Child and Family Services Reviews

ALABAMA
Statewide Assessment

May 14, 2018

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Introduction

The Child and Family Services Reviews (CFSRs), authorized by the 1994 Amendments to the Social Security Act (SSA), are administered by the Children's Bureau, Administration for Children and Families, U.S. Department of Health and Human Services. The goals of the CFSR are to:

- Ensure substantial conformity with title IV-B and IV-E child welfare requirements using a framework focused on assessing seven safety, permanency, and well-being outcomes and seven systemic factors;

- Determine what is happening to children and families as they are engaged in child welfare services; and

- Assist states in helping children and families achieve positive outcomes.

The CFSR Process

The CFSR is a two-phase process, as described in 45 CFR 1355.33. The first phase is a statewide assessment conducted by staff of the state child welfare agency, representatives selected by the agency who were consulted in the development of the Child and Family Services Plan (CFSP), and other individuals deemed appropriate and agreed upon by the state child welfare agency and the Children's Bureau.

The second phase of the review process is an onsite review. The onsite review process includes case record reviews, case-related interviews for the purpose of determining outcome performance, and, as necessary, stakeholder interviews that further inform the assessment of systemic factors. The onsite review instrument and instructions are used to rate cases, and the stakeholder interview guide is used to conduct stakeholder interviews.

Information from both the statewide assessment and the onsite review is used to determine whether the state is in substantial conformity with the seven outcomes and seven systemic factors. States found to be out of substantial conformity are required to develop a Program Improvement Plan (PIP) to address the identified areas out of substantial conformity. States participate in subsequent reviews at intervals related to their achievement of substantial conformity. (For more information about the CFSRs, see the *Child and Family Services Reviews* at http://www.acf.hhs.gov/programs/cb.)

Integration of the CFSP/APSR and CFSR Statewide Assessment

The CFSR process is intended to be coordinated with other federal child welfare requirements, such as the planning and monitoring of the CFSP. We are encouraging states to consider the statewide assessment as an update to their performance assessment in the state's most recent CFSP and/or Annual Progress and Services Report (APSR) rather than a separate assessment process and reporting document. Most of the content for the statewide assessment overlaps with the CFSP/APSR and the same expectations for collaboration with external partners and stakeholders exist across all planning processes. States can use the statewide assessment process to re-engage these partners and stakeholders in preparation for the CFSR.

The Statewide Assessment Instrument

The statewide assessment instrument is a documentation tool for states to use in capturing the most recent assessment information before their scheduled CFSR. Each section, as outlined below, is designed to enable states to gather and document information that is critical to analyzing their capacity and performance during the statewide assessment phase of the CFSR process.

- Section I of the statewide assessment instrument requests general information about the state agency and requires a list of the stakeholders that were involved in developing the statewide assessment.

- Section II contains data profiles for the safety and permanency outcomes. These include the data indicators, which are used, in part, to determine substantial conformity. The data profiles are developed by the Children's Bureau based on the Adoption and Foster Care Analysis and Reporting System (AFCARS) and the National Child Abuse and Neglect Data System (NCANDS), or on an alternate source of safety data submitted by the state.

- Section III requires an assessment of the seven outcome areas based on the most current information on the state's performance in these areas. The state will include an analysis and explanation of the state's performance in meeting the national standards as presented in section II. States are encouraged to refer to their most recent CFSP or APSR in completing this section.

- Section IV requires an assessment for each of the seven systemic factors. States develop these responses by analyzing data, to the extent that the data are available to the state, and using external stakeholders' and partners' input. States are encouraged to refer to their most recent CFSP or APSR in completing this section.

We encourage the state to use this document "as is" to complete the assessment, but the state may use another format as long as the state provides all required content. The statewide assessment instrument is available electronically on the Children's Bureau website at http://www.acf.hhs.gov/programs/cb/resource/round3-cfsr-statewide-assessment.

Completing the Statewide Assessment

The statewide assessment must be completed in collaboration with state representatives who are not staff of the state child welfare agency (external partners or stakeholders), pursuant to 45 CFR 1355.33 (b). Those individuals should represent the sources of consultation required of the state in developing its title IV-B state plan and may include, for example, Tribal representatives; court personnel; youth; staff of other state and social service agencies serving children and families; and birth, foster, and adoptive parents or representatives of foster/adoptive parent associations. States must include a list of the names and affiliations of external representatives participating in the statewide assessment in section I of this instrument.

We encourage states to use the same team of people who participate in the development of the CFSP to respond to the statewide assessment. We also encourage states to use this same team of people in developing the PIP. Members of the team who have the skills should be considered to serve as case reviewers during the onsite review.

How the Statewide Assessment Is Used

Information about the state child welfare agency compiled and analyzed through the statewide assessment process may be used to support the CFSR process in a range of ways. The statewide assessment is used to:

- Provide an overview of the state child welfare agency's performance for the onsite review team;

- Facilitate identification of issues that need additional clarification before or during the onsite review;

- Serve as a key source of information for rating the CFSR systemic factors; and

- Enable states and their stakeholders to identify early in the CFSR process the areas potentially needing improvement and to begin developing their PIP approach.

THE PAPERWORK REDUCTION ACT OF 1995 (Pub. L. 104−13)

Public reporting burden for this collection of information is estimated to average 240 hours for the initial review and 120 hours for subsequent reviews. This estimate includes the time for reviewing instructions, completing the assessment, and reviewing the collection of information.

An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number.

Statewide Assessment Instrument

Section I: General Information

Name of State Agency: **Alabama Department of Human Resources**

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

CFSR Review Period

CFSR Sample Period: 04/01/2017 – 09/30/2017 (Foster Care)
                                 04/01/2017 – 11/15/2017 (In-Home Services)

Period of AFCARS Data: 2017B

Period of NCANDS Data: FF2016

Case Review Period Under Review (PUR): 04/01/2017 – 07/23/2018

State Agency Contact Person for the Statewide Assessment

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Statewide Assessment Participants *

Stakeholders – State Department of Human Resources (SDHR)
- Nancy T. Buckner, Commissioner – State Department of Human Resources
- John C. James, Deputy Commissioner – Children and Family Services (Retired)
- Karen H. Smith, Deputy Commissioner – Children and Family Services
- Gina Simpson, Deputy Commissioner – Quality Assurance
- Karen H. Smith, Acting Director – Family Services Division (FSD)
- Eric L. Graves, Director – Quality Assurance Division (QAD)
- Starr Stewart, Director - Resource Management Division (RMD)
- Jim Loop, Deputy Director – FSD
- Sondra Landers, Deputy Director – QAD
- Gloria Holloway, Deputy Director – RMD
- Avis Hunter, Assistant Director – Family Assistance Division (FAD)

State Department of Human Resources – Family Assistance Division (FAD) Family Services Division (FSD, Quality Assurance Division (QAD) and Resource Management Division (RMD)
- Melody Armstrong, FAD
- Rhonda Brooks, Program Manager – Office of Child Protective Services (OCPS), FSD
- Kanoschu Campbell, Program Manager – Office of Foster Care (OFC), FSD
- Holly Christian, Program Manager – Office of Data Analysis (ODA), FSD
- Valencia Curry, Program Manager   - OFC, FSD
- Larry Dean, Program Manager – Office of Federal Coordination and Reporting
- Debbie Green, Program Manager – Office of Policy, FSD
- Mason Hobbie, Program Manager – OQA, QAD
- Shuereaka Holston, Program Specialist – ODA, FSD
- E. Anne Holliday, Program Manager – Office of Interstate Compact on the Placement of Children, FSD
- Danny Luster, Program Specialist, FACTS
- Kimberly McCoy, Program Specialist, ODA, FSD
- Latari McMillian, Administrative Assistant, QAD
- Cris Moody, Program Manager – OCWT, QAD
- Connie Rogers, Program Manager – FACTS
- Donna Reardon, Program Manager - FACTS
- Jennifer Rios, Program Specialist – OFC, FSD
- Kristie Rowland, Administrative Assistant, QAD
- Donna Spear, Program Supervisor – OCWT, QAD
- Julia Stroud, Resource Management Division
- Tamela Warren, Resource Management Division
- Janet Winningham, Program Manager – ODA, FSD

Stakeholders
- Alesia Allen, Executive Assistant to the Director – Alabama Department of Youth Services
- Johnna Breland, Foster/Adoptive Parent
- Angie Burque, School of Social Work – Auburn University
- Christy Cain deGraffenried, Children's First Foundation
- Kathryn Clark, Program Manager – Alabama Network of Child Advocacy Centers (ANCAC)
- Michealine Deese, Child/Family Welfare Coordinator - Poarch Band of Creek Indians
- Marie Fain, (Retired) QA Coordinator, Mobile County DHR
- Martha Gookin, Poarch Band of Creek Indians, Tribal Members Services - Division Director
- Mandi Hall – AOC
- Debra Henning, (Retired) Program Director – Alabama Post Adoption Connections
- Gina Harris, Jefferson County QA Committee
- Buddy Hooper, President – Alabama Foster and Adoptive Parent Association and Adoptive Parent (AFAPA)

- Martha Hooper, AFAPA
- Jessica Jackson – Department of Child Abuse and Neglect Prevention
- Sallye Longshore, Executive Director – Department of Child Abuse and Neglect Prevention
- Bob Maddox, Administrative Office of Courts
- Katie Beth McCarthy – Executive Director, ANCAC
- Stephanie McKnight, Director – Barbour County DHR
- Cary McMillan, Director, Family Court Division – AOC
- Andrea Mixson , Alabama Disabilities Advocacy Program (ADAP)
- Amanda Montgomery, Family Services Director - Poarch Band of Creek Indians
- Becky Peaton – Children's Justice Task Force
- Honorable Patrick Pinkston, Elmore County District Judge
- Betsy Prince, Director of Early Intervention Services – Alabama Department of Rehabilitation Services
- Shirley Scanlan – Children's Justice Task Force
- Mary Smith – Foster Parent
- Ebone Watkins – Children's Aid Society
- Gayle Watts. Executive Director Children's Aid Society
- Sicily Woods - AOC

Other External Stakeholders
- Alabama D.R.E.A.M. Council (Youth Panel)

Surveys (results are selectively incorporated into the body of the report)

- **Court Survey: 336 respondents**
  1. Judges: 27
  2. Referees: 6
  3. Guardians-ad-litem: 303

- **Youth Survey: 77 respondents**
  1. 14 yrs. – 14 youth
  2. 15 yrs. - 10 youth
  3. 16 yrs. - 17 youth
  4. 17 yrs. - 12 youth
  5. 18 yrs. - 10 youth
  6. 19 yrs. -   8 youth
  7. 20 yrs. -   6 youth

- **Caregiver Survey: 637 respondents (respondents could check all roles that apply)**
  1. Foster Parent   619
  2. Adoptive Parent   217
  3. Relative Caregiver   13

- **DHR Staff / External Stakeholder Survey: 429 respondents (some selected more than one role)**
  1. Stakeholders: 145
  2. DHR County Staff: 285
  3. DHR State Staff: 60

*   **Individuals listed above are included by virtue of being provided with an opportunity for selected content review of, and/or provision of input to / compiling data for, the Statewide Assessment.**

The following acronyms are among those most used in this report:

