
2004	6	3
2005	5	7
2006	5	3

This item continues to be a Strength.

E. Service Array and Resource Development

Item 35: Array of Services. Does the State have in place an array of services that assesses the strengths and needs of children and families, that determine other service needs, that address the needs of families in addition to individual children to create a safe home environment, that enable children to remain safely with their parents when reasonable, and that help children in foster and adoptive placements achieve permanency?

This item was rated as a Strength in the first CFSR.

The department continues to provide an array of services that can meet the ever-increasing challenges presented by the families and children that it serves. A major shift has begun to providing intensive in-home services to families to prevent children from having to be removed from their homes, and intensive re-unification services are being offered to families in several areas of the State to expedite a safe return home, when children have been removed.

The Continuum Request for Proposals (RFP) was issued in early calendar year 2007, and selections were made for Lee, Montgomery, Mobile, Madison, Jefferson and Cullman Counties. Families may be referred to the continuum if removal from the home is imminent and may be prevented with intensive in-home services. Should removal take place, the continuum provider will provide the out-of-home care to the children, while continuing to offer intensive treatment services to the family. Continuums are expected to expand each new fiscal year with statewide implementation by FY '09.

SDHR currently has permanency projects in Jefferson, Etowah, Morgan, Madison, Calhoun, Marshall and Cherokee Counties, with expansions for Jackson, DeKalb and Mobile scheduled for FY '08. Permanency Providers provide intensive in-home assessment and treatment services for families whose children have been placed outside the home. The providers are able to make accurate assessments as to whether families are viable placement options for reunification. If not, additional family supports are sought for possible future permanent placements.

The State has developed the Multi-dimensional Assessment Tool (MAT) to aid in the assessment of a child's placement needs, if the child must be removed from his/her home for safety reasons. The MAT is based on the Child and Adolescent Needs Assessment (CANS) utilized by several states and municipalities across the nation. The MAT is an assessment of current behaviors, which helps the Individualized Service Planning (ISP) team make appropriate decisions for placement, when necessary. The MAT is conducted for all children and youth that are considered for entry into Moderate Residential Care or for Therapeutic Foster Care (TFC). MATs are conducted on all children in TFC, moderate residential and intensive residential every six months after placement, as well, to assess for step-down. Since the inception of the MAT in December 2006, the number of full-time equivalents in TFC has dropped from over 1210 to less than 800. The number of children entering TFC has also dropped from over 65 per month to less than 40. The MAT will also be utilized in determining movement of children within the Continuums. All movement of children should be to a more permanent living environment.

The Department has been re-organized since the last CFSR. The Office of Resource Development (ORD) is now located outside Family Services in the Resource Management Division, which is comprised of the Office of Resource Development, the Office of Contracts and Grants, the Office of Residential Licensing and the Office of Service Utilization Review. The ORD is comprised of a manager and four consultants that cover the nine regions of the

State for Resource Development purposes. Each region has a Quarterly Resource Development meeting to discuss regional needs and to brainstorm on how to meet the needs. In October 2006, ORD completed a statewide resource assessment on a county-by-county basis. The information is being compiled to be shared on a regional basis to determine what needs are evident in various regions of the State. This information will be used in planning for future resource development and expansion of current resources.

Each unit within the Resource Management Division has a different monitoring function. The Office of Residential Licensing makes site visits every two years to all licensed residential providers to ensure compliance with the *Minimum Standards for Residential Childcare Facilities* and the *Minimum Standards for Child Placing Agencies*. If a facility or agency is found deficient, that provider is placed on corrective action, with a quick turnaround for compliance. The Office of Residential Licensing conducts annual site visits of residential facilities to monitor for quality-of-life issues. Recommendations are made, with follow-up site visits made if needed. Office of Residential Licensing also conducts annual site visits with the TFC provider agencies to determine compliance with the *Therapeutic Foster Care Manual*. The Office of Contracts and Grants monitors through site visits a provider's compliance with its contract. The Office of Service Utilization Review requires a monthly report from each contract provider to monitor outcome achievement and possible barriers. The information from this unit will be used in formulating a Provider Report Card for FY '08, which will be web-based and will be used in performance contracting in the future. This information will also be used in the development of expected lengths of stay for each provider type.

ORD continues to update the Automated Resource Directory with the treatment intensity need for each provider. Line workers can query the directory for provider types in all areas of the State to determine which services are available. Pictures of the facility and maps are also available on the system. ORD is providing training to Resource Development Coordinators in each region in negotiating the ARD. The county staff has given favorable comments after the training sessions that information on placement providers is much more easily accessible than through the old hard copy manuals of the past. This information will also be available on the SACWIS system, which is currently under development.

The implementation of the MAT and the development of continuums has been the most significant change in out-of-home placements and in-home service delivery in the past several years. The MAT has been very useful in identifying the treatment needs of children rather than just placing them with a provider that has a vacant slot. The MAT has also helped the department understand that TFC is a treatment option, not a long-term placement option. The step-down process identified in the TFC Manual allows for a TFC foster parent to step-down with the child, thus alleviating a movement, when not in the best interest of the child. TFC foster parents may step all the way down to traditional and continue to provide placement for a child, if the ISP team feels that this is the best option for permanency for the child.

Continuums seem to offer the brightest hope for children and families in the future. For too long, some children have remained for extended periods of time in residential placements, while their families received very little in in-home treatment to facilitate their transition back home safely. The continuums offer a seamless approach to children receiving what they need when they must be removed from their homes due to safety issues, while their families receive treatment in their own home. The department feels that continuums will reduce the time that children must be away from their families by providing this dual approach to treatment for the entire family unit.

The Department is attempting to meet the challenges of a growing multi-lingual society. The influx of the Hispanic population, especially in the Northeastern section of the State, has caused an increased need for translation services. The department currently has a contract with a private provider, who provides face-to-face translation services for the various programs offered by the Department. After hours coverage is a requirement, especially in service cases, where family stability is at risk. The department continues to modify the contract to provide emergency services, as well as written documentation translation.

None of the Quality Assurance Reviews that were conducted from April 2005 through March 2006 identified Service Array as an Area Needing Improvement or a Both. Both is a term used by QA to indicate both a strength and a need in the county reviews. The courts have had some reluctance to embrace the continuum and permanency program services, as safety issues must be adequately addressed by the provider and the county DHR to ensure the safety of a child before re-unification occurs. As courts have seen some of the outcomes of the providers in cases where the services are provided, their fears have been reduced.

This item continues to be a Strength.

Item 36: Service Accessibility. Are the services in item 35 accessible to families and children in all political jurisdictions covered in the State’s CFSP?

This item was rated as a Strength in the first CFSR.

Services are provided through contracts with private providers for all regions of the State. Therapeutic Foster Care providers offered slots for each region during the current contract period. The following is a chart giving the allocation by region for the TFC awards.

Program	I	II	III	IV	V	VI	VII	VIII	IX	Total
AL Mentor						7				7
Alliance						17				17
Brewer Porch					48	5	2			55
Catholic SS		16								16
FIT Homes	10	20								30
Gateway						49				49
LCYDC				20						20

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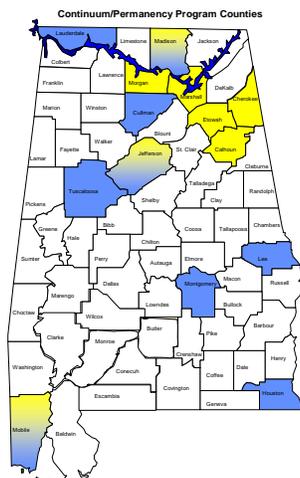
Mountain View								9		9	
SAFY	1		43	20			22	1	9	7	103
Seraaj	3	10	7	15			139	6	70	20	270
TPI	13	60	34	32		36	131	25	39	77	447
UMCH	35	11	8			3	3	20	15		95
Wilmer Hall		8	5								13
Youth Villages							40		8	30	78
Total	62	125	97	87	87	87	413	54	150	134	1209

Children must be served in their own home region, unless the permanency goal is not return to family and there is no home available within the region that can meet their special needs. The Office of Child Welfare Consultation must give special permission to place a child outside their home region.

Residential services are awarded on a statewide basis, but the Department attempts to ensure that each region of the State has within its confines service providers in the various types to meet regional needs. The current service types for residential providers are intensive treatment, moderate treatment, basic care, mothers and infants, transitional/independent living, sexual behaviors treatment, crisis stabilization and services for females with self-injurious behaviors. Counties may make referrals to any program in the State but are encouraged to use regional services, when available to meet a child's specific needs.

Translation services are available statewide. The current provider is attempting to meet the more demanding needs for crisis services and specialty language needs in the near future. Document translation will be available statewide, as well.

Continuum and permanency programs are currently offered in the areas identified on the map below.



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These types of programs, which lead the agency in achieving permanency in a timely manner, will be expanded annually until statewide implementation is achieved. The following is a chart of the number of families currently being served by these programs.

Children/Families Served

	Allotted	Served
Lee Continuum (Provider A)	10	10
Cullman Continuum (Provider B)	10	2
Mobile Continuum (Provider C)	30	20
Montgomery Continuum (Provider D)	20	12
Madison Continuum (Provider E)	20	1
Jefferson Continuum (Provider F)	40	2
Jefferson Permanency		
Provider F	20	20
Provider G	10	10
Provider H	10	10
Provider C	10	10
Provider C Continuum Pilot	60	
Calhoun		13
Etowah		14
Madison		20
Marshall		2
Morgan		2
Talladega		1
Cherokee		2
Total	<u>240</u>	<u>151</u>

Currently, 28 children have been stepped down since the beginning of January 2007.

Two of the specialty placement services that have been developed over the past two years are the programs for sexual behaviors and for females with self-injurious behaviors. All programs under contract providing treatment for sexual behaviors must offer placement services in a single occupancy room. One of the programs also has a foster care component for children with sexually reactive issues or for children that are ready to step down from the residential arena. The treatment is the same for both levels but the children are able to sleep in a less restrictive environment. The program for females with self-injurious behaviors will be offered in small group homes and foster homes in Jefferson and Montgomery counties but will be available for statewide referral. The implementation of these programs was to meet the special needs of children that in the past would have to be referred to out-of-state placements.

None of the Quality Assurance Reviews that were conducted from April 2005 through March 2006 identified Service Array as an Area Needing Improvement or a Both. The State will continue to expand continuum-type reunification and prevention services until its accessible on a statewide basis. Therapeutic foster care and the Family Options prevention and reunification programs are already available Statewide. Foreign language translation services are available statewide either by telephone or actual face-to-face services. Some remote counties may not have access to face-to-face translation services, but this gap will

be addressed in the Request for Proposals scheduled to be released later this calendar year.

This item continues to be a Strength.

Item 37: Individualizing Services

This item was rated as a Strength in the first CFSR.

Although contract services are in place for all types of placement services, the ISP still drives all placements and the needed services for each individual family and child. Each contract has identified core services. These services are simply what the State feels may be needed for a child at this level of care. These services are included in the daily rate for that service. However, if additional services are needed, the ISP team makes that decision and the county department authorizes the services via Authorization for Services form. The Authorization for Services may authorize services that are not delineated in the list of core services or it may authorize additional amounts of services that are listed in the core services. Regardless, each individual need of a child or family is considered by the ISP team in deciding what services are needed and are provided.

ISP policy provides that all services that are offered to a family during a DHR intervention are authorized by the ISP team. Service coordination and individualizing services are a county DHR responsibility as an integral part of the ISP team.

Quality Assurance reviews during the review period indicate that in three of the reviews Capacity to Individualize Services was identified as an Area Needing Improvement in one review and a Both in two reviews. In two of the reviews, Coordination of Services was identified as a Both.

The Department had many collaborators in the development of current services, especially the continuums. County department staff, SDHR staff, providers and stakeholders along with the Child Welfare League, spent many hours in developing the continuums, including service delivery, credentialing, population to be served, quality assurance and aftercare processes, etc. In developing the programs for children with sexual behaviors, State office staff visited other States to observe programs that have a high success in achieving results. SDHR has collaborated with the Department of Youth Services and the Department of Mental Health and Mental Retardation on several joint ventures, including the Our Kids programs, which are jointly funded.

This item continues to be a Strength.

F. Agency Responsiveness to the Community

Item 38: State Engagement in Consultation with Stakeholders. In implementing the provisions of the CFSP, does the State engage in ongoing consultation with tribal representatives, consumers, service providers, foster care providers, the juvenile court, and other public and private child- and family-serving agencies, and include the major concerns of these representatives in the goals and objectives of the CFSP?

This item was rated a Strength in the first CFSP.

The Alabama Department of Human Resources has an on-going process of community collaboration that is achieved through the use of the Quality Assurance (QA) process. There are 67 active local QA Committees that routinely review case practice, conduct stakeholder interviews and process satisfaction surveys in order to give feedback to the county. In addition, there is a State QA Committee that looks at policy, practice and other issues from a statewide perspective. The Office of Quality Assurance conducts Child and Family Service Reviews in all 67 counties at least once every three years. The QA process provides the opportunity for input from families, including age appropriate children and youth.

The local QA Committees are comprised of volunteers from throughout the community who donate their time to provide the county with invaluable information as to the quality and effectiveness of case practice and community collaboration. The Committee members represent the makeup of the community in which they operate. The Committees conduct yearly stakeholder interviews which allow the county to receive feedback as to how well the county is engaging and working with community partners, families and children. Information is obtained from interviews with judges, education personnel, providers, mental health, foster parents, law enforcement, guardians ad litem, attorneys and any other identified community partner.

Special studies may be initiated by the QA Committee as a result of a county request or from information obtained from the case reviews. In one county, a special study was initiated after the Committee determined that Permanency was consistently rating inadequate. The study identified the judge as a barrier to children achieving permanency due to his reluctance to schedule TPR hearings. This information was given to the judge by the QA Committee. As a result, he designated one day a month for TPR hearings to ensure Termination of Parental Rights hearings were occurring in a timely manner for children with a plan of adoption in that county. In another county, a special study was completed that looked at the increase of open cases in the county that was connected to methamphetamine use by parents. This information was shared with local law enforcement which was able to utilize the information in a grant application to increase funding for personnel and overtime for the law enforcement agency. This resulted in a crack down on methamphetamine labs and the number of children coming into care due to methamphetamine abuse has begun to decline.

Satisfaction Surveys are initiated by counties in a variety of ways and involve varying degrees of participation by the QA Committee. Some Committees handle the whole process from sending out the surveys, to compiling the information and providing feedback to the county. Other Committees only compile the information and give feedback to the county. Surveys are sent to a variety of participants including ISP team members, family members at the completion of CAN Assessments, foster parents, and others. Counties use the information gathered from the Satisfaction Surveys to assist in the monitoring and improving of child welfare services and community collaboration. Training between other agencies and community partners has been initiated as a result of the information obtained from the surveys where a need was identified.

The State QA Committee is an independent group of volunteers who perform a variety of responsibilities. The Committee serves as a link between the community and the State Department of Human Resources, promotes an effective child welfare system, assists in monitoring outcomes and agency performance, and issues reports as requested by the Commissioner, at the initiative of the Committee, and/or annually as required by CAPTA for citizen review panels. The State QA Committee has been instrumental in initiating and developing policy regarding the use of Safety Plans, the development of a Social Worker Guide for Working with the Courts, and ensuring that TPR hearings take priority in Juvenile Courts. Policy for the development and the use of safety plans is now very specific and time limited.

In addition to the work of QA, the department has been working closely with the Administrative Office of Courts (AOC). The DHR Legal Office and AOC developed training which was provided to juvenile judges, guardians ad litem, DHR attorneys, and other attorneys throughout the state to improve the timeframes within which children in the custody of the department are able to achieve permanency. A court rule was amended to give TPR trials priority on a court calendar over all other non-jury trials and another court rule was amended to provide that orders from TPR trials be issued within 30 days of the trials

The Alabama Foster and Adoptive Parent Association is an invaluable asset to the department. On April 20, 2004, Governor Riley signed into law the Foster Parent Bill of Rights and the Act went into effect July 1, 2004. Currently, policies have been revised to incorporate the provisions of the Act as appropriate. Input on the development of the policies was received from foster parents, the Alabama Foster and Adoptive Parent Association and County Directors. The Office of Permanency also participates in quarterly meetings with the Alabama Foster and Adoptive Parent Associations Regional Representatives. Meetings are centered on providing Regional Representatives training to assist adoptive and foster parents in retention and recruitment.

The Office of Resource Management continues to work with providers and others throughout the State in order to ensure appropriate resources are available to meet the needs of children and families. Providers and other stakeholders were brought in to assist in the development of a Continuum of Care so that children would not have to experience

unnecessary moves while receiving needed supports and services when in foster care. Currently, there are six counties which are piloting the Continuum.

As part of the evaluation and quality assurance process for the Family Preservation and Support Services programs (Family Options programs, Family Service Centers, and Healthy Families program), a Peer Review is conducted at each site every two years. One of the major components of the Peer Review is the focus group. Stakeholders from within the community, including representatives from the courts, school systems, health and mental health care providers, other service providers, and community members at large are invited to attend. Feedback regarding strengths and needs of the program and other needs of the community is solicited.

Family Services maintains its relationship with the Poarch Band of Creek Indians. The Tribe is routinely involved in stakeholder discussions for the Annual Progress and Services Report. There is ongoing collaboration at the state and county level. In a current effort, Family Services has facilitated discussions with the Alabama Medicaid Agency toward seeking additional funding for the Tribe through Medicaid reimbursement for specified services. As a result of this discussion, the Tribe will soon be able to claim Medicaid reimbursement for 100% of costs for children it places in residential treatment facilities. Family Services has also assisted in exploring possibilities for resource development through contacts with the State Multi-Needs Director.

In addition to input opportunities provided to youth through the QA process, Family Services supports local Youth Advisory Councils. Representatives were provided an overview of the CFSR and asked to provide responses to a series of questions designed to allow for additional feedback on their experiences in the child welfare system.

There is an on-going process of Community Collaboration through the use of the Quality Assurance process. Community partners from all areas are included in the development of policies and procedures. Community partners also assess practice with children and families and provide the department with feedback and suggestions in order to continuously strengthen and build practice.

This item continues as a Strength.

Item 39: Agency Annual Reports Pursuant to the CFSP. Does the agency develop, in consultation with these representatives, annual reports of progress and services delivered pursuant to the CFSP?

This item was a Strength in the first CFSR.

The Alabama Department of Human Resources is required to submit an Annual Progress and Services Report. As part of the reporting process, stakeholders are invited to participate in a focus group to discuss the progress, strengths and needs of the child welfare system that is then captured in the report. This is one of several ways (e.g., state and local QA, ASFA Task Force, interagency collaboration, etc.) that contribute to a broad

range of input into the department's child welfare system. Examples of outcomes resulting from collaboration include improvement in timeliness of hearings and wording in court orders, development of social worker guidelines for working with courts, policy development regarding safety plans, and implementation of the Foster Parent Bill of Rights.

While not a federal or state requirement, the department compiles and releases quarterly a State Quality Assurance report that highlights some of the key indicators tracked by Quality Assurance, including child safety and individualized service plan information. In addition, twice a year, a report card is posted on the DHR Website that shows how well counties are performing in the following areas: CANs pending > 90 days; Preventions Assessments > 90 days; 5 day contacts on CAN s received; No compelling reason/TPR 15 of last 22 months; TPR petition overdue > 90 days for children with adoption as the permanency plan; overall child and family status rating average from local QA reviews; and, overall system performance rating average from local QA reviews. Providing this information on the department's website allows any interested person the opportunity to see how well their local DHR is functioning in comparison to other counties.

Twice a year, county departments are required to submit a QA report that serves as a self assessment of the county's performance in achieving outcomes for children and families. Best Practice Indicators are utilized along with data to assess strengths and needs as well as identify any barriers to achieving outcomes for children and families. A county plan is then developed that addresses the needs and barriers identified as well as ways in which the county can maintain the strengths identified.

Counties are also given feedback from the local QA Committee (which includes community stakeholders) case reviews. A case write-up with ratings and recommendations is provided to the county. The county is then asked to address each recommendation and submit in writing to the local QA Committee their feedback to the recommendations. This is a part of the community collaboration referenced annually in the Annual Progress and Services Report.