AA/N	Adult Abuse/Neglect Report
ABI	Alabama Bureau of Investigation
ACADV	Alabama Coalition Against Domestic Violence
ACT I	Alabama Child Welfare Training - former initial training for new child welfare (cw) workers
ACT II	Alabama Child Welfare Training Modules - former ongoing training for current cw workers
ADAP	Alabama Disabilities Advocacy Program
AFAPA	Alabama Foster and Adoptive Parent Association
AOC	(Alabama) Administrative Office of Courts
APAC	Alabama Post Adoption Connections
APPLA	Another Planned Permanent Living Arrangement (see section on Permanency Goals)
APSR	Annual Progress and Services Report
ASFA	Adoption and Safe Families Act
CAC	Child Advocacy Center
CAPTA	Child Abuse Protection and Treatment Act
CAS	(Alabama) Children's Aid Society
CA/N	Child Abuse/Neglect Report
CDRS	Child Development Resources
CFA	Comprehensive Family Assessment
CFSP	Child and Family Services Plan
CFSR	(Federal) Child and Family Services Review
CFCIP	Chafee Foster Care Independence Program
CIP	(Alabama) Court Improvement Program
CQI	Continuous Quality Improvement
CWCI	Child Welfare Collaborative Initiative
CPS	Child Protective Services
DHR	Department of Human Resources (Alabama's public child welfare agency)
DCAP	(Alabama) Department of Child Abuse Prevention
DMH	(Alabama) Department of Mental Health
DT	Deciding Together: (prior) one-on-one preparation of prospective foster/adoptive parents
DYS	(Alabama) Department of Youth Services
EA	Emergency Assistance
ERD	Electronic Report Distribution
ETV	Education and Training Voucher Program
FA	Family Assistance
FACTS	Family And Children Tracking System (Alabama's SACWIS)
FC	Foster Care
FCS	Family and Children's Services
Flex Funds	Funds allocated to County DHR Offices for implementation of county-based services
FSD	Family Services Division (of the Alabama State Department of Human Resources)
GAL	Guardian Ad Litem (court-appointed attorney for children in foster care)
GPS	Group Preparation/Selection: (prior) curriculum for preparing prospective foster and adoptive parents)
HIPPA	Health Insurance Portability & Accountability Act
ICPC	Interstate Compact on the Placement of Children
IDEA	Individuals with Disabilities Education Act
IEP	Individualized Education Plan (established at schools for children in special education)
ILP	Independent Living Program
ISP	Individualized Service Plan (Alabama DHR Case Planning Process)
JOBS	Work/Education Program
LEA/OSA	Law Enforcement Agency/Other State Agency
LETS	(AL's) Learning, Education, & Training System (e.g., Learning Management System)
MAPP	Model Approach to Partnerships in Parenting
MAT	Multi-dimensional Assessment Tool
MD Team	Multi–Disciplinary Team – Team of professionals called on to staff cases (often involves law enforcement, the D.A.'s office, the CAC and DHR staff, with a focus on serious physical and sexual abuse cases.

MN Team	Multi-Needs Team of professionals called upon to staff cases where more than one agency is involved with a child and family (for example, DHR, Education, JPO and MH).
OQCWP	Office of Quality Child Welfare Practice
PA	Public Assistance
Protocol	Alabama Instrument used to conduct a QSR
PIP	Program Improvement Plan
PSSF	Promoting Safe and Stable Families, Title IV-B, subpart 2
QA	Quality Assurance
QAD	Quality Assurance Division
QSR	Qualitative Service Review (a process whereby the record of a particular child/family is reviewed, interviews are conducted with all the relevant persons involved with the child/family, certain items are rated and a report of findings and recommendations is submitted to DHR.
RD	Resource Development
SDHR	State Department of Human Resources
SACWIS	Statewide Automated Child Welfare Information System
SEAC	Special Education Action Committee, Inc.
SEDB	Seriously Emotionally Disturbed and/or Behaviorally Disturbed Children
STAC	Service Tracking, Accounting, and Claiming System
STEP	Striving Toward Excellent Practice – (New) Initial training for new child welfare workers
TANF	Temporary Aid to Needy Families
TCM	Targeted Case Management (Medicaid reimbursement)
TFC	Therapeutic Foster Care
TIPS	Trauma Informed Partnering for Safety and Permanency – (new) preparation curriculum for prospective foster/adoptive parents

ASSESSMENT OF CHILD AND FAMILY OUTCOMES - Description of QSR Data Measures

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

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

Section II: Safety and Permanency Data

State Data Profile

[State data profile deleted in its entirety.]

Section III: Assessment of Child and Family Outcomes and Performance on National Standards

Instructions

Refer to the section in the state's most recent Child and Family Services Plan (CFSP) or Annual Progress and Services Report (APSR) that provides assessment information on state performance on each of the seven child and family outcomes. Review the information with the statewide assessment team and determine if more recent data are available that can be used to provide an updated assessment of each outcome. If more recent data are not available, simply refer to the most recent CFSP or APSR document by indicating the document name/date and relevant page numbers where the information can be found for each outcome. Analyze and explain the state's performance on the national standards in the context of the outcomes.

A. Safety

Safety Outcomes 1 and 2

Safety outcomes include: (A) children are first and foremost, protected from abuse and neglect; and (B) children are safely maintained in their own homes whenever possible and appropriate.

- For each of the two safety outcomes, include the most recent available data demonstrating the state's performance. Data must include state performance on the two federal safety indicators, relevant case record review data, and key available data from the state information system (such as data on timeliness of investigation).

- Based on these data and input from stakeholders, Tribes, and courts, include a brief assessment of strengths and concerns regarding Safety Outcomes 1 and 2, including an analysis of the state's performance on the national standards for the safety indicators.

SO 1: Children are, first and foremost, protected from abuse and neglect

State Response:

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

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

Data Profile
- For contextual purposes, recurrence of maltreatment for FY's 15-16 (the state performance time frame used by the Children's Bureau) was 5.5%, which was below (desirable) the National Performance of 9.5%.

- For contextual purposes, maltreatment in care for FY 15A-15B, FY 15 (the state performance time frame used by the Children's Bureau) was 6.72%, which was below (desirable) the National Performance of 9.67%.

- For contextual purposes, the RSP for re-entry to foster care for FY14B, 15A (the state performance time frame used by the Children's Bureau) could not be determined due to data quality issues.

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

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

FACTS Measurement Description – Summary of Child Abuse and Neglect (CAN) Contacts for FY 2017
The table below includes all children identified in the CAN as victims and the time frame (as outlined at intake) in which they were seen:

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

Data / Data Trend – Item Assessment:
Data Entry errors have been identified as one of the possible contributing factors related to the data above. If the appropriate area is not checked correctly in FACTS, the contact will not show up on the report as being completed. Some children cannot be located due to information at intake not being sufficient. Families involved with substance abuse are often transient and the children cannot be located within the timeframe outlined at intake. However, the exact contribution to the above data of data entry errors and the inability to locate transient families (even with concerted efforts) is unknown. At this time, Alabama's preliminary determination for this item is Area Needing Improvement.

Child safety is paramount for the Alabama child welfare system. The timeframe for initiating face-to-face contact with a child who has been identified as an alleged victim of child maltreatment is based on present or impending danger and responses to all child maltreatment reports are made within the timeframes established by agency policies or state statutes, as follows: Initial in-person contact with children identified in Child Abuse and Neglect reports as allegedly abused or neglected must be made within one of the following response times (immediate or within 5 calendar days).

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

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

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

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

Preliminary Determination: **Strength** _____   **Area Needing Improvement**   **X**

Though the data is quantitative instead of qualitative, it all is below the 95% threshold required for it to be a Strength.

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

State Response:

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

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

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

Measurement Data
QA Baseline: 73%
QA Benchmark #1:   66%
QA Benchmark #2:   87%
QA Benchmark #3:   67%
QA Benchmark #4:   52%
QA Avg. '15-17:   65%

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

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

On March 1, 2017, the Department's timeframe to complete Child Abuse and Neglect Assessments and Prevention Assessments was changed from 90 days to 60 days. Revisions were also made to the timeframe that an out-of-home (non-foster) safety can be in place without court involvement from 90 days to 45 days. While Alabama does have a diverse cadre of in-home supports to address many issues throughout the state, the intensity of needs prompted by substance abuse pose unique challenges to the state's desire to safely maintain children within their families. The preliminary assessment for this item is Area Needing Improvement.

Preliminary Determination: Strength ___   Area Needing Improvement __X___
For cases reviewed in FY 17, 52% were rated a STRENGTH for the item of Family Preservation, which is below the 90% threshold required for this item.

Item 3. Risk and safety assessment and management

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

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

Measurement Data
QA Baseline:	92%
QA Benchmark #1:	89%
QA Benchmark #2:	86%
QA Benchmark #3:	87%
QA Benchmark #4:	76%
QA Avg. '15-17:	83%

Data / Data Trend – Item Assessment:
Onsite review findings by the state QA team included the following issues: assessments made during the CAN Assessment often were too focused on specific allegation and not on exploring or identifying other risk. It was also observed that often there was a failure to document all interactions/assessments with family. The experience level of worker and supervisor had an impact and some supervisors were too focused on meeting the policy requirements of a CAN, but not the thoroughness of the assessment. Child safety is the essential focus for the CPS intervention and is the primary concern throughout the case process. It starts at the point a report is made, and continues throughout the CA/N safety assessment to identify impending danger, and on to the point the family transfers to ongoing CPS or Foster Care, during the treatment service provision (ISP), and at the conclusion of any CPS involvement with a family. Safety applies to settings in the child's natural community as well as to any special care or treatment setting in which the child may be served on a temporary basis. Safety, as used here in the QSR, refers to adequate management of known safety threats to the child's physical safety and to the safety of others in the child's home and school settings, not an absolute protection from all possible risks to life or physical well-being. Protection of others from a child with assaultive behavior may require special safety precautions.

Counties have expressed the need for safety assessment training, particularly around identifying impending dangers, as well as safety plans. While individual counties have received general training around assessment, we are committed to offer more training statewide in response to the needs expressed. In FY 2017, the Office of CPS, held five regional sessions of Safety Assessment/Safety Plan training. The training focused on identifying present and impending danger circumstances, caregiver protective capacities and when and how to complete a safety plan. This training was provided to child welfare supervisors and the remaining session will be completed by October 2018 for all child welfare supervisors and managers statewide. Each county office will be provided the training material to take back to their county office to train current staff and new staff that will be hired in the future. We are committed to improving the caseworker's competency level to implement an appropriate safety plan to control present and impending danger threats. To further enhance child safety during the assessment period, CPS policy was added in March, 2016, which requires a home visit at least once a month for the duration of the assessment period

CHILD DEATHS DUE TO MALTREATMENT
The Department has continued to monitor the cases in which child deaths occurred due to maltreatment. With the statewide roll out of FACTS, report INVS206 was developed to track this item. The Office of Data Analysis is notified by an email on any CA/N report that has a child death allegation. This information is tracked from the QA Database. In the interim the Department relies on the QA Database to track this information. DHR Staff serve on the Alabama State Child Death Review Team (ASCDRT) and the State Health Department's Perinatal Advisory Council. Serving on these committees and others ensures that we gain information that helps guide us in areas such as premature infants and the statewide mortality rates.