The department continuously involves community partners in the development of plans and reports relating to the functioning of the department and the department's compliance with laws, policies and procedures. In addition to the mandated reports, information on outcomes for children and families is shared statewide through the distribution of the State QA Report and the posting of the Report Card on the DHR website. Child welfare consultants use this information for in individualized work with counties. State administrators use the information to direct program changes, resource development, and policy development.

One need identified in this area is a better reporting format for the CAPTA requirements of the Citizen Review Panels. The State QA Committee needs to become more involved in the development of this report.

This item continues to be a Strength.

Item 40: Coordination of CFSP Services With Other Federal Programs. Are the State's services under the CFSP coordinated with the services or benefits of other Federal or federally assisted programs serving the same population?

This item was a Strength in the first CFSR.

The department has strong collaboration with other Federal programs which ensure the needs of children and families are being met. On the local level, there are functioning Multi-Needs and Multi-Disciplinary teams which meet on a regular basis and provide for the needs of children. State QA reviewers have seen evidence of shared funding between DHR, the Department of Mental Health/Mental Retardation and Department of Education for children in the custody of the department. Like Multi-disciplinary teams, which are used to staff cases, the Children's Policy Council (through the Department of Children's Affairs) assesses needs and resources in communities and tries to develop resources to meet local needs. These Policy Councils are now in all 67 counties.

In addition, most county DHRs have working protocols with local boards of education and law enforcement agencies. The department works hard to ensure community partners like mental health and education are included in the development of the family's Individualized Service Plan (ISP).

The department has also collaborated with the Department of Youth Services (DYS) to develop a protocol that spells out how the two agencies will work together when children are being released from DYS and will be going to DHR. This planning process ensures children are not discharged to DHR at the last moment with no placement identified for the child.

Family Services Division has also coordinated with the Child Support Enforcement Division to ensure counties are applying for Child Support benefits for children in the custody of the department. A power-point presentation is available on the computer to county staff which walks them through the process of accessing the Federal Parent Locator System. The Federal Parent Locator System is used to identify absent parents.

The department and the Children's Trust Fund support some of the same programs. There is a close working relationship to ensure there is no duplication of efforts and to ensure state and local funds are being utilized appropriately and without duplication.

Along with other states in Region IV, Alabama participates in the Child Welfare Collaborative Initiative. This effort is facilitated by the Atlanta Regional Office and FRIENDS National Resource Center for Community-Based Child Abuse Prevention. It involves representatives from Child Protective Services, Preserving Safe and Stable Families, Quality Assurance, Community Based Child Abuse Prevention, Court Improvement Program, and the DHR CFSR Coordinator.

Ongoing coordination with Alabama's Court Improvement Program has impacted a number of program areas including child protective services, foster care, and IV-E Eligibility. The

results of intensive work on improving timeliness and language in court orders was seen in the positive outcome of the recent Federal IV-E Eligibility Review conducted in July 2006.

The department has also worked closely with the Poarch Band of Creek Indians, which is the only federally recognized Indian tribe in the State of Alabama, to develop the Indian Child Welfare Policy and Procedures. This policy ensures the state will be in compliance with ICWA as it guides staff through the process of working with an Indian child.

Alabama coordinates with the Alabama Medicaid Agency in order to utilize funds available through various Medicaid programs for children for whom the department provides child welfare services. The department is also assisting the Tribe by facilitating discussion with the Medicaid Agency to explore funding opportunities to support Tribal child welfare services.

The department continuously works with other agencies, both State and Federal, to ensure the needs of children and families are being met. Working protocols between county DHRs and local state agencies have been developed as well as protocols between State DHR and other State and Federal programs and agencies.

This item continues to be a Strength.

G. Foster and Adoptive Home Licensing, Approval, and Recruitment

Item 41: Standards for Foster Homes and Institutions. Has the State implemented standards for foster family homes and child care institutions that are reasonably in accord with recommended national standards?

This item was rated as a Strength in the first CRSR.

The *Minimum Standards for Foster Family Homes* were developed in 1974 and have subsequently been revised in 1978, 1982, 1989, and 2002. The Minimum Standards for the operation of foster family homes has been revised in accordance with the Child Care Act of 1971 (Title 38, Chapters 7 and 13, Code of Alabama, 1975, Federal Court Orders in reference of the RC v. Walley consent decree, and the Adoption and Safe Families Act (PL 105-89).

Since the first CFSR, the minimum standards have been revised as follows:

- October 28, 2004, Administrative Letter 7139 – Changes regarding use of unvented heaters
- March 10, 2005, Administrative Letter 7046 (A) – Made corrections to substitute and alternative caregiver grid that illustrates which categories require Central Registry Clearance and which require Criminal History Checks
- April 04, 2006, Administrative Letter 7176 – This administrative letter released two new forms: 1 – medical examination and 2 – financial assessment. Prior to this date families who wanted to foster AND adopt had

to complete two separate financial assessment forms and two separate medical examination forms

- September 28, 2006, Administrative Letter 7214 – Released a revised Application to Foster/Adopt that would comply with recommendations made as a result of an investigation/ assessment completed as a result of a MEPA complaint. Request for information regarding skin color was removed.
- October 25, 2006, Administrative Letter 7214 (A) – see 7214 above
- October 27, 2006, Administrative Letter 7124 (B) – see 7214 above

In addition to the *Minimum Standards for Foster Family Homes*, the Department has also set forth *Minimum Standards for Child Placing Agencies, a Therapeutic Foster Care manual and Minimum Standards for Residential child care facilities*. Foster families who are approved to provide Therapeutic Foster Care must meet the regulations set forth in this TFC manual after meeting those set forth in the *Minimum Standards for Foster Family Homes*. The TFC Manual was updated in October 2005.

The “Application and Home Study” section of the *Adoption Policy and Procedure Manual* spells out the requirements that families wishing to adopt must meet. This current manual was released in August 2004, and two Adoption Institutes were held to provide training staff statewide on the new manual.

The manual has been updated a number of times since its release. Among the significant changes:

- March 1, 2006 - Policy revised to allow families to have an unofficial copy of their study
- April 4, 2006 - Application to adopt form revised to create a combined application to foster and/or adopt rather than two separate forms so that families desiring dual approval only have to complete one form.
- April 4, 2006 - Medical and Financial Assessment forms were revised.
- September 11, 2006 - Changes in method for payment of legal-related non-recurring expenses related to adoption finalization.
- September 28, 2006 - Application form revised to meet the recommendations resulting from an MEPA compliance investigation (see information about administrative letter 7214, dated September 28, 2006 discussed earlier)

As related to timeliness of training, assessing and approving families to foster and/or adopt, the department does not have a policy that provides for a maximum amount of time that it should take for a home study approval to be completed. A survey covering several resource-related issues was recently distributed. Counties were asked to estimate the average length of time it took them to approve potential foster/adoptive families from the time they received an application form from the family.

7% estimated it took <6 months to complete
50% estimated it took from 6 – 8 months to complete
34% estimated it took from 9 – 12 months to complete

- 2% estimated it took 13 or more months to complete
- 4% did not respond to this question on the survey
- 3% have new staff or have not done a foster home approval in last two years and were unable to answer the question.

Since there is no established Federal standard given for this activity, the department consulted with the AdoptUsKids National Resource Center. The response indicated that the length of time varies from state to state based on factors such as the availability of services and location of the agency (rural or urban). The consultant with AdoptUsKids did report a timeline of six to nine months as something that she has heard. Of course, the new Safe and Timely Interstate Placement of Foster Children Act of 2006 requests that home study be completed in 60 days. This does not include the training component that is required by many states (including Alabama).

Group Preparation and Selection (GPS) is the method predominantly used throughout the State as pre-service training for foster/adoptive parents. GPS is a 30-hour course (ten weeks, three hours each week). The interaction and observations made during GPS serve as a large part of the assessment (home study) process. GPS is a much more efficient use of staff time. Deciding Together is an alternative to GPS, where the social worker works with family one-on-one rather than in a group setting. It also meets the requirement of the 30-hours pre-service training. When families are not able to attend GPS classes, counties who have staff certified in Deciding Together use this curriculum. Deciding Together is also encouraged with families waiting for assessment because of an ICPC referral.

In addition to the 30 hours of pre-service training, foster parents are required to successfully complete 15 hours of continuing education in order to maintain their approval status. Topics, methods and sources of obtaining this training are fairly flexible. The agency provides funds (through contract) to the Alabama Foster and Adoptive Parent Association to provide periodic regional training sessions as well as a statewide annual training conference. These training sessions serve as a free method of obtaining the required training. Local foster parent associations, county departments, other child welfare agencies provide training in a variety of topics throughout the year. There is no continuing education required for adoptive families.

This item continues to be a Strength.

Item 42: Standards Applied Equally. Are the standards applied to all licensed or approved foster family homes or child care institutions receiving title IV-E or IV-B funds?

This item was a Strength in the first CFSR.

As mentioned earlier, there is one set of *Minimum Standards for Foster Family Homes*. These standards apply to all foster families (traditional, therapeutic, related, etc.). The only exception to these standards is provided in the Provisional Foster Home policy, which allows individuals with pre-existing relationships with children in care to become

provisionally approved. All standards must be met by the end of the six month provisional approval period. The agency does not claim Title IV-E funds for children placed in provisionally approved homes.

The one exception to the standards is related to placing a child in a home before a criminal history check is completed. The exception, provided in a memorandum dated September 4, 2006, states "there are two occasions where a child may be placed before a criminal history check is completed:

- Visits of children to relatives in other states, that have a specific beginning and ending date, do not require ICPC approval or background checks. It is, however, important to be vigilant in gathering the history of relatives to assure the safety of a child prior to approving a visit.
- A child may be placed in the home of a relative prior to a court hearing or receiving finalized background checks, when the ISP team recommends the placement, all other components of the home evaluation have been completed, and the county has no reason to question the suitability of anyone living in the home.

Office of Residential Licensing conducts site visits (once every two years) to all residential programs and child-placing agencies in order to review standards compliance. A program manager and one program specialist in this Office do these reviews. Additionally, the Office of Resource Development conducts annual site visits to the residential providers who are serving Alabama DHR children to review for "Quality of Life" issues. These reviews are done by four program specialists. There are also annual visits to TFC agencies to ensure that ISPs are completed, core services are being provided, etc.

Other than the site visits referred to above that are conducted by the two different resource management or licensing offices, there is no regular review by state or other outside sources of foster family home records to ensure compliance with minimum standards. Most counties report use of a form/tool when reviewing foster homes for standards issues. Other tools (checklists, logs, etc.) are utilized to ensure compliance with continuing education and other requirements that must be met after initial approval is given.

Since the first CFSR, the contract with Family Finders has been terminated. Family Finders performed the functions of recruitment, preparation and assessment of families interested in adopting and/or fostering for the department. Once training and assessments were completed, home study documents and recommendations regarding approval were given to the county department which had ultimate responsibility for approving the resource. Upon the termination of this contract, this responsibility returned to the counties. County departments had to quickly increase their capacity to provide the preparation and assessment (GPS and/or Deciding Together) required by the *Minimum Standards*. The Resource Survey referred to earlier indicates that all county departments currently have at least one staff person trained to do GPS. As of May 10, 2007, there are 216 staff in 67

counties who are trained in the *Group Preparation and Selection Curriculum (GPS) curriculum*. Of these staff, 125 are also trained in *Deciding Together* process for training and approving foster family homes.

All counties currently report having the staff capacity to complete Group Preparation Selection. However, ten counties (15%) report having no trained foster parent co-leader, which is required to conduct GPS (but not Deciding Together). The recruitment and retention specialist with the State Department works with these counties (upon request) to help identify foster parents from neighboring counties and/or licensed child placing agencies. These counties cited limited times and locations of the leader certification training sessions as a barrier to getting foster parent co-leaders certified. The certification training is typically offered in set regional locations and only during normal weekday business hours. Nine of these ten counties do have the capacity to conduct Deciding Together sessions.

This item continues to be a Strength.

Item 43: Requirements for Criminal Background Checks. Does the State comply with Federal requirements for criminal background clearances related to licensing or approving foster care and adoptive placements, and does the State have in place a case planning process that includes provisions for addressing the safety of foster care and adoptive placements for children?

This item was rated as a Strength in the first CFSR.

Alabama Code 1975 § 38-13-1 et seq provides for the Department's Office of Criminal History Checks. In November 2000, the Alabama Legislature passed Act 2000-775, allowing the State to complete criminal history background checks for licensed child-placing agencies and child/adult day care facilities to ensure that current licensees, license and volunteer applicants, prospective employees, current employees and volunteers are suitable for employment, to perform volunteer work, or hold a license, permit, approval or certification and have not been convicted of a crime that bears upon their fitness to provide care or have responsibility for the safety or well-being of children, the elderly, or individuals with disabilities.

The Office of Criminal History Checks (OCHC), within the Department's Legal Office, completes approximately 20,200 background checks per year. Applicants complete a two-part criminal history application form, consent and release form and a Mandatory Criminal History Check Notice. The OCHC receives a copy of the forms and the Alabama Bureau of Investigation receives the original forms along with two fingerprint cards, one card for ABI and one for the FBI.

The case data is entered into the Criminal History Check database in the OCHC. ABI processes the ABI card and electronically forwards the FBI card to the FBI. After fingerprint processing is completed, RAP sheets are sent from ABI to OCHC. The OCHC then determines if the case is clear and issues suitability letters. If a case requires investigation

of charges and convictions, the OCHC will investigate. The OCHC will issue suitability or unsuitability letters. Letters of unsuitability are issued when case or background check indicates the need. The client has a right to request a Reversal of Determination of Unsuitability within 30 days of the date of notification. If the Reversal is denied, the client has a right to request an administrative hearing.

In the survey conducted of Resource Staff, the length of time it takes to obtain letters of suitability is a barrier to more timely approval of foster/adoptive family applicants.

The Office of Criminal History Checks is comprised of seven staff. They have made many strides over the years in getting information out to the counties as quickly as possible. Two staff are designated to handling all county cases. The Program Manager of the Office is responsible for investigations. Cases that do not require an investigation are processed as soon as possible as well.

Manual fingerprint cases take a longer period of time to be processed by ABI; the general turn-around time is 12 or more weeks. Live Scan electronic prints can be processed as quickly as the same day or shortly thereafter but can take up to two weeks to process. Live Scan printing is recommended for emergency cases as well as ICPC, foster care and adoption cases. The office is currently developing a special expedited envelope for all counties as well as a change of custody envelope for submission of fingerprint cards. Instruction will be provided on these two new processes in the near future.

There are procedures in place to ensure that Federal funds are claimed only for homes that meet the Federal criminal background check requirements. When the Office of Child Welfare Eligibility (OCWE) is reviewing homes to ensure they meet this requirement, they review the ACWIS provider subsystem inquiry screens, which provide this information. They also randomly complete random sample reviews of providers by requesting copies of their license, ABI, FBI and CA/N Central Registry Clearance documentation.

The Office of Residential Licensing reviews records for Criminal History Check documentation when they conduct their review of compliance with other standards requirements.

The last IV-E review did reveal some issues related to Criminal History Checks:

- Foster care homes were set up as provisional and there was no submission for a criminal background check to OCHC
- Applications were submitted by county offices but no response back from the offices when they received information on rejected fingerprints, rejected forms, etc.
- There were old foster homes, approved prior to November 1, 2000, for whom a check was never submitted or only old ABI rap sheets were in the county file.
- Cases were coded on IV-E system as submitting background check applications and prints coded Yes on the IV-E screen but ABI nor OCHJC had any information on these homes.

This item continues to be a Strength.

Item 44: Diligent Recruitment of Foster and Adoptive Homes. Does the State have in place a process for ensuring the diligent recruitment of potential foster and adoptive families that reflect the ethnic and racial diversity of children for whom foster and adoptive homes are needed in the State?

This item was rated as a Strength in the first CFSR.

The State Quality Assurance review system does have an indicator (#27) that looks at adequate number of foster homes in each county. During the review period for the CFSR, State QA conducted 17 county sustainability reviews. In six of these counties, additional foster homes were identified as a need.

A variety of factors are considered when determining if a county has an adequate number of homes, among them are the percentage of children placed out-of-county and the county's level of performance in stability of placement. Counties who reported a need for more foster homes on the resource survey typically reported these were needed for teenagers and/or larger sibling groups. When determining adequacy of the number of homes, both available beds and the county's ability to match children with families are considered.

As stated earlier, since the first CFSR, the contract with Family Finders has been terminated. In response to the termination of this contract, a Recruitment Task Force was formed. The Task Force was created to help develop a direction or plan for recruitment and retention activities around the State. The Task Force was made up of DHR staff from state and county levels, as well as representatives from community/agency partners, foster/adoptive families and adult adoptees. With on-site training and technical assistance from the AdoptUsKids National Resource Center (John and Judith McKenzie, consultants), the Recruitment Task Force developed a statewide recruitment and retention strategic plan. This plan was developed in October 2004. In preparation for the development of the plan, Mr. McKenzie helped the Department calculate the retention rate of families wanting to become foster parents. This is the retention data from this assessment. Between September 1, 2003 and August 31, 2005 1,395 families inquired with State DHR about becoming foster/adoptive families:

- 44% (of the total) submitted an application to their county department
- 20% (of the total) was approved to foster and/or adopt at the time of the survey
- 15% (of the total) had received a placement (foster or adoptive) since their approval.

Additional training and technical assistance has been provided by the AdoptUsKids National Resource Center in an effort to better prepare county resource staff to recruit and respond to families wanting to parent children in Alabama's foster care system. This training includes:

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- October 2004 – Jackie Pray and Mary Brooks, “Responding Effectively to Families throughout the Recruitment Process” – five regional trainings, all 67 counties included.
- September 2005 – Train-the-trainer session for State DHR Recruitment and Retention Specialist, Office of Resource Development manager and consultants; and members of the Recruitment Task Force. Jackie Pray facilitated a session on “Making a Winning Game Plan.” The training focused on developing a winning recruitment strategy at the county and district level.
- In October 2005, those trained by Mrs. Pray conducted five regional training sessions (and one make-up session) for staff and supervisors at the county level.
- July 2006 – Jackie Pray, presented, “Finding a Fit that will Last a Lifetime” for supervisors and staff at the 2006 Child Welfare Permanency Conference in Tuscaloosa.

All 67 counties and the state office work together in diligent recruitment of foster and/or adoptive homes. The State DHR Recruitment/Retention Specialist is involved with the appropriate agencies or organizations that implement both National Foster Care Awareness Month activities as well as National Adoption Day events. When available from the National steering groups, recruitment and public awareness materials (ribbons, posters, pins, etc.) are ordered and disseminated to the county departments. Alabama was one of three pilot states selected the first year the “Blue Ribbon Month” campaigns were implemented for National Foster Care Month. The president of Alabama’s Foster and Adoptive Parent Association at the time along with the Program Manager of the Office of Foster Care participated in a web cast presentation on implementing the Blue Ribbon campaign.

For the first time, Alabama participated in the National Adoption Day Events in November 2006. The State DHR Office of Adoption coordinated a National Adoption Day celebration, in conjunction with several of the county offices as well as Heart Gallery Alabama. The celebration was held on Friday, November 17, 2006. The celebration included the presentation of the Adoption Month Proclamation issued by Alabama Governor Bob Riley, as well as proclamations issued by several counties and municipalities. Seven counties had an adoption docket either on November 17 or some other time that month. As a part of this event 34 foster care adoptions were finalized during that week. Jefferson County, the largest county, did a tremendous job and finalized 19 adoptions that day. In addition to this state event, many counties had proclamations issued, stories featured in local newspapers, etc.

Upon the termination of the Family Finders contract, the website and toll-free recruitment hotline were moved to the Family Services Division at State DHR. At the present time a Recruitment Response Team model is utilized for responding to families who inquire about becoming foster and/or adoptive parents. AdoptUsKids has a RRT contract with Children’s Aid Society. Until recently the RRT leader was housed at State DHR and phone, computer and other indirect support was provided to the contract. However, to offer more flexibility in the time that the RRT leader could work and respond to families, she currently works out of her home. Having an approved foster/adoptive parent as the RRT leader allows us to

provide information and encouragement to potential foster/adoptive families beginning with the initial inquiry.