FY 2015: In FY 2015, thirty-nine (39) child fatalities occurred with allegations of death due to child maltreatment. As of May 31, 2016, the dispositions on those CA/N reports are as follows:

Child Fatalities w/allegations of maltreatment	39
Indicated	16
Not Indicated	11
Unable to Complete	0
Pending	12
Entered in error	0
12 month prior contact w/ Indicated Finding	9 (56%)

FY 2016: In FY2016, twenty-five (25) child fatalities had occurred with allegations of death due to child maltreatment. As of May 31, 2016, the dispositions on those CA/N reports are as follows:

Child Fatalities w/allegations of maltreatment	25
Indicated	3
Not Indicated	4
Unable to Complete	0
Pending	18
Entered in error	0
12 month prior contact w/ Indicated Finding	1 (33%)

FY2017: In FY2017, forty-nine (49) child fatalities had occurred with allegations of death due to child maltreatment. As of April 13, 2018, the dispositions on those CA/N reports are as follows:

Child Fatalities w/allegations of maltreatment	49
Indicated	23
Not Indicated	16
Unable to Complete	0
Pending	10
Entered in error	0
12 month prior contact w/ Indicated Finding	7 (14.3%)

Alabama State Child Death Review Team
The ASCDRT is composed of 28 Members, seven of whom are ex officio members. The ex officio members may designate representative from their particular Departments or offices to represent them on the state team. The Alabama Department of Human Resources and the Alabama Department of Public Heath are two of the Departments represented on the State Team. The ASCDRT reviews the circumstances and underlying factors of all non-medical infant and child deaths in Alabama in order to identify those deaths that could possibly have been prevented. The State Team is responsible for coordination and efficient operation in the review process, using the following causes of death; Sudden Infant Death syndrome; Motor Vehicle Involvement, Fire Related Deaths, Suffocation-Related Deaths; Fire/Weapon Related Deaths. Local Teams do not make a decision as to any child maltreatment cause of death. Child maltreatment fatalities reported to NCANDS are those children for which the Department has investigated the child death. The circumstances of the child fatality are entered into our SACWIS system as a CAN report and Multidisciplinary Teams confer during this process. Coroners, LEA and Medical Examiners are legislatively mandated reporters. State DHR staff, as well as county DHR staff, also participate in the child death review teams. In addition to

the state team, each county has a Local Child Death Review Team. The local District Attorney leads the local teams. A representative from the Department team is included in the local team. The local teams throughout the state are responsible for an in-depth analysis of the cases assigned to them by the State Team. Local Representatives share any information the Department may have regarding child maltreatment deaths. Information about CA/N's with foster parent (related and non-related) is included on the chart below.

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

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

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

Preliminary Determination: **Strength** ___   **Area Needing Improvement** _**X**__
Although Alabama's data profile measures for this item were statistically better than the National Performance, in the case reviews for FY 17, only 76% of the cases were rated a Strength, which is below the threshold of 90% for this item.

B. Permanency

Permanency Outcomes 1 and 2

Permanency outcomes include: (A) children have permanency and stability in their living situations; and (B) the continuity of family relationships is preserved for children.

- For each of the two permanency outcomes, include the most recent available data demonstrating the state's performance. Data must include state performance on the four federal permanency indicators and relevant available case record review data.

- Based on these data and input from stakeholders, Tribes, and courts, include a brief assessment of strengths and concerns regarding Permanency Outcomes 1 and 2, including an analysis of the state's performance on the national standards for the permanency indicators.

PO 1: Children have permanency and stability in their living situations

State Response:

Item 4. Stability of foster care placement

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

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

Measurement Data
QA Baseline: 79%
QA Benchmark #1:   81%
QA Benchmark #2:   83%
QA Benchmark #3:   92%
QA Benchmark #4:   77%
QA Avg., '15-'17   84%

Data / Data Trend – Item Assessment

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

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

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

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

1. A review of the Department's staffing provides several potential indicators for lack of stability in foster care placements. New staff, as well as staff turnover, has had a major impact on carrying out service needs, and follow through in terms of worker management of assigned youth in the foster care system. Although worker turnover fluctuates significantly, rates as high as 41% have been noted (see also under Item 22).

2. Numbers of youth in care have also increased significantly in a relatively short time. From October 2016 through October 2017, the number of children in DHR custody has increased by 722 youth, an 14% increase. This has put increased stress on out of home care providers, both foster family homes and congregate care providers.

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

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

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

The Office of Adoption staff partners with APAC therapists during the matching/staffing process, on an as-needed basis, to better inform families as to what the child's diagnoses mean, how the behaviors can impact family life, and assist with a plan for managing the behaviors. During the 2016 reporting period, the (then) Program Supervisor responsible for the post-adoption services contract, examined information about placements and disruptions during fiscal years 2014 & 2015.

Placements in FY 2014	55	Number Disruptions	Percentage that Disrupted
DHR families	22	3	13%
Out of State	10	2	20%
APAC	23	6	26%
Of the 11 families that disrupted 9 had no previous foster or adoption experiences; 1 had previous adoption experience and 1 had previous foster experiences.			

Placements in FY 2015	48	Number Disruptions	Percentage that Disrupted
DHR families	14	1	7%
Out of State	15	7	47%
APAC	19	5	26%
Of the 13 families that disrupted, nine had no previous foster or adoption experiences; two had previous adoption experience and two had previous foster experiences.			

The examination revealed that families prepared & studied through the special needs adoption contract with CAS/APAC experienced disruption at a higher rate than did families prepared/studied by county DHR offices. The families studied and prepared through this contract have no foster care experience. Leadership for the Office of Adoption met with leadership of CAS/APAC in January 2016 to review this information and to hear ideas from CAS/APAC to provide extra levels of support and training to the families prepared and studied by their agency. CAS/APAC submitted an amendment (narrative and budget) to their post-adoption contract. The proposal included assigning a Family Advocate to all "Waiting Families" and then a "Family Coach" (Counselor) to all families once they

are matched.   Individual plans were developed for each family with services customized for the parents as well as birth children that may already be in the home. It was hoped that this extra support would reduce the number of disruptions. An examination of the placements made in FY 2016 reveals that disruptions (for state-placed adoptions) were down overall. The rate for families trained and studied by APAC was still about 10% higher than those trained and studied by county DHR staff

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

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

The total number of ANIR placements was up from 49 in FY 2016 to 76 in FY 2017. Twenty-seven (27) of these placements were still in-tact at the end of the fiscal year, but had not yet finalized. The total number of disruptions was up from 4 in FY 2016 to 16 in FY 2017. Examination of the 2017 disruptions will be reviewed at the next unit meeting of the Office of Adoption to determine reasons for disruptions and propose prevention strategies that may be put in place with families studied and approved by county DHR offices.

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

Preliminary Determination: **Strength** ___   **Area Needing Improvement X**

For cases reviewed in FY 17, 77% were rated a STRENGTH, and the average rating for FY's 15-17 was 84%, both of which are below the 90% threshold required for this item. While best practice indicator #9 "Children in foster care are in stable placements and any planned placement changes are in their best interest", was rated a STRENGTH in 100% of the counties reviewed during FY 2017 had this as a strength, other data reflect needs. Alabama's Data Profile provides that the RSP for Placement Stability for FY16B, 17A (the state performance time frame used by the Children's Bureau) of 6.41 was above (ANI) the National Performance of 4.44. Finally, AFCARS data reflects the Department's continued struggle related to placement stability. There has been a steady increase in the average number of placement moves from FY14A to FY17A, our average number of placement moves are 5.95 to a high of 6.41 per our AFCARS data for the 17A reporting period. Although data for the 17 B reporting period shows a decrease to 2.95 moves on average, this is an area needing improvement.

<u>**Item 5. Permanency goal for child**</u>

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

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

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

Data / Data Trend – Item Assessment
Best Practice Indicators number 11 measures whether permanency planning is in compliance with policy. The summary of the best practice indicators for on-site reviews conducted indicate 62% of the counties reviewed during FY 2017 had this as a strength. Potential contributing factors impacting the number of counties that have issues with full compliance on permanency planning can be found in data available from QSR visits. In cases reviewed, internal and external stakeholders note both positive and negative trends in the area of permanency goals and these vary from county to county.

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

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

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

- New staff, as well as staff turnover, have both had a major impact on the timely establishment of permanency goals and carrying out service needs, and follow through in terms of worker management of assigned youth in the foster care system. Although worker turnover fluctuates significantly, rates as high as 41% have been noted (see also Item 22).

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

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

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

data for the most recent foster care episode:

FY 2013   28.26 Months (approximate)
FY 2014   25.68 Months (approximate)
FY 2015   23.64 Months (approximate)
FY 2016   21.86 Months (approximate)
FY 2017   20.08 Months (approximate)

Children in Foster Care < Age Five: Reducing Length of Stay/Providing Developmentally Appropriate Services
In FY2017, 1703 children under the age of five entered the foster care system. This represents a 12% increase from FY2016 (1527 children). This substantive increase in numbers coming into care mirrored a corresponding increase in the percentage of children entering care due to parental substance abuse. In FY 2017 this accounted for 38.8% of all the children in this age group. This age group remained in care longer than under five youth in the previous two fiscal years, 11.34 months compared to 11.15 and 11.06 respectively. In 2015, 1260 youth under five years of age left foster care. This number increased to 1278 in FY2016 and 1293 in FY2017.

Comparison of Data for
2015 -2017

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

Adoption of Children under age 5:
Of the 512 children adopted in FY 2015, 503 adopted in FY 2016, and 500 adopted in FY 2017, the age at adoption through four (4) years of age is shown below.

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

Preliminary Determination: **Strength** ___   **Area Needing Improvement **__X__
Best Practice Indicators number 11 measures whether permanency planning is in compliance with policy. The summary of the best practice indicators for onsite reviews conducted, indicated that 62% of the counties reviewed during FY 2017 had this as a STRENGTH.

Item 6. Achieving Reunification, Guardianship, Adoption or OPPLA

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

QSR Measurement Description
Is the child living in a home or setting that the child, caregivers, and other stakeholders believe will endure until the child becomes independent? If ot, is a permanency plan presently being implemented on a timely basis [consistent with ASFA timelines] that will ensure that the child will live in a safe, appropriate, and permanent home?

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

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

- In most counties, when the permanency goal is return to parent or placement with relatives, permanency achievement is within ASFA time frames. Some counties have attributed this to the ongoing use of permanency roundtables at stated intervals during the life of the case.

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

- In the largest county, at the time of their onsite review, the majority of children in care, regardless of permanency goal, had exceeded ASFA time frames for achieving permanency. Stakeholders identified the following issues as barriers to timely permanency achievement:
  1. ICPC
  2. Publication/service issues
  3. Caseworker turnover

  The permanency assessment completed during this same review identified additional reasons such as:
  1. Lack of parental progress
  2. Unrealistic plans
  3. Change in caseworker (consistent with stakeholder input).

- State QA reviewers indicated that ISP's don't contain specified steps to achieve the identified permanency goals. ISP's need clearly stated goals, behaviorally-specific steps, and designated responsibilities with due dates and monitoring components.

- When the goal is placement with relatives and there are delays, it is typically due to lack of relative participation in the process.

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

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

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

The table (next page) captures the length of time until discharge to the respective permanency goals for FY 2017.

Time to permanency for federally recognized discharge reasons	Average Days in Care	Median Days in Care	Average Months in Care	Median Months in Care
Adoption	918	801	31	27
Kinship Guardianship	829	795	28	27
Return to Parent	289	211	10	7
Relative Placement	278	175	9	6

**Length of Continuous Time in Foster Care for Children Discharged in FY 2016**
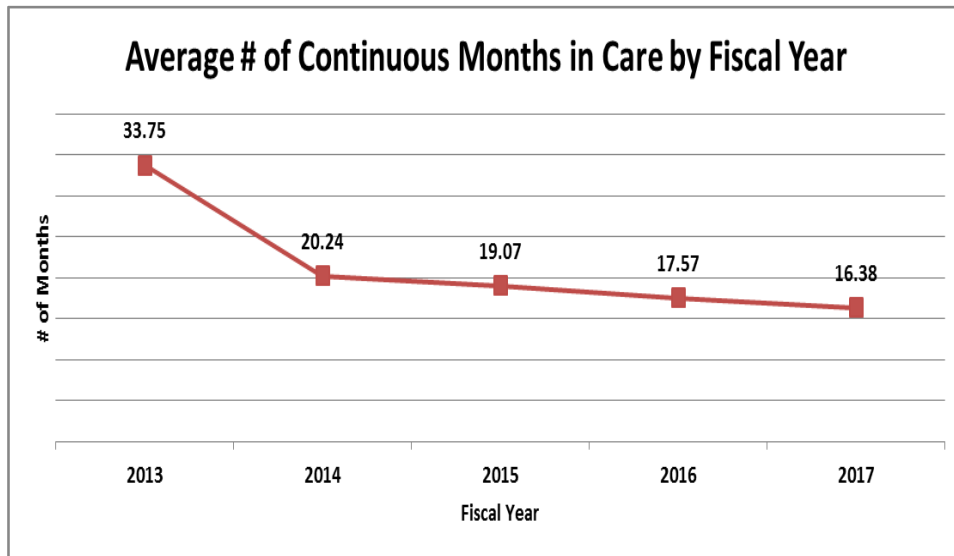
The data profile for Alabama, reflects that Alabama is below the National Performance levels desired for the Permanency indicators, or did not have sufficient data quality

Data Profile:
- For contextual purposes, the RSP for Permanency in 12 months (entries) for FY14B, 15A (the state performance time frame used by the Children's Bureau) could not be determined due to data quality issues.