In the contract with Children's Aid Society for our post adoption services funds were added to help with the recruitment of and response to families interested in fostering and/or adopting. There is one full-time person who is housed in the State DHR office who responds to all families who call the recruitment hotline (1-866-4AL-Kids), send e-mails through the "contact us" link from the DHR web page, or submit on-line inquiries through the web site. State DHR provides office space, phone and computer support to this person. Although this person works for Children's Aid Society, she works hand-in-hand with the program specialist who has responsibility for recruitment and retention (foster/adoptive family) activities.

The Children's Aid Society post-adoption services contract also has another staff person whose duties are to (1) coordinate post-adoption camp; (2) coordinate the 2007 adoption conference; and (3) work with the recruitment and retention specialist on recruitment, marketing and public awareness activities.

Since the addition of the Recruitment and Retention Specialist to the office of adoption (previously housed in Office of Foster Care) we have seen an increase in the number and scope of the child-specific adoptive recruitment efforts that the Department takes advantage of. These include:

- Children featured on www.adoptuskids.org
- Children featured on www.dhr.state.al.us (through web link agreement with AdoptUsKids)
- Children featured on www.adoption.com
- Children featured on www.heartgalleryalabama.com
- Full-time child-focused recruiter in southwest Alabama, with funding provided by the Dave Thomas Foundation for Adoption's *Wendy's Wonderful Kids* program

The Office of Resource Management released two RFPs last fiscal year in an effort to help Mobile and Jefferson Counties with their recruitment of foster family homes along with conducting training and completing home studies. No agency responses were received to the RFP for Jefferson County (which was released twice). Three agency responses were received for the RFP for Mobile County and one contract was entered into with FIT Homes. As of 3/23/07 at least one family has been recommended for approval by the staff of FIT homes.

A significant portion of the 2006 Adoption Incentive Funds were used to fund a variety of recruitment efforts. Some of these included:

- Counties were allowed to use funds to pay for local advertising (an exception to the restriction on advertising by counties was granted). Advertising addressed the need for more foster and adoptive families.

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- State DHR Office of Adoption put a statewide billboard campaign in the field using the “You don’t have to be perfect to be a perfect parent” theme of the AdoptUsKids and Ad Council campaign. The art and theme were directed specifically at recruiting parents for teenagers. No distinction was made between foster and/or adoptive families.
- A bid was released and accepted that provided novelty and other recruitment exhibit supplies. Supplies were provided to all 67 counties as well as the State DHR Recruitment Team.
- Laptop computers and LCD projects were purchased to be used in recruitment and public awareness activities conducted by State DHR staff.

ACWIS does not have the capacity to help us track families who inquire about becoming foster/adoptive families. Most county departments do not enter a family into the system until they receive an application and set up a file for the family. The State DHR Recruitment Response Team maintains a spreadsheet of all families that inquire through one of the earlier mentioned methods. Once the State RRT has responded to the family, an orientation packet is provided to the family. The packet includes county-level contact information for the family to utilize in making follow-up contact with our agency. At the same time the packet is sent to the family, a referral is made to the county contact person on file with the State DHR RRT.

For the review period April 2005 – March 2006, the State office referred 1,631 families to county offices. These are from a central intake location. Additionally, families contact county departments directly. Activity regarding the families that contact county departments directly is not consistently tracked around the state. For the 1,631 families inquiring with State DHR by area of interest are:

Interested in fostering	739
Interested in adopting	695
Interested in both FC and Adoption	195
No preference stated	2

The spreadsheets sorted by counties were recently sent to each county department who was asked to report the status of each family referred. Looking at these numbers helps us see our retention rate of foster parents entering our system.

Of the 1,631 families:

1,244 (76.3%) of the families were contacted by their respective county department

264 (16.2%) of these families submitted an *Application to Foster/Adopt form* to the their county department

190 (11.6%) of these families began GPS or Deciding Together [down from 44% in 2004]

107 (6.6%) of these families have been approved to foster and/or adopt

[down from 20% in 2004]
69 (4.2%) of these families have had a child placed with them since their approval [down from 15% in 2004]

It is important to note, although only 107 of the families referred to the counties by the State DHR office have been approved, the county departments statewide report approving 642 foster and/or adoptive families during the review period. Because the report of homes closed has been under revision and DHR has not been certain of the exact number of homes closing each year. However, the number of foster family homes has basically remained steady (no significant increases or decreases noted).

These retention rates are lower than what DHR had in 2004 when John McKenzie helped us with an assessment. No data is available at this time to explain this decrease. However, the staff responding to families at the State Office (and making referrals to County Departments) offer the following observations:

- DHR believes there has been an increase in the number of families who contact the department about adoption (because of participation in AdoptUsKids media campaign, the new Wendy's Wonderful Kids project, and more emphasis being placed on child-specific adoptive family recruitment).
- Many of the families who inquire about adoption are interested in very young children who do not meet the special needs criteria. When this is the case, a directory of licensed child-placing agencies that perform adoption services is also provided to the families (along with the DHR adoption material). Families are counseled that our agency does not often have children who meet their preference criteria and therefore, DHR may not be the agency for them.
- Until June 2007, DHR policy allowed counties to put on hold applications for adoption when the preference is for healthy, white children younger than 6. Realizing that GPS helps families better identify the child they are capable of parenting, counties are encouraged to make contact and engage with families regardless of their stated preference during the inquiry phase. However, we realize some county departments may not be reaching out to families because of this policy.

A review of some of the information available related to state-placed adoptions revealed that a large number of these adoptions are made out-of-state. Of the 32 adoptive placements made by State DHR placement staff in FY 2006, 12 were to out-of-state families. Thus far for FY 2007, there have been 23 children placed through the State DHR Office of Adoption and 14 of them have been to out-of-state families. Utilizing out-of-state placements can delay achievement of permanency because of the ICPC process that is required. Recognizing the large number of out-of-state placements being made by State office led to a 100% review of the families listed on the report of "Approved Adoptive Providers Awaiting Placement." This review was also conducted as a first step for automating the data base of available families and making it possible for out-based placement staff to be able to see home study files without having to come to Montgomery

to see the actual record. This review has identified some issues in the approving and record keeping process.

Some of these issues are:

- Families believed they are approved to adopt and be considered for children other than their current foster child/sibling group, but their record has never been sent to the state office for review, approval and inclusion in the state data base.
- Once free home files (adoption home studies) are sent to the State office by the County department for review, approval and inclusion in the database, oftentimes the required semi-annual update is not sent to the state office.
- When foster and/or adoptive families finalize an adoption on one child, they fail to comply with policy in order to be re-approved for additional adoptive placements. They must re-apply to adopt, their study must be updated by their county caseworker and be sent to the State Office for re-approval and inclusion in the state data base.

Strategies for addressing these issues are being developed.

In the Resource survey referenced earlier, counties were asked to indicate if their foster homes ethnically reflect their foster care population. The results of the survey indicate: "Yes" 65.5% and "No" 34.4%.

Counties who responded "no," depending on the geographic area of the state they serve, indicated that they have needs for Caucasian, African American, Hispanic/Latino, and Asian families.

The following charts illustrate State data that compares our foster family population to the population of children in out-of-home care:

TRADITIONAL FOSTER FAMILY HOMES (includes provisional and related)			
	2004	2005	2006
Caucasian	49%	53%	53%
African American	48%	44%	44%
Other	.6%	.8%	.7%
TOTAL	1981	2050	2071

CHILDREN IN OUT-OF-HOME CARE			
	2004	2005	2006
Caucasian	48%	49%	49%
African American	50%	49%	50%
American Indian	2.6% (all other)	2.5% (all other)	3.0% (all other)
Hispanic			
Unknown			
TOTAL CHILDREN	5663	5947	5907

*combined into "all other" because ethnicity in Foster Family Homes are not broken down in the same detail.

Note: When a child or foster family is bi-racial or multi-cultural, the system allows for more than one race or ethnic group to be recorded. Therefore, the combined number of ethnic groups does exceed the number of children and/or foster homes

A review of the two charts above indicates that the racial/ethnic make-up of the foster families approved by the agency (does not include those approved and accessed through child placing agencies) [is not reflective of the racial/ethnic make up of the children in care.]

To help counties improve their understanding of MEPA and IEPA, particularly in the area of targeted recruitment, Dr. Ruth McRoy was a featured keynote and workshop speaker at the 2005 Permanency Conference sponsored by the Office of Adoption.

Additionally, information about the adoption process is available (from AdoptUsKids) in Spanish. The State DHR Office of Communications has been asked to translate the following documents into Spanish:

- (a) Recruitment Orientation Packet
- (b) Frequently Asked Questions (FAQ) about fostering and adopting.

When families who only speak and/or read Spanish make contact with members of the Recruitment Response Team, conference calls are set up utilizing the services of the foreign translator currently holding a contract with DHR. County Departments may also utilize this service unless if they do not have some local services that can meet the language needs of these families.

Since the first CFSR, the State Quality Assurance Committee carried out a special study on the Latino population in the State, more specifically how well the agency services this population. The study addressed several issues. The following information on children in care and the foster families is from this study:

Top 5 counties in terms of Latino Population in out-of-home care:

By number:

Madison	11
Marshall	16
Tuscaloosa	10
Morgan	7
Etowah	6
Jefferson	6

By percentage:

Lamar	12.0%
Marshall	9.7%
Geneva	5.4%
Morgan	5.2%
Tuscaloosa	4.1%

Foster care providers identified as Hispanic:

Clay	1
Lee	2
Limestone	1
Madison	2
Marshall	2
Montgomery	1
Tuscaloosa	1
TOTAL	11

Finalized Adoptions FY 2003 (Hispanic children):

Jefferson	1
Marshall	1

The Latino study included several recommended strategies for local recruitment efforts. The way data is currently being reported does not give a complete or accurate description of the reasons foster homes close. The new SACWIS system should be able to provide information that can be used to explore this issue. Also, SACWIS will report on the number of foster parent adoptions (including children adopted by current foster families, whether child was placed with family initially for foster care or adoption, etc.).

Some of the items that were identified as strategies to address retention in the last CFSR included:

Respite policy: This policy was released in October 2004.

Project Respect: Although this was included in the last self-assessment as a promising practice, the project is currently undergoing review and revision. Now known as the "Foster Care Advisory Council" the group meets periodically to discuss issues and strategies for addressing the same. It is felt by some of the stakeholders that more proactive action plans need to be developed and more support to counties and foster parents is needed to help them resolve issues. A policy and procedure for Conflict Resolution is being developed. In addition to the State Foster Care Advisory Council, county directors meet on a quarterly basis with a local Foster Care Advisory Council and reports of those meetings are sent to the State DHR Office of Foster Care.

As a result of efforts by the Alabama Foster and Adoptive Parent Association, a Foster Parent Bill of Rights was enacted during the 2004 Regular Session of the Alabama Legislature. The Family Services Division, in conjunction with AFAPA worked together in the implementation of the legislation. The Office of Child Welfare Policy developed and released initial policy guidelines just after passage of the Foster Parents Bill of Rights and in May 2004 (Administrative Letters 7109 and 7109a) released additional policies developed in response to passage of the Bill.

This item Needs Improvement.

Item 45: State Use of Cross-Jurisdictional Resources for Permanent Placements.

Does the State have in place a process for the effective use of cross-jurisdictional resources to facilitate timely adoptive or permanent placements for waiting children?

This item was rated as a Strength in the first CFSR.

The Interstate Compact on Placement of Children for the State of Alabama is governed by 10 Articles in the Code of Alabama 1975, § 44-2-20 et seq. These 10 Articles provide a legal foundation for all 50 states and have been approved by all 50 states legislative authority.

Alabama has experienced some issues with border states in regard to ICPC cases. Close collaboration via phone, e-mail, and written correspondence has proven successful to remedy issues that arise. The Deputy Compact Administrators for border states near Alabama agreed to send cases with specific issues to each other for consultation and resolution. This has been beneficial for states involved.

For example, several months ago one of Alabama's local DHR counties began receiving cases involving children being placed from a border state to Alabama with relatives. Once the children were placed, the local border state county wanted services to be provided by Alabama. Many of the cases involved situations where parents were involved with Child Protective Services in the border state. Some of the cases disrupted in Alabama due to placements with relatives who had a history with the Alabama local county. The Alabama Deputy Compact Administrator contacted the ICPC Supervisor in the border state. The ICPC Supervisor met with her border County Offices to discuss issues related to placing these children in Alabama. The situation improved dramatically with the other state counties after this meeting.

The national ICPC conference is attended each year by Alabama ICPC staff. The meeting and networking with various ICPC staff across the United States had aided in developing rapport and better working relationships with colleagues to help strengthen the ICPC process.

Related to an issue in the adoption and foster home approval process, the Alabama ICPC office has experienced delays in receipt of completed home studies due to delays in receipt of ABI/FBI background clearances. The DHR Office of Criminal History has been working

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with the Department of Public Safety on issues related to ABI/FBI clearances. Currently, DHR is planning to issue an RFP to contract this service through a private provider to complete live scan on ICPC resources.

This item continues to be a Strength.

Section V – Assessment of Strengths and Needs

V-1 Strengths/Needs Summary Matrix

CFSR 2007 SA Strengths and Needs Summary

Outcome/Systemic Factor	Item	Round 1 Finding	SA Round 2 Finding	Strengths/Needs Summary
S1 Children are free and foremost, protected from abuse and neglect	1. Timeliness of initialing investigations of reports of child maltreatment	Strength	Strength	Thresholds and corrective Action Plans as seen as contributing factors to good results here. As reported by counties, staff turnover can be an issue - this can be a reason for balances when thresholds are not met
S1 Children are, first and foremost, protected from abuse and neglect	2. Repeat Maltreatment	Strength	Strength	Absence of Maltreatment National Standard - 94.0% or more, Alabama State Data Profile (3/19/07) - 97.8%
S2 Children are safely maintained in their own home whenever possible	3. Services to families to protect child (ren) and prevent removal	Needs Improvement	Needs Improvement	Courties need to be able to better target what needs to happen to ensure safety and address with appropriate services; Resources development for in-home services are needed in rural counties; Family preservation is still a need in some counties part QA; Family Options reports good success rates; Need more Family Options availability (e.g., more flexibility in scheduling services, etc.); Number of children coming into care from open CPS cases is rising; Resource development for in-home services is needed; Family Options Reunification Assessment Pilot undertaken for 4 Family Options Programs (Tuscaloosa, SE AL, East AL, Shelby/Jefferson)
S2 Children are safely maintained in their own home whenever possible	4. Risk of harm	Needs Improvement	Needs Improvement	Although support has been provided by Family Services, the status of county work in Safety Assessment and Management situations and is still a need
P1 Children have permanency and stability in their living situations	5. Foster Care Re-entries	Strength	Strength	Re-entries to foster care in less than 12 months National Standard - 9.9% or lower, Alabama State Data Profile (3/19/07) 8.6%; There has been improved emphasis on assessment and identification of needed services; Policies and training support underlying needs; Training on child behaviors have been provided to foster parents and staff; Decisions regarding self-reunification have better; Better post-reunification services support reduced re-entry
P1 Children have permanency and stability in their living situations	6. Stability of Foster Care Placement	Strength	Strength	Placement Stability National Standard - 101.5 or higher, Alabama State Data Profile (3/19/07) - 110.0; On-going training is provided for providers regarding characteristics of children coming into care to better equip them to be able to handle issues; Improved assessment/matching to appropriate resources (e.g., MAT has supported this); Face-to-face contact requirements have supported good outcome; Increased clinical training for staff has supported good outcome

CFSR 2007 SA Strengths and Needs Summary

Outcome/Systemic Factor	Item	Round 1 Finding	SA Round 2 Finding	Strengths/Needs Summary
P1 Children have permanency and stability in their living situations	7. Permanency goal for the child	Needs Improvement	Needs Improvement	Statewide there appears to be improvement and good work going on in this item. Staffing and emphasis on adoption as a goal has supported this outcome. Increased focus on meaningful social worker contacts with families/children have supported this item. ICPC focus on timely placement of children has supported this outcome. Inconsistencies are found across the State. Need to increase "sense of urgency" toward permanency. Experience level of worker may impact long term view. Need to emphasize that concurrent plan/permanency plan should not be viewed as separate
P1 Children have permanency and stability in their living situations	8. Reunification, guardianship, or permanent placement with relatives. Length of time to achieve permanency goal of reunification	Needs Improvement	Needs Improvement	Collaboration with Administrative Office of Courts in specific jurisdictions has supported this item. Court continuance of hearings is a barrier. Youth feedback indicates may not be involved as much as needed in making plans, etc.; Length of time required to obtain criminal history checks can be a barrier
P1 Children have permanency and stability in their living situations	9. Adoption. Length of time to achieve permanency goal of adoption	Needs Improvement	Needs Improvement	Increased staffing/emphasis on adoption and moving children to permanency supports this outcome. Length of time to TPR because of continuance is a barrier. Need quicker/easier access to GPS for prospective adoptive parents. Need more thorough assessment and information gathering early in the case to support concurrent planning. Need to start concurrent planning early in the case. Need to eliminate delays in finalizing foster parent adoption finalization. Need more adoptive home resources. Need to change perception that older kids aren't adoptable
P1 Children have permanency and stability in their living situations	10. Permanency goal of other planned permanent living arrangement	Needs Improvement	Needs Improvement	Number of children with APPLA goal is coming down some. Increased focus on children with APPLA goal has supported this item. Older children need to understand more about adoption and what it means/doesn't mean
P2 The continuity of family relationships and connections is preserved for children.	11. Proximity of foster care placement	Strength	Strength	State CA routinely finds this item a strength with only a few counties needing to increase consistency

CFSR 2007 SA Strengths and Needs Summary

Outcome/ Systemic Factor	Item	Round 1 Finding	SA Round 2 Finding	Strengths/Needs Summary
P2 The continuity of family relationships and connections is preserved for children.	12. Placement with Siblings	Strength	Strength	Policy supports placement of siblings together. Provider community supports this. Challenges exist when siblings enter care at different times or when siblings are in different foster homes and the respective homes want to adopt.
P2 The continuity of family relationships and connections is preserved for children.	13. Visiting with parents and siblings in foster care	Needs Improvement	Needs Improvement	Need to start visits sooner. Need to continue to work with judges to address this issue in the first hearing. Need to work on the quality of visits
P2 The continuity of family relationships and connections is preserved for children.	14. Preserving connections	Needs Improvement	Needs Improvement	Need to decrease timeframe for criminal history checks on potential family resources and other providers
P2 The continuity of family relationships and connections is preserved for children.	15. Relative Placement	Needs Improvement	Needs Improvement	Criminal history check delays are a barrier. Staff need to have more of a "long term view" when assessing relative placements in order to help avoid placement disruptions. State provisions for Guardianship or Kinship Care would support relative placement
P2 The continuity of family relationships and connections is preserved for children.	16 Relationship of child in care with parents	Needs Improvement	Needs Improvement	Although progress has been made, work still needs to be done in this area. SP Training and QA reviews continue to bring attention to this issue. FSD will continue to monitor and design strategies for improvement
WB 1 Families have enhanced capacity to provide for their children's needs	17. Needs and services of child, parent, foster parents	Needs Improvement	Needs Improvement	MAT's entrance assessment for specific categories of children' Improvement has been seen in writing (SPs but there still seem to be some issues in implementation)
WB 1 Families have enhanced capacity to provide for their children's needs	18. Child and family involvement in case planning	Needs Improvement	Needs Improvement	Improvements in ISPs has yielded improvements in this area. Since new policy was implemented, visits are more frequent (at least 1/mo.). Need to continue work on "quality" visits, documentation, more consistency in building relationships
WB 1 Families have enhanced capacity to provide for their children's needs	19. Worker visits with child	Needs Improvement	Strength	Since the implementation of new face-to-face contacts, visits are more frequent (at least 1/mo.) but is still room for improvement in "quality" of visits. Work is needed to ensure good documentation. More consistency is needed in building relationships