- For contextual purposes, the RSP for Permanency in 12 months (for those who were already in care for 12-23 months) for FY16B, 17A (the state performance time frame used by the Children's Bureau) of 40.3%, was below (ANI) the National Performance of 45.9%.

- For contextual purposes, the RSP for Permanency in 12 months (for those who were already in care for 24+ months) for FY16B, 17A (the state performance time frame used by the Children's Bureau) of <u>28.3%</u>, was <u>below</u> (ANI) the <u>National Performance of 31.8%.</u>

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

Children in DHR Custody at the End of Fiscal Year

FY2014	FY2015	FY 2016	FY 2017
5,050	5,141	5,525	6,129
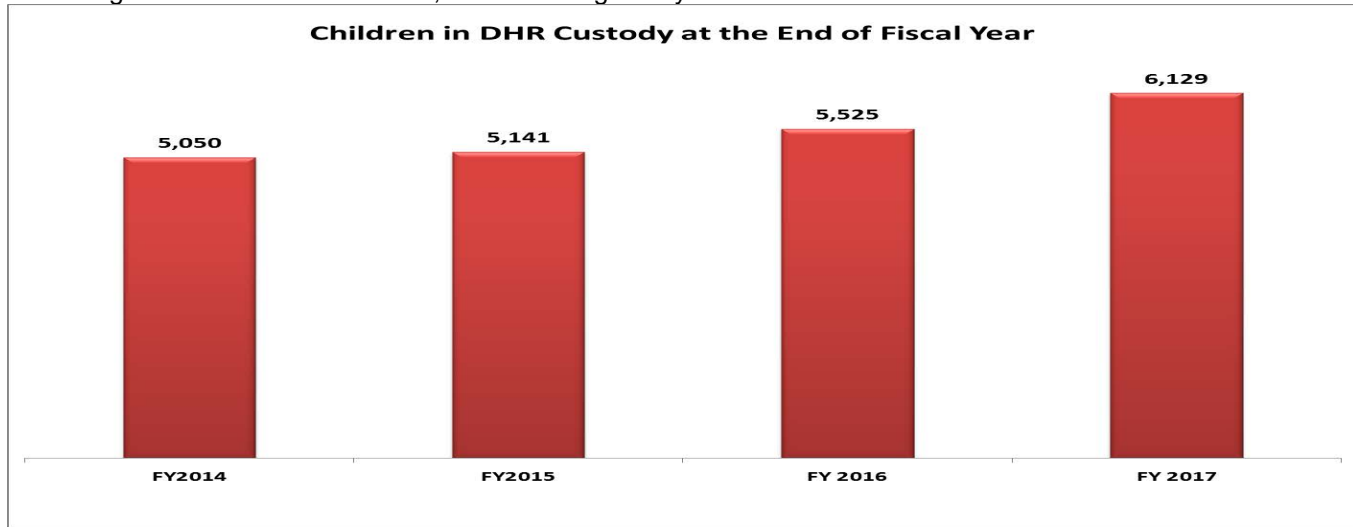
<u>**Adoption**</u>

DATA & SERVICES - Finalized Adoptions:

FY14	548
FY15	512
FY16	503
FY 17	510

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

- In FY 2014 we matched and placed child C.S. with a teacher's aid from his special education service provider. This child has cerebral palsy, microcephalus, intellectual impairment and profound deficits in expressive communication.
- In FY 2015, child NG was matched twice through recruitment with special organizations such as National Down Syndrome Society. In addition to being 16 years old, with Down Syndrome, NG also had a diagnosis of Autism.
- In FY 2016, child AK, a child with a dangerous bleeding disorder, was matched, placed and an adoption finalized with a nurse practitioner specializing in hematology disorders.
- In FY2017, child MS, a child who lived in a skilled nursing facility for children, was matched for the third time. An adoption placement was made and finalized. He utilized a wheelchair for mobility because of cerebral palsy and had severe deficits in expressive communication, a profound intellectual deficit and received nourishment through a feeding tube. Additionally, child RW was also matched and placed with an adoptive family and experienced a finalized adoption after living the majority of his life in a skilled nursing facility for children.

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

See the chart below for statistical information on children 14 and older who realized finalized adoptions.

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

In FY 2007, the median length of stay from entry into care to final adoption was 40.3 months. As of December 2013 the median length has decreased for FY 13 to 32.08 months. The Median Months from Entry to Care to Adoption for FY 2016 was 29.0 months.   It should be noted that Alabama had an increase in older youth adoptions which may impact the data reported as these youth tend to have been receiving foster care services for a longer period of time. It has been noted in the past that the greatest delays are between the time of entry into care and TPR and from TPR to actual placement.

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

Preliminary Determination: Strength ___   Area Needing Improvement __X__
For cases reviewed with the following permanency plans the percentages of cases rated as a STRENGTH are shown in this table. For all permanency plans, the ratings are below the 90% threshold required for this item.

PERMANENCY PLAN	2015	2016	2017	AVERAGE 15-17
Reunification/relative	33%	22%	21%	24%
Adoption	22%	16%	29%	21%
APPLA	50%	44%	29%	42%

PO 2: The continuity of family relationships and connections is preserved for children

State Response:

Item 7. Placement with siblings

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

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

Measurement Data
QA Baseline: 92%
QA Benchmark #1:   82%
QA Benchmark #2:   94%
QA Benchmark #3:   83%
QA Benchmark #4:   90%
QA Avg. FYs 15-17:   88%

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

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

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

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

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

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

Managers from the Offices of Foster Care and Adoption have become increasingly concerned about the number of siblings that appear to be separated in cases where technical assistance or consultation is provided to counties by the State DHR office. The Office of Data Analysis was asked to pull together this information through a special query. The chart below provides information on sibling group separation when placed in care:

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

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

A new initiative is in place to partially address the issue of sibling connection. CAMP HOPE is an outreach program of the Kids to Love Foundation a 501(c)(3) nonprofit organization. Camp Hope Alabama (CHA) is dedicated to providing a haven for children, reuniting siblings who are separated in foster homes, and educating the general population about the foster care system and the needs of youth in foster care. Camp Hope is a weekend camp that will give foster children a "home" atmosphere filled with fun activities, but mostly an opportunity to build and maintain their sibling bond. Information about this program can be found at http://www.kidstolove.org/camp-hope-alabama . In FY 2016 110 children were served by CAMP HOPE (for all services: weekend camp, pre-placement visits with potential adoptive resources, NAM events, etc.). The leadership of CAMP HOPE report the following breakout of services for FY 2017:

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

Preliminary Determination: **Strength** ___   **Area Needing Improvement _ X _**

The Best Practice Indicators measured by on-site reviews by State QA includes an indicator (#14) on Sibling Group Placements are within policy. In 100% of the reviews conducted in FY 2017 this indicator was rated a STRENGTH. In cases reviewed in FY 17, 90% were rated a STRENGTH. However, the average rating for FY's 15-17 was 88%, which is below the 90% threshold required for this item.

Item 8. Visiting with Parents and Siblings in Foster Care

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

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

Measurement Data
QA Baseline: 51%
QA Benchmark #1:   37%
QA Benchmark #2:   65%
 QA Benchmark #3:   47%
QA Benchmark #4:   21%
QA Avg. FYs 15-17:   42%

Data / Data Trend – Item Assessment
Judicial or Administrative reviews occur to assess visitation. During the administrative review, progress is evaluated to ensure that necessary services are being provided to the child and natural family, and a treatment plan, including visitation, is formulated with accompanying time frame. Per ASFA guidelines, consistent parental visitation is a key component to safe and timely returning children to their parents care. Visitation plans are developed at each family's ISP meeting. Visitation is increased or decreased based on family participation, progress and the continual assessment of child safety. The Department works closely with foster parents and child placing agencies to encourage planning related to parental and sibling visitation. Workers have been provided training at the recent Permanency Conference trainings to facilitate parent's visitation with their children in group home settings. Young people are encouraged to maintain contact with their siblings, when they are separated, using social media and Skype, when it is available. There are no additional reliable quantitative data elements available at this time related to this item.

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

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

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

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

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

Preliminary Determination: Strength ___   Area Needing Improvement _X__
Best Practice Indicator number 13 measures if visits between children in foster care and their families are in compliance with policy. This indicator was rated a strength in 77% of the counties with onsite State QA reviews in FY 2017. All of these ratings are below the 90% threshold required for this item.

Item 9. Preserving connections

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

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

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

QA Baseline: 77%
QA Benchmark #1:   69%
QA Benchmark #2:   88%
QA Benchmark #3:   76%
QA Benchmark #4:   70%
QA Avg. FYs 15-17:   76%

Data / Data Trend – Item Assessment
The following Best Practice Indicators measure items in this area:
- <u>#15 – Locations of children's placements are in compliance with policy</u>. For the counties who experienced an onsite review by State QA during FY 2017, this indicator was rated as a strength 100%.

- <u>#16 – Connections are maintained for children to their extended family, neighborhood, community, faith, tribe, school and friends.</u> For the counties who experienced an onsite review by State QA during FY 2017, this indicator was rated as a strength 100%.

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

<u>Considering close proximity:</u>
- When children are placed out-of-county is it typically because the child is in a treatment facility or therapeutic foster home to meet their specialized needs.

- Children are placed out-of-county when necessary to be placed with relatives.

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

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

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

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

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

<u>Reviewers with the State QA team report the following areas that lead to the decreased percentages reported above:</u>
- There are instances where children are placed out of county because of the lack of available in-county foster homes; particularly a lack of capacity to accommodate sibling groups.

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

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

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

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

Preliminary Determination: **Strength** ___   **Area Needing Improvement** _X__
For cases reviewed, Preserving Connection was rate as a strength as follows: 2015: 88%; 2016: 76%; 2017: 70%; 2015-2017 (Avg): 76%. All ratings are below the 90% threshold required for this item.

| Item 10. Relative placement |

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

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

Measurement Data
QA Baseline: 81%
QA Benchmark #1:   87%
QA Benchmark #2:   82%
QA Benchmark #3:   89%
QA Benchmark #4:   77%
QA Avg. FYs 15-17:   83%

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

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

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

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

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

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

Kinship Guardianship
- As of 9/30/17 a total of 98 providers were receiving kinship subsidy payments for 216 children.

- 26 children were discharged in FY17 with a goal of Kinship Guardianship which represents .08% of all children discharged in FY2017.Children discharged with a goal of Kinship Guardianship spent an average 27.64 months in care before being discharged.

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

The areas of relative placement and relationships between child neding birth family are assessed through an addendum document that is completed at the time of the QSR. Review of these documents revealed the following trends when it comes to placement with relatives.
- Counties are not considering both maternal and paternal relatives. Counties, in some cases, are reviewing a minimum number of relatives.
- Birth parents are uncooperative and are not consistently disclosing relatives to the agency for consideration.
- There is a tendency in some counties for the Department to wait for relatives to reach out to it.
- In cases where children are removed from extended family members, rather than parents, there are documented efforts to locate birth parents or establish paternity.

1,292 children exited foster care to placement with relatives during the FY 2016 reporting period. That number represents 37% of the young people discharged for the fiscal year. It also represents a steady increase in the number of children exiting to relative care over that past three fiscal years. In FY2014, 31% exited foster care to relatives and 34% did so in 2015. In FY 2017, 1315 young people exited to relative care and 26 to kinship care. The number of exits to relatives is up one percent to 38.4% of total number of children discharged.

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

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

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

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

Preliminary Determination: Strength ___   Area Needing Improvement X
In the cases reviewed QSR Data for Relative Placements is as follows:
2015	82%
2016	89%
2017	77%
Ave 2015-2017	83%

All of these ratings are below the 90% threshold required for this item.

Item 11. Relationship of child in care with parents

As noted above parental involvement is key to safely returning children to their parents timely. Parents are encouraged to attend medical and school meetings regarding their children in care. ISP meetings denote regular parental visitation.

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

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

Measurement Data:

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

Data / Data Trend – Item Assessment:
As stated in item number ten, relationship of child in care and birth parent is one of the items reviewed by state QA reviewers through the use of an addendum to the QSR protocol. A review of the addendum write-ups reveals the following observations when this item is considered an area needing improvement.

• Visits between children and birth parents are inconsistent.

• There also appears to be a correlation between visits between worker and child/family not occurring at least monthly and the inconsistency of visits between children and their family.

• Visits between worker and one or both parents are happening less frequently than monthly.

• When fathers are involved, the worker may see the father only when supervising a visit and the worker may have never been to the father's home.

• Stakeholders state that worker turnover impacts engagement between worker and families and it's like starting over every time a new worker is assigned.

• In some cases, a contract provider supervises visits (rather than case worker) and the case worker is not following up with the provider to get information about the visit. Sometimes the service provider fails to recognize when circumstances surrounding visits is less than desirable (e.g., smoking occurring in home when a child with breathing problem is present).

• Parental drug use and domestic violence as reasons for removal seem to have an impact on the level of engagement between agency and parent.

Preliminary Determination: Strength ___   Area Needing Improvement _X__
In cases reviewed, QSR ratings for Relationship of Child in Care w/ Parents, is as follows: 2015: 71%; 2016: 64%; 2017: 52%; 2015-17 Avg.): 61%

C. Well-Being

Well-Being Outcomes 1, 2, and 3

Well-being outcomes include: (A) families have enhanced capacity to provide for their children's needs; (B) children receive appropriate services to meet their educational needs; and (C) children receive adequate services to meet their physical and mental health needs.

- For each of the three well-being outcomes, include the most recent available data demonstrating the state's performance. Data must include relevant available case record review data and relevant data from the state information system (such as information on caseworker visits with parents and children).

- Based on these data and input from stakeholders, Tribes, and courts, include a brief assessment of strengths and concerns regarding Well-Being Outcomes 1, 2, and 3.

WBO 1: Families have enhanced capacity to provide for children's needs

State Response:

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

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

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

Measurement Data
QA Baseline:	21%
QA Benchmark #1:	17%
QA Benchmark #2:	14%
QA Benchmark #3:	18%
QA Benchmark #4:	10%
QA Avg. FYs 15-17:	14%

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

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

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

- The random record reviews that have been conducted by QCWP consultants found that county staff generally know the families they serve and the needs of those families. Also workers have been implementing strategies to

address those needs; however, thorough and timely documentation of these services and work is limited.

- There have been a number of strategies that are being implemented in the 2017 year to assess needs of the children, parents and foster parents. This initiative will aggressively continue in an effort to improve outcomes for children and families.

- In the QSRs completed in state QA onsite reviews, QSRs identified a lack of initial and ongoing assessment of the underlying needs of children and their families.

- QSRs also identified a lack of initial and ongoing assessment of parental capacities. The lack of assessment resulted in the lack of appropriate service being provided to the family.

- QSRs have also identified that families do not always feel the ISP is a plan developed through collaboration with them and further reported little input in the preference of the services they receive.

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

- It should be noted that new initiatives related to the ISP, as well as the Comprehensive Family Assessment (CFA), have been undertaken that are anticipated will help strengthen the work the Department does with children, families, and stakeholders.

Preliminary Determination: **Strength ___**   **Area Needing Improvement _X__**
For cases reviewed in FY17, for Functional ISP, 10% were rated a STRENGTH, which is below the 90% threshold required for this item.

Item 13. Child/family involvement in case planning

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

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

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

Measurement Data
QA Baseline: 67%
QA Benchmark #1:   52%
QA Benchmark #2:   54%
QA Benchmark #3:   56%
QA Benchmark #4:   46%
QA Avg. FYs 15-17:   52%

Data / Data Trend – Item Assessment
Based on Quality Assurance reviews and random record reviews, reviewers have found the following issues to be prevalent in case work and contributing to this area needing improvement.

- Lack of engagement with family members, particularly fathers (whether present or absent);

- Lack of preparation of family members for ISP meetings;

- Families not understanding the purpose of the ISP, or that they have been in attendance at an ISP meeting (such as when they are held after a court hearing, or "informal" ISPs between just worker and mom, as two examples);

- ISPs not serving as true planning meetings – families told what to do rather than being actively involved in planning;

- Worker turnover affecting engagement and involvement of family members in case planning.

Preliminary Determination: Strength ___   Area Needing Improvement _X__

For cases reviewed in FY17, for <u>Family Involvement in the ISP</u>, 46% were rated a STRENGTH, which is below the 90% threshold required for this item.

Item 14. Caseworker visits with child

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

QSR Measurement Description
If this review is on a child in <u>foster care</u>, this item applies to the <u>target child </u>only. If this review is on a child in <u>CPS</u>, this item applies to <u>all children residing with the family</u> or <u>receiving services</u>.

What was the most typical pattern of visitation between the worker and child (FC) or children (CPS) – weekly, bi-weekly, monthly, less than monthly? Is the frequency of visits consistent with the needs of the child(ren)? Do the visits between the worker and child(ren) focus on issues pertinent to the ISP and its implementation?

Measurement Data
QA Baseline: 92%
QA Benchmark #1:   87%
QA Benchmark #2:   77%
QA Benchmark #3:   89%
QA Benchmark #4:   79%
QA Avg. FYs 15-17:   82%

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

A renewed focus has been placed on the importance of engagement with families, and how it ties into the ongoing assessment of the families' strengths and needs. The OQCWP also has on staff a Board Certified Behavioral Specialist (BCBA) who provides support to parents and caregivers around the child's behavior, and ways to modify behavior. This is achieved through the Tools of Choice Parenting Program and individual referrals that are received from county workers.

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

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

Caseworker Visits With Child
It should be noted that Alabama calculates caseworker visit data on a month by month basis vs. the Federal method, i.e. calculating all 12 months of a fiscal year. The Department captures caseworker visits using FACTS. Workers are required to register their contacts with children in out-of-home care every month. The information captured on FACTS relative to children in out-of-home care is used to report information to HHS/ACF in the AFCARS report. Alabama chose to use a sampling methodology when reporting Federal caseworker visit data for FY2008 – FY2014. The Children's Bureau provided a sample of children from the AFCARS submissions from which calculations are determined. Beginning in FY2015 and continuing for FY2016, the calculations were based on our total applicable foster child population taken from our AFCARS Submissions. A Caseworker Visit Report is submitted each year. The data are as follows:

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

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

Preliminary Determination: **Strength** ___   **Area Needing Improvement** **X**

For cases reviewed in FY17, for Caseworker Visit with Child , 79% were rated a STRENGTH, which is below the 90% threshold required for this item.

Item 15. Caseworker visits with parents

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

QSR Measurement Description
If this review is on a child in <u>foster care</u>, this item applies to visits with parents relative to the <u>target child</u> only. If this review is on a child in <u>CPS</u>, this item applies to visits with parents relative to <u>all children residing with the family</u> or <u>receiving services</u>.

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

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

Measurement Data
QA Baseline:	63%
QA Benchmark #1:	55%
QA Benchmark #2:	56%
QA Benchmark #3:	53%
QA Benchmark #4:	48%
QA Avg. FYs 15-17:	52%

Data / Data Trend – Item Assessment
The primary focus of caseworkers is to work with the child and caregiver, and to have meaningful caseworker visits each month. Based on QSR's and random record reviews the following appears to be contributing to this area needing improvement:

- Lack of understanding of importance of in-home visits with parents to assess the safety, permanency and well-being. There is also a lack of reviewing the ISP with the parents on visits to review the case plan for progress or lack of progress;

- Lack of engagement with family members, particularly fathers, as noted under item 13;

- Lack of documentation of visits – even when visits occur, they are not being documented adequately;

- Time management issues and caseload sizes may be additional barriers.

Preliminary Determination: **Strength** ___   **Area Needing Improvement X**

For cases reviewed in FY17, for <u>Caseworker Visits with Parents</u>, 48% were rated a STRENGTH, which is below the 90% threshold required for this item.

WBO 2: Children receive appropriate services to meet their educational needs

State Response:

Item 16. Educational Needs of the Child

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

QSR Measurement Description
(School age and older): Is the child, in accordance with his/her age and ability: (1) in an appropriate educational placement; (2) regularly attending school; (3) actively engaged in instructional activities; (4) making adequate academic progress in their assigned curriculum, e.g. at grade level, at IEP level, according to 504 Plan goals, GED/vocational program, college curriculum, etc.

(Under School Age): Is the child developing, learning, progressing, and gaining skills at a rate commensurate with his/her age and developmental ability? • Does the child engage in age-appropriate interaction with others? • Does the child behave similar to other children his / her age while in a home or other setting?

Measurement Data
QA Baseline: 80%
QA Benchmark #1:   74%
QA Benchmark #2:   78%
QA Benchmark #3:   77%
QA Benchmark #4:   79%
QA Avg. FYs 15-17   78%

Data / Data Trend – Item Assessment
The assessment of educational needs for children continues through record reviews and child-specific directives and consultation conducted by the OQCWP. Workers are prompted to know the child's grade level and reading level, and to monitor their progress through the ISP. Cases with outstanding examples of advocacy are highlighted such as ISP's held jointly with IEP's, holding ISP's at school to encourage more education participation, and communication with teachers through emails and telephone calls. This is encouraged through every opportunity for more consistency across the state.

QCWP random reviews find that workers are involved in the educational outcomes for children. Workers are aware of the child's reading level, grades and any difficulties the child may be encountering. Workers are found to be involved in IEP's and other school meetings

In the QSRs completed in State QA onsite reviews, a number of QSRs identified this area as a strength. The educational needs of children were being assessed and met. In the cases reviewed were educational needs of the children were not being met, contributing factors were lack of engagement with the school, lack of advocacy when a need is identified and lack of referral for services of children under school age to ensure developmental progress.

Preliminary Determination: Strength ___   Area Needing Improvement **X**

For cases reviewed in FY17, for <u>Educational Needs of the Child</u>, 79% were rated a STRENGTH, which is below the 95% threshold required for this item.

WBO 3: Children receive adequate services to meet their physical & mental health needs

State Response:

Item 17. Physical Health of Child

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

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

Measurement Data
QA Baseline: 98%
QA Benchmark #1:   94%
QA Benchmark #2:   96%
QA Benchmark #3:   95%
QA Benchmark #4:   95%
QA Avg. FYs 15-17:   95%

Data / Data Trend – Item Assessment
Proper focus on the physical health and well-being of our children and families is stressed by Specialists across Family Services and the Quality Assurance Division. As part of the CQI process the OQCWP completes a 20% random record review six months following the State QA review.

The OQCWP random reviews reveal a focus on EPSDT screenings, and insuring each child is screened within the appropriate amount of time, and updated. Workers are aware of the child's pediatrician and the current health status of the child. Blue cards were found in medical files, and medical files were typically found in good order.