CFSR 2007 SA Strengths and Needs Summary

Outcome/Systemic Factor	Item	Round 1 Finding	SA Round 2 Finding	Strengths/Needs Summary
W18 Families have enhanced capacity to provide for their children's needs.	20. Worker visits with parents	Needs Improvement	Needs Improvement	Item has improved with the new face-to-face policy. New QA indicators will support data reporting and help to ensure accurate reporting. Improvement in visits with fathers. Cases of reunification are doing well. Complexity of cases is a challenge
W19 Children receive appropriate services to meet their educational needs.	21. Educational needs of the child	Needs Improvement	Needs Improvement	Courties are doing a lot more to reach out to education system. Most courties have protocols in place with local Boards of Education. State QA Committee is looking at ways to help involve Education more in ISPs. Teacher involvement in ISPs is not consistent
W19 Children receive appropriate services to meet their educational needs.	22. Physical health of child	Strength	Strength	This is looked at consistently in courties with good follow up. At times there are transportation issues when children are reunited with parents
W19 Children receive appropriate services to meet their physical and mental health needs.	23. Mental health needs of the child	Needs Improvement	Needs Improvement	Assessments and ISPs are improving. Resources are available but there are sometimes issues of matching the best resource for the need and there are some issues of quality. Outcomes are maximized when there is continuous assessment, monitoring for progress, etc., by county social worker
Statewide Information System	Statewide Information System	Strength	Strength	There is a growing use of data. Increased availability of reports to improve and support caseload management as well as statewide administration
Case Review System	25. Case Review System	Needs Improvement	Strength	There has been improvement in timeliness of ISPs, especially in CPS cases. New policy requirements for ISP has strengthened involvement by custodial and non-custodial parent but there is still a need for improvement. Work with AOC/several juvenile judges has helped to assure parent/family names/addresses are obtained at first hearing
Case Review System	26. Periodic Reviews	Strength	Strength	Systems are in place for periodic reviews in all courties. State tracking/monitoring system is in place
Case Review System	27. Permanency Hearings	Needs Improvement	Strength	Notifications of hearings to foster parents, pre-adoptive parents, and relative caregivers are occurring. DHR/AOC staff have collaborated to improve timely hearings and appropriate language in orders. Still need work to reduce postponements
Case Review System	28. Termination of Parental Rights	Needs Improvement	Strength	Great improvement has occurred in implementation of 15122 requirement of ASFA. Thresholds have supported improvements. Collaboration with Courts has been positive. State QA Subcommittee has addressed this issue

CFSSR 2007 SA Strengths and Needs Summary

Outcome/Systemic Factor	Item	Round 1 Finding	SA Round 2 Finding	Strengths/Needs Summary
Case Review System	29. Notice of Hearings and Reviews to Caregivers	Strength	Needs Improvement	Policy supports this happening. Type of notification varies county by county
Quality Assurance System	30. Standards of Ensuring Quality Services	Strength	Strength	QA examines/assesses department best practice indicators, recommends actions to improve service capacity, outcomes, and conformity with federal, state, and department program regulations. QA functions as the Citizen Review Board. Counties have local functioning QA systems. There is a follow-up process involving FSD CW Consultants following reviews
Quality Assurance System	31. Quality Assurance System	Strength	Strength	There is a QA Coordinator and local QA Committee in each county in Alabama
Staff and Provider Training	32. Initial Staff Training	Strength	Strength	Surveys completed by participants and County Directors and Managers give a positive response regarding ACT. Some counties are doing a full training for new staff. Some misunderstanding of procedures to register for ACT has delayed participation. Some counties do not send staff to ACT until they have passed licensing exam or completed county based training. Effectiveness impact of replacing on the job Training component should be evaluated. There are variations in initial county training for new staff - some counties are doing full training for new staff that is being evaluated at this time for replacement of ACT for these counties
Staff and Provider Training	33. Ongoing Staff Training	Strength	Strength	Same surveys as above were conducted with same feedback. State staff feel that county staff do not view participation in ACT II as a priority; appears counties "don't have time" to send staff now. Needs to be made more of a priority for staff to attend
Staff and Provider Training	34. Foster and Adoptive Parent Training	Strength	Strength	Good feedback on effectiveness is received from participants; stakeholders suggest having workers attend as well. Need to look at improving flexibility in scheduling training
Service Array and Resource Development	35. Array of Services	Strength	Strength	New projects are underway. Continuum of Care Project (implemented in first stage of counties) and MAT. Letter has reduced TFC fulcrum equivalents from 1210 to 800 since 12/06 and reduced new entries from 65+ per month to less than 40. Statewide contract is in place for transition services
Service Array and Resource Development	36. Service Accessibility	Strength	Strength	Residential care is available on a statewide basis as is TFC and Transitional Care. Continuum of Care will be expanded statewide

CFSR 2007 SA Strengths and Needs Summary

Outcome/Systemic Factor	Item	Round 1 Finding	SA Round 2 Finding	Strengths/Needs Summary
Service Array and Resource Development	37. Individualizing Services	Strength	Strength	There has been expansion of services for special needs
Agency Responsiveness to Community	38. State Engagement in Consultation With Stakeholders	Strength	Strength	There is ongoing involvement of stakeholders via QA. Local QA Committees conduct yearly stakeholder interviews, special studies, and follow up on issues as necessary. Local Satisfaction Surveys are conducted. Good collaboration with State QA, AOC, Providers, Peer Reviews for Family Preservation/Support Services programs. State QA Committee and its subcommittees work with DHR on issues, e.g., policy development
Agency Responsiveness to Community	39. Agency Annual Reports Pursuant to CFSR	Strength	Strength	Stakeholders are involved in APSR. Reports issued include Child Welfare Report Card, Semi-Annual Co. QA Report, Reports on County and State QA Reviews
Agency Responsiveness to Community	40. Coordination of CFSR Services With Other Federal Programs	Strength	Strength	Local Multi-Disciplinary and Multi-Needs Teams are a support to counties. There are shared funding agreements among state agencies. ISP process is a support. Protocols have been established with local education and law enforcement. There is a DHR/DYS protocol for discharge planning. There are procedures in place with Child Support regarding the Federal Parent Locator System. Ongoing collaboration with Children's Trust Fund has been expanded through the Child Welfare Collaborative Initiative. DHR participation/collaboration with Alabama Medicaid Agency provides funding for children's medical/mental health care needs
Foster and Adoptive Home Licensing, Approval, and Recruitment	41. Standards for Foster Homes and Institutions	Strength	Strength	Continuous update of standards is done to keep them current, address issues, etc.; DHR has required pre-approval training program for prospective foster and adoptive homes; Ongoing training for foster parents is also required
Foster and Adoptive Home Licensing, Approval, and Recruitment	42. Standards Applied Equally	Strength	Strength	New provisional home policy was issued since last CFSR to support appropriate usage of this type resource. There is one set of standards for all types of foster homes with provisional homes policy for specific situations. Selected staff have been trained to provide pre-foster/adoptive home training (GPS and Deciding Together); SDHR helps identify Foster Parent co-leads from neighboring counties if no one is certified in local county
Foster and Adoptive Home Licensing, Approval, and Recruitment	43. Requirement for Criminal Background Checks	Strength	Strength	Alabama Law, DHR Office of Criminal History Checks, and DHR policy/procedures support criminal history checks. There are some issues of timeliness which involve ongoing collaboration with the Department of Public Safety. Contract support is being explored to expedite via live scans
Foster and Adoptive Home Licensing, Approval, and Recruitment	44. Diligent Recruitment of Foster and Adoptive Homes	Strength	Needs Improvement	Counties are encouraged to engage families to expand their preferences in adopting. There is capacity to do GPS but need to look at local training to ensure consistency. There is a need for both foster and adoptive homes. Inquiries are coming in but there is no system for tracking outcomes statewide. This area needs exploration in order to expand available resources for children
Foster and Adoptive Home Licensing, Approval, and Recruitment	45. State Use of Cross-Jurisdictional Resources for Permanent Placements	Strength	Strength	A good CPC process is in place. There is good coordinator/cooperation with border counties. Expedited criminal history checks will help speed process as this is a factor which can cause delays

**Section V-2
County Site Recommendation**

Lee County	
Consideration	County Specific Information
Data Summary	<ul style="list-style-type: none"> • Alabama’s Child Welfare Report Card – Received top rating (4A) since 2006 • Alabama Child Welfare Thresholds – Did very well for 10 of 13 quarters • CFSR Permanency Composite 1 – Did well on timeliness and permanency of reunification, except for measure on reentry which was high; Did better than state on 3 of 4 measures • CFSR Permanency Composite 2 – Did well on timely adoptions within 24 months but did not do well on adoptions <u>or</u> children who had been in care for longer periods of time; Did better than State on 3 of 5 measures • CFSR Permanency Composite 3 – Did well on permanency for children in foster care for long periods of time Did better then State on 2 of 3 measures • CFSR Permanency Composite 4 – Placement stability good for placements less than 12 months but not good placements after 12 months; Did better than State only on 1 of 3 measures. • CFSR Safety – Did very well, Better than State on both measures
Strengths	<ul style="list-style-type: none"> • Innovative approach to working on issues • Behavior Analyst Program • Continuum of Care Pilot county • CHINS Project • Good Substance Abuse Protocols • Good stakeholder participation
Areas Needing Improvement	<ul style="list-style-type: none"> • Needs to work on coaching and mentoring of staff • Needs to work on ISPs driving practice • Have had weak assessments • Consistency needed in seeing cases with long term view
Status on Statewide Issues	<ul style="list-style-type: none"> • % FC Admissions due to Meth abuse by parent or caretaker 10/1/05 – 8/31/06: 22.58%
Challenges	<ul style="list-style-type: none"> • Population has continued to increase over the last 5 years • Patterns of generational abuse/neglect
Number of In-Home Cases	136 as of 3/31/07 excluding Home Evaluations
Number of Children in Out of Home Care	AFCARS 193, excluding custody other agency as of 3/31/07 129
Geographic Description	East Alabama, Urban, Medium Size Co., 60 miles from Montgomery