In the QSRs completed in State QA onsite reviews, QSRs identified that the physical health needs of children were being met. EPSDT screenings are being completed timely and maintained in case records. Counties have access to pediatricians, dentist and optometrists to meet the physical needs of children. Any specialized physical needs of children, such as surgery or ongoing medical conditions, are met through appropriate provision of services. No concerns for lack of proper nutrition, clothing, shelter, hygiene were identified in completed QSRs.

Preliminary Determination: **Strength X**   **Area Needing Improvement _ __**

For cases reviewed in FY17, for Physical Health of Child, 95% were rated a STRENGTH, which is above the 90% threshold required for this item.

Item 18. Mental/Behavioral Health of the Child

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

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

Measurement Data
QA Baseline: 77%
QA Benchmark #1:   67%
QA Benchmark #2:   74%
QA Benchmark #3:   70%
QA Benchmark #4:   73%
QA Avg. FYs15-17:   72%

Data / Data Trend – Item Assessment
State staff review hundreds of cases and have greatly supported improving the behavioral health of children in our custody and those at risk. The Behavioral Specialists continue to provide significant support to counties in assisting them to meet the mental health needs of our children. A behavioral services unit has been developed within State DHR, and there are six (6) behavior analysts and two (2) psychological associates strategically placed throughout the State. The random record reviews conducted by OQCWP staff, continue to provide counties with assessment of progress in meeting the physical and mental health needs of our children and families.

The OQCWP will work in conjunction with Family Services to address the emotional needs of children in congregate care, and what is necessary to step a given foster child down into a less restrictive environment. Two hundred fifty (250) children in congregate care settings have been assessed for step down and assessment will continue as children enter congregate care. The counties are receiving this detailed information, and data that will provide insight on what is necessary to step these children down from congregate care. Follow up to insure that step down is occurring is being monitored by the SDHR Behavior Services Unit and SDHR Foster Care Unit. At the present time seventy-five (75) of the two hundred fifty (250) children assessed, have been stepped down to a less restrictive environment.

Based on QSR's and random record reviews, the following appears to be contributing to this area needing improvement:

- Lack of engagement and assessment of needs.
- Lack of monitoring for progress and measuring for effective outcomes.
- Providers not sending progress notes.
- Reliance on community mental health services; in rural communities mental health centers may not have appropriate staff or inadequate number of staff to meet the needs of the child. Staff turnover in rural counties may have also cause the delay or interruption of services.
- Delays or disruptions in service provision. See Above.   Some delays in service provision are due to a lack of resources or implementation of the ISP. Some ISPs also lack status dates informing the family and/or provider when a service is to begin.

Preliminary Determination: Strength ___   Area Needing Improvement __X__
For cases reviewed in FY17, for <u>Mental/Behavioral Health of the Child</u>, 73% were rated a STRENGTH, which is below the 90% threshold required for this item.

Section IV: Assessment of Systemic Factors

Instructions

The statewide assessment information for systemic factors is used in determining ratings for substantial conformity. Therefore, it is imperative that the statewide assessment team ensures that information in this section speaks to how well each systemic factor requirement functions across the state. To complete the assessment for each systemic factor, state agencies should:

1. Review the *CFSR Procedures Manual* (available on the Children's Bureau Web site at http://www.acf.hhs.gov/programs/cb), which elaborates on key concepts and provides examples of data that are relevant to the assessment of systemic factor requirements.

2. Respond to each assessment question using the requested data and/or information for each systemic factor item. Relevant data can be qualitative and/or quantitative. Refer to the section in the state's most recent Child and Family Services Plan (CFSP) or Annual Progress and Services Report (APSR) that provides assessment information on state performance for each of the seven systemic factors. Review the information with the statewide assessment team and determine if more recent data is available that can be used to provide an updated assessment of each item. If more recent data are not available, refer to the most recent CFSP or APSR document by indicating the document name/date and relevant page numbers where the information can be found for each systemic factor item.

3. Emphasize how well the data and/or information characterizes the statewide functioning of the systemic factor requirement. In other words, describe the strengths and limitations in using the data and/or information to characterize how well the systemic factor item functions statewide (e.g., strengths/limitations of data quality and/or methods used to collect/analyze data).

4. Include the sources of data and/or information used to respond to each item-specific assessment question.

5. Indicate appropriate time frames to ground the systemic factor data and/or information. The systemic factor data and/or information should be current or the most recent (e.g., within the last year).

The systemic factor items begin with #19 instead of #1 because items #1 through 18 are outcome-related items covered in the onsite review instrument used during the onsite review. Items related to the systemic factors are items #19 through 36.

A. Statewide Information System

Item 19: Statewide Information System

Provide relevant quantitative/qualitative data that demonstrates how well is the statewide information system functioning statewide to ensure that, at a minimum, the state 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.   Also respond to the question: How do we know the data is accurate (e.g. are there any validation or verification methods that are in place?

State Response:

Alabama implemented an automated child welfare information system, known as **Family, Adult and Child Tracking System** (FACTS) statewide in January 2009.   FACTS is a standardized, comprehensive way to manage Child Welfare information. Its objectives are to: improve outcomes for children, adults and families; improve practice; strengthen management, decision-making and reporting as well as provide accurate and timely case information. FACTS is available to all child welfare caseworkers, supervisors, managers and administrators statewide. The system is fully operational and available at all times, except during periods of routine maintenance. During periods of maintenance when FACTS is not available for data entry, users are able to utilize FACTS Downtime to search FACTS for child abuse and neglect history, access child removal's status, demographic characteristics, location, and permanency goals. FACTS has the capability to capture and report information about each child's removal status, demographic characteristics, location, and permanency goals and is easily accessible in FACTS at any given time. The worker assigned to the case is responsible for all data entry into FACTS. Supervisors have access to cases assigned to workers that they supervisor and they are able to enter and update any information as it relates to the case and the four key data areas (Status, demographic, characteristics, location and goals). FACTS is time sensitive and documents creation dates and times. These dates are used to check for timely entry.

FACTS does not present any barriers to entering this information. Any Inaccuracies in reports generated from FACTS are typically the result of typographical errors by users or late data entry into the system. The system has the capability to comply with Federal reporting requirements. Federal submission from FACTS includes: yearly NCANDS submissions and Federal Caseworker Visits Reports, and bi-annual AFCARS and NYTD submissions. FACTS captures and reports all AFCARS required foster care and adoption data elements. An AFCARS review in April 2011 resulted in an AFCARS Improvement Plan that continues. Management and statistical reports are produced for all program areas and are available to all FACTS users. Ad hoc report capability has been achieved to provide weekly AFCARS data for foster care and finalized adoptions.

Multiple-queries have been developed to address data needs within the Agency and to assist stakeholder and Agency partners with data requests, such as the Administrative Office of Courts, State Department of Education, Department of Public Health, Drug Court Assessments, The Alabama State Legislature, Alabama Network of Advocacy Centers, Alabama District Attorneys Association, VOICES (Alabama Kids Count) and Casey Family Programs initiatives. Monthly Data is also provided to support the work of the Statewide System Reform Project, which strives to expand and improve Family Drug Courts. Over the last year, FACTS staff have worked diligently with state and county personnel to enhance the system to make it more user friendly, as well as capture data important for analysis, federal reporting, and to meet requirements of new federal laws. Some of these changes are:

FACTS was enhanced to capture data related to Public Law 118-183 in several ways. There were fields added to capture the receipt and explanation of credit reports, driver's license information, and health and Medical records. Values were added to the pick list to capture allegations of sex trafficking in a Prevention assessment and Investigation and to show a reason for removal related to sex trafficking. Another addition to FACTS as a result of this law was the ability to capture a primary successor guardian in Kinship Guardianship situations. This enables workers to establish a primary successor guardian and other successor guardians in the event the original kinship guardian cannot fulfill the duties as guardian. There is one more planned enhancement related to PL 113-183 around capturing and reporting missing and exploited children to NCMEC and local law enforcement. This enhancement is expected to be in production in July 2018.

FACTS staff have completed phase 1 of the NEICE interface. This interface, allows DHR to submit ICPC requests and responses online instead of through the mail. Phase 1 consisted of creating an interface with NEICE to receive

information from other states to Alabama. With this, ICPC specialists have to manually input data from the NEICE System into FACTS and from FACTS into the NEICE system. Phase 2 will eliminate having to transfer the data to NEICE manually and will allow this information to be transferred from FACTS automatically. Phase 2 is expected to be completed by October 2018.

Additions to our interface with Medicaid have been completed as a result of ACA. We now send information to Medicaid regarding children age 18-26 discharged from foster care so that these clients can automatically continue to receive Medicaid after leaving DHR custody. A policy change for completing of CA/N investigations and Prevention assessments was implemented and changes to FACTS were completed as a result. Timely completion of these two areas of work was changed from 90 days to 60 days and the FACTS Referral Module, as well as reports were enhanced to reflect this new policy.

FACTS staff have been working on a Mobility App so that users can enter data when they are not in the office. Over the past year, DHR has been in the process of replacing desktop PCs with Tablets for workers in Family and Children's services. These tablets give more flexibility to workers as they can take them in the field with them. As a result of this, we have developed a mobility app that is in direct line with FACTS. Specific Screens from the Investigation/Assessment module have been created within the app that can be completed by workers in the field allowing them to complete pieces of work within the CA/N or Prevention Assessment without having to be in the office. The screens that have been developed are client demographics, narrative, allegation, and collateral. Workers will have the ability to check out up to 5 referrals, complete their field work and complete the data entry without having to come back to the office. Also the Mobility App can take pictures and these pictures can be included in the child abuse and neglect assessments. Additionally, there is a scanning app that workers can use to have forms signed, scanned, and also included in the child abuse and neglect assessment. All information entered into the app will automatically be transferred to FACTS through a sync process as workers dock their tablets in the normal course of their work day.

A FACTS enhancement around making specific fields mandatory is planned for the coming months. This enhancement will add elements to FACTS that will enhance our AFCARS reporting and general data collection. Business rules are being written for this enhancement that will enable FACTS to force data entry in specific fields across FACTS that are currently not being completed as accurately and timely as needed. This will encompass Referral, Case, and Provider modules, fields where Adoption information is entered into the case, court hearing/Judicial Reviews, and provider demographic information are just some of the areas where mandatory fields will be added.

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

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

Measurement Data - From DHR Staff / Stakeholder Survey:
Is Alabama's data collection/management via FACTS, accurate/operational, such that DHR staff can readily identify the <u>status</u>, <u>demographic characteristics</u>, <u>location</u>, and <u>goals</u> for the placement of <u>every child in foster care</u> (at both the <u>individual county worker</u> level and <u>aggregate</u> county/state level)?

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

Comments:
Quite a few comments were made about FACTS not being "user friendly", with a theme being concerns around the system being time consuming (e.g. a number of steps/screens needed to accomplish data entry and experiencing down times), and not being available at times, e.g. maintenance, reports being fixed, after hours because of updates or a program being worked on.

DHR Response:
FACTS staff are constantly working to improve both the efficiency and ease of use. Enhancements to FACTS are identified and implemented per worker and management input to make the system easier to use and less time consuming. Maintenance to FACTS is done on a pre-existing schedule that has been identified as having the least amount of impact to workers as possible. Counties are notified at least 7 days in advance of any upcoming scheduled maintenance. Because FACTS is available seven days a week 24 hours a day, system maintenance, system builds, and system updates are done at a time when the least interruption to the users schedule is expected. The only occasions FACTS has been down unexpectedly have been when the state network itself has experienced issues and been unavailable. In terms of FACTS not being available as a result of fixing reports, these repairs are done while FACTS is up and running, and typically do not cause any interruptions to the system. <u>FACTS training is also provided as a component of new worker training – STEP. See Item 26, pages 73 and 75, for more information.</u>
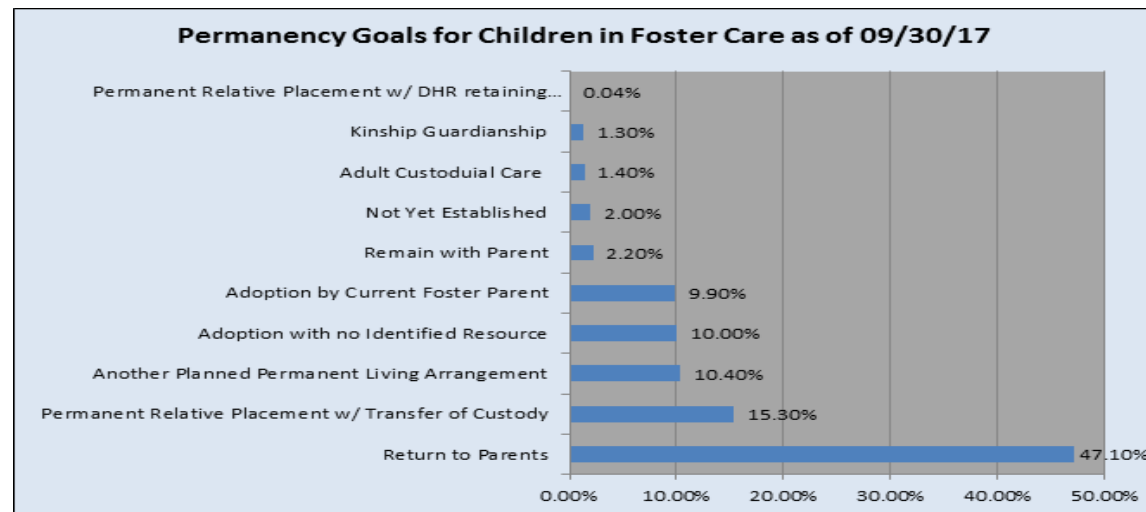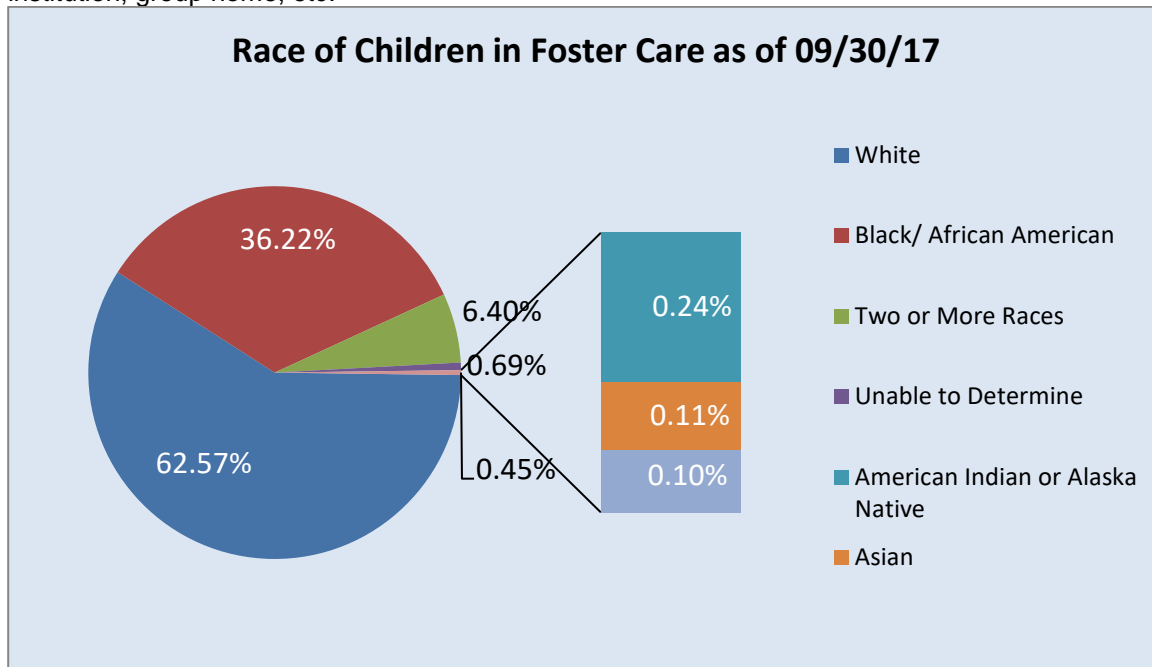
Data / Data Trend – Item Assessment
Two independent ACCESS data bases are maintained. The Child Death Database captures all child deaths reported per policy to the state office. The Quality Assurance Database captures all county and state quality service review data. Queries from this system provide qualitative data measures. Strategies for improvement of data quality include:
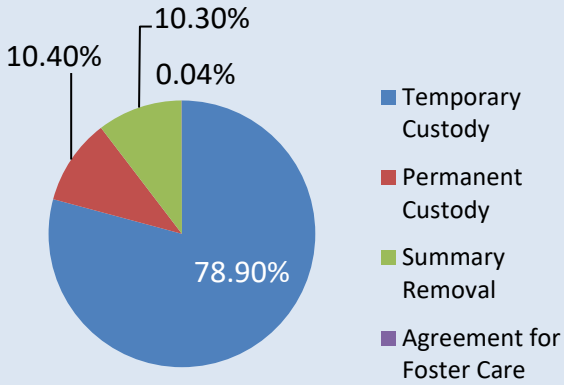- Complete implementation of the AFCARS Improvement Plan through enhancements to FACTS, extraction program updates and data quality improvement steps.
- NCANDS Mapping Work Group will assess and improve data quality for all 154 data elements. Work began on this in FY2014 and continues into FY2018.
- Continue FACTS system enhancements identified in the SACWIS Assessment Review.
- Regional Training for FACTS users with emphases on data quality. Training began in June 2015 and continued to April 2016 to provide training to workers in every county. Data quality continues to be discussed at yearly Supervisor's Conferences. With continued training and consultation Alabama expects to see improvements in the area of data quality.
- Prioritize and improve key management statistical reports for enhancement. The office of Data Analysis successfully advocated for staff dedicated to management and statistical report development. The FACTS Report Project was formulated to correct or enhance all known reports with issues of concern. In addition, new reports were created to provide needed data for inclusion in the Statewide Assessment for the CFSR. Work to correct and or develop reports began in April 2017 and continues. So far corrections have been made to reports for children in foster care, children discharging from foster care and child placement & legal status. Correction of reports via the FACTS Report Project will increase the accuracy of Management and Statistical Reports.
- Continue to present useful information regarding Management and Statistical Reports at Supervisors Conferences. The goal is to improve the accuracy, completeness and timely entry of data that affects data reporting as these are the identified barriers to data quality. The Office of Data Analysis presented an introduction to Management and Statistical Reports during the 2017 Supervisors Conference. Training will continue at the 2018 Supervisor's Conference.
- The Quality Assurance Division has worked with FACTS staff to develop a data management tool. Data from FACTS is pushed to a webpage within iDHR and displayed on a state map. This is available to county directors and state management staff to help them have an at-a-glance picture of how their county is performing for specific data measures. Data measures include, Timeliness of Initial Contact for Investigations,

Timely Completion of CA/N Reports, % of CA/Ns pending over 60 days, Placement Stability, Caseworker visits, and Timely Documentation of caseworker visits.
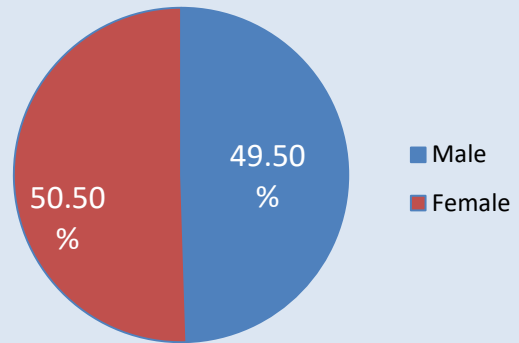
Data is pulled from the information that county workers and supervisors input into FACTS. The accuracy of this information is examined through analysis of various reports and queries. Careful review by Office of Data Analysis staff provides opportunities for any discrepancies to be discovered. Further analysis by individual counties allows for an additional review of accuracy. When an issue is reported, the report or query is examined to see what was not pulled correctly and adjustments are made to ensure accuracy. FACTS Programmers have corrected many of the data extraction issues noted in the AFCARS PIP. They continue to work toward addressing all of them. Additionally, FACTS users are required to verify the completeness and accuracy of the AFCARS data they have entered each month via an AFCARS report that is generated on the State's reports system.   Some examples of FACTS functionality that provides status, characteristics, placement location, and permanency goals are provided in the charts that follow. Data provided in these charts was taken from two reports that run monthly on the state's reports application (the FC050 and FC085). This application is available to all workers, supervisors, and managers statewide. Although, information is collected regarding the physical location of children in care on the FACTS system, there is currently not an accurate report running to capture that specific information. A report is being developed to provide a statewide summary for the physical location of each placement. However, FACTS does generate several reports that indicate the foster child's placement type, e.g. foster home, child care institution, group home, etc.
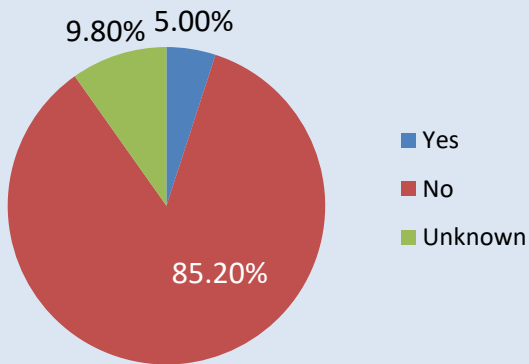
Race of Children in Foster Care as of 09/30/17

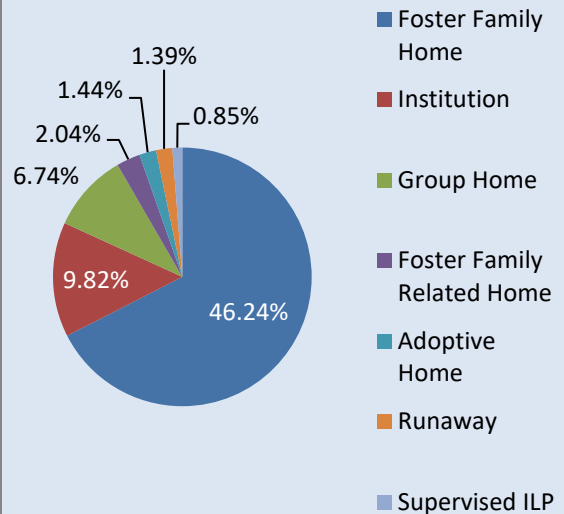- White: 62.57%
- Black/ African American: 36.22%
- Two or More Races: 6.40%
- Unable to Determine: 0.69%
- American Indian or Alaska Native: 0.24%
- Asian: 0.11%

0.45%
0.10%

Permanency Goals for Children in Foster Care as of 09/30/17

Goal	Percentage
Permanent Relative Placement w/ DHR retaining...	0.04%
Kinship Guardianship	1.30%
Adult Custoduial Care	1.40%
Not Yet Established	2.00%
Remain with Parent	2.20%
Adoption by Current Foster Parent	9.90%
Adoption with no Identified Resource	10.00%
Another Planned Permanent Living Arrangement	10.40%
Permanent Relative Placement w/ Transfer of Custody	15.30%
Return to Parents	47.10%

Custody Status of Children in Foster Care as of 09/30/17

10.40%   10.30%   0.04%

78.90%

- Temporary Custody
- Permanent Custody
- Summary Removal
- Agreement for Foster Care

Gender of Children in Foster Care as of 09/30/17

49.50%   50.50%

- Male
- Female

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

9.80%   5.00%

85.20%

- Yes
- No
- Unknown

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

1.39%   1.44%   2.04%   6.74%   0.85%

9.82%   46.24%

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

Preliminary Determination: Strength __X__   Area Needing Improvement _____

B. Case Review System

Item 20: Written Case Plan

Provide relevant quantitative/qualitative data or information that shows each child has a written case plan as required that is developed jointly with the child's parent(s) that includes the required provisions.