Tuscaloosa County	
Consideration	County Specific Information
Data Summary – CFSR/St. QA	<ul style="list-style-type: none"> Alabama’s Child Welfare Report Card – Received top rating (4A) since 2006 Alabama Child Welfare Thresholds – Vary between no exception and 2 exceptions, majority of problems in Adoption and CANs Pending CFSR Permanency Composite 1 – Didn’t do well; Only better than State on 1 of 4 measures CFSR Permanency Composite 2 – Didn’t do well; Did better than State on 2 of 5 measures CFSR Permanency Composite 3 – Didn’t do well CFSR Permanency Better than State only on 1 of 3 measures Composite 4 –Did not do well; Was below State on all 3 measures but was above national median on 2 of 3 measures. CFSR Safety – Did very well Note: Low number of CPS cases compared to number of foster care children
Strengths	<ul style="list-style-type: none"> QA Review showed examples of outstanding casework Family centered casework Good work in reunification – more CHINS than any other county Workers do a lot of “extras” to keep families together CPS is reportedly strong in practice but are some paperwork/approval from supervisor issues noted
Areas Needing Improvement	<ul style="list-style-type: none"> Needs improvement in engaging Education Re-entries into care are high
Challenges	<ul style="list-style-type: none"> Data does not reflect good casework seen in county
Status on Statewide Issues	<ul style="list-style-type: none"> % FC Admissions due to Meth abuse by parent or caretaker 10/1/05 – 8/31/06: 5.71%
Number of In-Home Cases	89 as of 3/31/07 excluding Home Evaluations
Number of Children in Out of Home Care	AFCARS 364, excluding custody other agency as of 3/31/07 251
Geographic Description	West Alabama, Urban, Medium Size Co., 129 miles from Montgomery

Section V-3

Comments Regarding Alabama's Statewide Assessment Experience

Since Alabama is very familiar with the Statewide Assessment process, completing the federal instrument posed no specific problems. Input and comments from federal staff assisted the State in including the level of detail required for an evaluative assessment. While there were no particular surprises in putting together the data and narrative, one issue did become apparent. In assessing permanency for children, consideration must be given to:

- Alabama's definitions of abuse and neglect
- Emphasis placed on thorough assessment and supportive services to keep children from coming into care

Although CPS includes prevention cases, only instances which rise to a level of risk of maltreatment are considered abuse and neglect. As a result, many of the children who do come into care have very complex issues. Achieving permanency can prove to be more challenging in these instances. If it weren't for the "up front" work provided by county staff and supported by the state office through county consultation, quality assurance, data analysis and policy/procedures, there could be more children with fewer problems entering care. Permanency would be much easier to accomplish in such situations. Safety, as measured in Alabama's State Data Profile, has consistently exceeded national standards. Since most children enter the child welfare system because of safety considerations, these issues are relevant to permanency as well. Alabama recognizes that the more difficult the case situation, the more difficult reunification/permanency can be. Therefore, the State is somewhat "penalized" for good CPS work resulting in data/practice measures for permanency reflecting the level of complexity inherent in making lasting, permanent plans for children with severe problems.

**Section V-4
Statewide Assessment Stakeholder/Staff Involvement**

Name	Agency/Organization	Title
67 County Staff	County DHRs	Resource Workers/Supervisors
44 Youth	Youth Advisory Council	Members
A. C.		Former Foster Child
Allen, Marlita	Jefferson Co. DHR	Program Supervisor
Armstead, Donna	Montgomery Co. DHR	Senior Service Supervisor
Arnold, Shelton	SDHR	Program Manager
Ash, Sue	SDHR	Program Supervisor Office of CPS
Barnes, Lynn	Escambia Co. DHR	Director
Barnes, Shemeca	Jefferson Co. DHR	Service Supervisor
Beasley, Terry	Jefferson Co. DHR	Program Manager
Bell, Renee	Jefferson Co. DHR	CAN Supervisor
Berry, Sue	SDHR	Program Supervisor Office of CW Consultation
Boyd, Ann	SDHR	Program Specialist Office of CW Consultation
Brandhuber, Scott	SDHR	Information Systems Div.
Brock, Donna	APAC/Children's Aid Society	Recruitment Response Specialist
Brooks, Catherine	Jefferson Co. DHR	Program Supervisor
Brown, Cassandra	Jefferson Co. DHR	Program Supervisor
Burke, Jan	Lee Co. DHR	Director
Byrum, Jim	Methodist Children's Home	Assistant Director
Campbell, Linda	SAFY	Director of QI
Caver, Joyphne	Calhoun Co. DHR	Service Supervisor
Cooke, Kimberly	Jefferson Co. DHR	Program Supervisor
Cooper – Robinson, Vicki	Children's Trust Fund	Division Director
Curry, Valencia	SDHR	Program Specialist
Davidson, Wanda	SDHR	Program Supervisor Office of Permanency
Denard, Catherine	Jefferson Co. DHR	Assistant Director
Derevenko, Audrey	Children's Aid Society	Perm. Planning Service Coord.
Desmond, Kimberly	SDHR	Program Supervisor Office of Data Analysis
Diaz, Lisa	SDHR	Program Specialist Office of CPS
Emmons, Carla	Jefferson Co. DHR	Supervisor
Erwin, Elizabeth	Baldwin Co. DHR	
Eubanks, Tracy	Jefferson Co.	Supervisor
Fain, Marie	Mobile Co. DHR	QA Coordinator
Flowers, Eddie	SDHR	FP/SS Facilitator Resource Management
Fuller, Tammy	SDHR	Program Specialist Office of CW Training
Gilley, Yvonne	Calhoun Co. DHR	Program Supervisor
Givins, Barbara	Jefferson Co. DHR	Program Manager
Glass, Donna	Multiple Needs Child Office	Director
Godfrey, Sheila	Lee Co. DHR	Therapist

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Godwin, Melissa	Elmore Co. DHR	Program Supervisor
Goodwin, Wanda	Dallas Co. DHR	Program Supervisor
Gookin, Martha	Poarch Band of Creek Indians	Social Services
Graham, Lt. Renee	Mobile Police Dept.	Youth Lieutenant
Green, Karen	Alabama Medicaid Agency	Nurse Analy. Rehab Option
Green, Pamela	Tuscaloosa Co.	Senior SW Supervisor
Griffin, Don	SDHR	IT Program Manager Information Systems
Hankins, Barbara	ADRS/CRS	District Supervisor
Hardin, Brandon	Coffee Co. DHR	Director
Holt, Kristy	Tuscaloosa Co. DHR	SSWS
Hood, Corliss	Jefferson Co. DHR	Program Supervisor
Hooper, William	AI Foster/Adoptive Parent Association	President
Ingram, Linda	Jefferson Co. DHR	Program Manager
Jackson, Andy	SDHR	Program Specialist Office of Permanency
Jain, Marie	SDHR	QA Coordinator
Jay, Sharon	Hale Co. DHR	Director
Johnson, Onya	Autauga Co. DHR	County Director
Johnson, Rose	Mobile Co. DHR	Director
Johnson, Tara	AI Network of Child Advocacy	State Coordinator
Jones, Sharon	Geneva Co. DHR	SSWS
Kelley, Carol Lisa	Lee Co. DHR	Service Supervisor
Kelly, Emily	ACADV	Director
King, Betsy	State DHR	Program Manager/Res. Management Division
Lacey, Angela	Jefferson Co. DHR	Assistant Director
LaFreniere, Steve	DMH/MR	Dir. Children's Services
Lawrence, Inya	Lee Co. Youth Dev.	COFC
Lee, Cassandra	SDHR	Program Specialist
Lemay, Sharis	ADPH	Asst. Director of Children Health
Lindsay, Jennifer	Marshall Co. DHR	QA Coordinator
Maddox, Bob	Administrative Office of Courts	Attorney
Manzella, Melanie	SDHR	Program Specialist Office of Permanency
Martin, Cathy	SDHR	Program Specialist
Mashego, Kim	Jefferson Co. DHR	Assistant Director
Massler, Kay	SDHR	Program Specialist
Matthews, Phyllis	SDHR	Program Manager Office of ICPC
McDaniel, Cynthia	SDHR	Program Specialist
McTuen, Andrea	Jefferson Co. DHR	Program Supervisor
Moody, Cris	SDHR	Program Manager Office of CW Training
Muscolino, Patricia	SDHR	Reg. Manager (Interim Jefferson Co. Director)
Nelson, Beth	Mobile Co	Program Manager
Nelson, Carrie	Montgomery Co. DHR	Senior Service Supervisor
Owings, Beverly	Children's Aid Society/Adopt UsKids	Recruitment Response Team Leader
Peaton, Becky	Troy Univ., Children's Justice	Manager

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	Grant	
Penton, Betty	GHRC	Clinical Director
Perry, Cindy	SDHR	Program Specialist
Peters, Glenda	SDHR	Program Manager
Pierce, Lanell	State DHR	Program Specialist/Office of Financial Resource Mgt.
Pietrzak, Angela	State DHR	Program Specialist/Office of Financial Resource Mgt.
Proffitt, Peggy	SDHR	Program Specialist
Rice, Kathleen	Marshall Co. DHR	Program Supervisor
Roger, Jacqueline	Conecuh Co. DHR	SSCW
Rogers, Connie	SDHR	Program Specialist Office of Adoption
Rowe, Clarence	JCDHR	Program Supervisor
Rowe, Mollie	Green Co. DHR	QA Coordinator
Scanlan, Shirley	SDHR	Program Administrator
Scott, Kimberly	SDHR	Program Specialist
Simm, Jonathan	SDHR	Program Analyst Information Systems
Slaughter, Dorothy	SDHR	Program Supervisor Office of Adoption
Smith, Bill	Mobile Co. DHR	Program Manager
Smith, David	SDHR	Attorney
Sorrells, Susan	SDHR	Program Supervisor Office of CW Consultation
Stinson, Lori	Poarch Band of Creek Indians	Staff Attorney
Temple, Victor	SDHR	Programmer/Analyst Information Systems
Thompson, Cary	SDHR	Program Specialist Office of Permanency
Wade Lori	Lauderdale Co. DHR	QA Supervisor
Ward, Sandra B.	SDHR	Program Specialist
Watts, Gayle	Children Aid Society	Exec. Director
White, Carolyn	Poarch Band of Creek Indians	Executive Director , Social Services
Williams, Mark J.	SDHR	Program Specialist
Wilson, Faye	SDHR	Program Specialist Office of Adoption
Wilson, Linda	Montgomery Co. DHR	Assistant Director
Wilson, Nancy	Jefferson Co.	Assistant Director
Wilson, Susan	Jefferson Co.	QA Supervisor
Winningham, Janet	SDHR Office of Data Anal.	Program Specialist Office of Data Analysis
Wise, Donnie	SDHR	Program Specialist
Wolnek, Michelle	Heart Gallery AL	President
Youngpeter, Marie	SDHR	Program Manager Office of Permanency