State Response:

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

Measurement Data

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

In the cases reviewed, the percentage of QSR ratings for Family Involvement in the Individualized Service Plan (ISP) that were rated as a strength were as follows:

FY 2015 – 54%   FY 2016 – 56%   FY 2017 – 46%   Average of FY's 2015-17 – 52%

In the cases reviewed, the percentage of QSR ratings for Child & Family Engagement that were rated as a strength were as follows:

FY 2015 – 57%   FY 2016 – 54%   FY 2017 – 47%   Average of FY's 2015-17 – 53%

The Statewide data shown below is point in time monthly.
For the end of FY 17, the average of the combined baselines for overall timeliness (initial ISPs & ISP reviews) = 90%
For the end of FY 16, the average of the combined baselines for overall timeliness (initial ISPs & ISP reviews) = 91%
For the end of FY 15, the average of the combined baselines for overall timeliness (initial ISPs & ISP reviews) = 91%

FY2015	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Average
FC-Initial	97.67	97.36	97.87	98.05	97.65	97.61	97.49	97.73	97.64	97.71	97.48	98.00	97.69
CPS-Initial	95.27	94.53	93.99	93.99	94.07	94.07	92.60	92.22	92.26	93.69	94.26	94.56	93.79
										FY Average Initials			**95.74**
FC-Review	93.68	92.58	91.63	92.29	92.79	92.53	91.77	91.86	92.93	91.98	92.12	92.20	92.36
CPS-Review	84.20	84.07	82.31	82.81	82.02	81.50	79.41	78.63	79.35	81.47	82.99	84.75	81.96
										FY Average Reviews			**87.16**

FY2016	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Average
FC-Initial	97.87	98.25	97.87	97.88	96.88	97.38	97.30	97.33	97.09	96.90	96.74	96.78	97.36
CPS-Initial	95.09	95.02	94.11	94.37	94.87	94.99	95.04	93.98	94.05	93.65	93.89	93.71	94.40
										FY Average Initials			**95.88**
FC-Review	93.20	92.99	90.71	90.76	91.02	92.05	91.54	91.56	92.05	89.33	88.39	87.79	90.95
CPS-Review	84.14	84.27	82.90	82.68	83.41	82.56	83.28	82.71	82.35	82.12	82.14	81.18	82.81
										FY Average Reviews			**86.88**

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

Data / Data Trend – Item Assessment

While the quantitative data indicates that case review requirements are being met at the 90th percentile on average, QSR data (qualitative) reflects that family involvement/engagement was perceived as a strength in only 52-53% of the cases reviewed. A closer look at the data indicates that while the county offices were responsive to the need to do ISPs and enter the information/data on computers in a timely manner, instances were noted of situations where families didn't know that an ISP was being held, or did not receive copies of the ISP from which to work/plan. Furthermore, the document was not being used effectively as a tool for working toward permanency, it was just another form to complete.

The FACTS data referenced in the above table is quantitative data that the Department believes accurately reflects the ISP (initial and review) data. However, as stated immediately above, the Department believes the qualitative data (e.g. the functionality of the ISP process) most reflects the areas of practice where improvement is needed. At the same time, the Department has created new (quantitative) reports and modified existing reports to better capture required data elements including the most recent case plan review dates. The reports are available to staff and managers statewide on the electronic reports system (ERD).

Barriers to a functional ISP process also included lack of engagement with parents, including absent fathers and extended families (both maternal and paternal). Workers are not consistently making efforts to engage with resistant parents.

The data suggest that the State has not been successful qualitatively with this outcome. This has prompted statewide discussion on what is hindering progress and what strategies can be implemented to overcome practice barriers. The information that was collected shows the need for staff to better understand the Individualized Service Planning (ISP) process, and how, if implemented as directed in policy, the ISP process could have a positive impact on families. The Office of Quality Child Welfare Practice (OQCWP) has provided support around the ISP process in all 67 counties. The OQCWP also has a training curriculum around the ISP process that has been provided to all counties in the State. QCWP strives to teach the following process. The ISP process begins with engagement of the family, ongoing gathering of information throughout the assessment, and preparation for the family, stakeholders and community partners going into the actual ISP meeting. A strength based approach is taught to assess, intervene and serve families. By promoting both protective capacities and protective factors, the Department can best ensure child safety and promote child well-being. The outcome areas to be addressed are safety, permanency, stability, attachments, visitation, contacts, crisis planning, contingency planning, concurrent permanency plans, well-being, educational needs, health needs, emotional needs, and independent living skills for youth 14 and older.

In the QSRs completed by State QA for FY2017, Family Progress Towards Independence was a Strength in 42.39% of the cases reviewed. Family Progress Towards Independence identifies if the family is making progress towards living together safely and functioning successfully independent of agency involvement. There is much improvement needed in this regard.

New staff, as well as staff turnover, has had a major impact on carrying out service needs, and follow through in terms of worker management of the ISP process. Birth parents and foster parents express frustration with workers who are not able to manage all the tasks associated with their position, especially the new workers. The OQCWP specialists are working with supervisors in all the counties to increase their capacity and effectiveness in working with their staff to in turn increase their capacity and effectiveness in working with families to ensure service needs are met and the ISP process is uninterrupted.

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

Preliminary Determination: **Strength** ___   **Area Needing Improvement** _**X**__

Item 21: Periodic Reviews

Provide relevant quantitative/qualitative data or information that shows how well the case review system is functioning statewide to ensure that a periodic review for each child occurs no less frequently than once every 6 months, either by a court or by administrative review.

State Response

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

- **DHR Staff / Stakeholders (DHR S / S) & Court**
  Do judicial or administrative reviews (e.g., court or formal, official reviews of the child's permanency plan) occur at least once every 6 months?

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

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

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

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

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

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

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

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

- Internal and external stakeholders reported a good working relationship between the Department and the court system. Judicial reviews were generally paper reviews, which occurred between the judge and the Department. There were concerns that that these were not consistently occurring timely. Permanency hearings were generally full hearings with testimony taken. Foster parents were invited to hearings and many did attend hearings but were not allowed in the courtroom.

  Often foster parents are transporting the children to court for the hearing. In some counties, the foster parents do not understand their ability to speak in court. Some courts do not take testimony from participants, including foster parents, and work through agreements reached by the attorneys.

- Children were typically at court. GALs typically see foster children although this practice can vary. GALs are typically seeing the children and speaking to them at court, but this could be the only place they see and speak to the children. Some do not have a relationship with the children outside of court. We are seeing some improvement across the state in this area though.

- Court reports were reported to be very lengthy and contain a good bit of hearsay evidence. The judge no longer reads them. The new agency attorney is working with staff to ensure that they are prepared for court and to testify. There was room for improvement in this area.

- In the foster care cases reviewed, permanency hearings and judicial reviews were generally being held timely. The Court notifies the parents and the Department. The Department notifies foster parents of the hearings.

- Foster parents and children were present and the GAL was only actively involved in one case.

- In the five IL surveys, three youth reported attending their permanency hearings and four of them knew their GAL.

- Internal and external stakeholders reported judicial reviews are being held timely; however, permanency hearings have not been held timely in the past few months due to confusion as to how to petition the courts for a hearing date. During the 13 onsite reviews completed in FY2017, reviewers utilizing the QSR protocol and completing permanency assessments, reviewed case files for court documents and corresponding court dates to identify if permanency hearings and judicial reviews were being held in alternate 6 month cycles. In 10 of the 13 onsite reviews completed in FY2017, it was found that permanency hearings and judicial reviews were being held timely. In the 3 counties were they were not being held timely, it was due to scheduling issues between the agency and the courts.

- Stakeholders further reported judicial reviews are completed by submitting a written report to the court, which is reviewed and signed by the judge. Permanency hearings are full hearings with testimony taken. Age-appropriate children may not attend their hearings. Foster parents are not always in attendance and were unaware they were able to provide testimony. It is DHR's responsibility to inform foster parents of court hearings. Some foster parents do attend court hearings, but may not be given the opportunity to provide testimony in all counties. In some situations foster parents are not considered to be a party in the case and they are not allowed in the actual hearing, but in those situations some foster parents do have an opportunity to be heard by the court prior to the hearing or through the DHR attorney or GAL.

- Birth parents are given notice of hearings and do attend hearings when actively involved in case planning. When in attendance, they are allowed to have a voice in the court hearings. In terms of age-appropriate children, some GALS will waive the presence of age-appropriate children citing they do not need to miss school.

- The FACTS system also tracks how often a judicial, permanency or other hearings are held. A report is generated on the FC055 report and county supervisors can use this report to track the timeliness of reviews.

- In the foster care cases reviewed, both case reviews had not been open for a full year; however, the reviewers identified that hearings were not being held timely. In one case, the child's judicial review was not held timely and in another the child's shelter care hearing was not held timely. In the re-review cases, the reviewer identified that hearings were not held timely.

- Three of four ILP respondents reported knowing their guardian ad litem and attending their permanency hearing. The one respondent who did not answer yes for these questions had entered foster care very recently.

- Stakeholders reported that generally judicial reviews are paper reviews unless parties disagree and there is a need for testimony. Involved parties, including foster parents, are notified of permanency hearings and most attend. Children/youth attend unless they are not capable or their presence is waived by their GAL. Stakeholders reported there have been some issues with the court that have been and continue to be addressed. One of the agency attorneys from the Department's legal office provided training to the court, but stakeholders agree additional training could be beneficial for both the judge and the local Department attorney.

- In cases reviewed, one reviewer noted one child had a shelter care hearing four months prior when entering care, but because of continuances there had been no additional hearings. Another hearing date had been scheduled for January, 2017. In another case a youth had been in care nine months and there had been two hearings since the adjudication hearing; however, both court orders stated the hearings were dispositional. There were no judicial orders in the record. In another case involving a youth who had been in care since 2013, there was no evidence judicial reviews had occurred. A few court orders were located in the record, but had not been imported into the FACTS file cabinet.

- Data available from AFCARS provides the following insight on the timeliness of required reviews:
  1. 2015A AFCARS File reflected that **84%** of children in foster care had a timely court review
  2. 2015B AFCARS File reflected that **81%** of children in foster care had a timely court review
  3. 2016A AFCARS File reflected that **79%** of children in foster care had a timely court review
  4. 2016B AFCARS File reflected that **81%** of children in foster care had a timely court review
  5. 2017A AFCARS File reflected that **81%** of children in foster care had a timely court review
  6. 2017B AFCARS File reflected that **83%** of children in foster care had a timely court review

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

Data / Data Trend – Item Assessment
Potential contributing factors impacting the timeliness of court reviews and/or timeliness of achieving permanency, include items that have been detailed elsewhere (see Data / Data Trend, Item Assessment, under Items 5 and 6); in addition, also note the three bullets listed below:

- A review of the Department's staffing provides several potential indicators for lack of consistency in the timeliness of court reviews. New staff, as well as staff turnover, has had a major impact on carrying out service needs, and follow through in terms of worker management of assigned youth in the foster care system. Although worker turnover fluctuates significantly, rates as high as 41% have been noted (see also table under Item 22). This creates issues involving training relevant to court responsibilities as well as training on data input and management within the Department's data management system (FACTS).

- Numbers of youth in care have also increased significantly in a relatively short time. From October 2016 through October 2017 children in DHR custody has increased by 722 youth, a 14% increase. This has put increased stress on both agency staff and the corresponding court systems.

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

Preliminary Determination: **Strength** ___   **Area Needing Improvement** _**X**__

Item 22: Permanency Hearings

Provide relevant quantitative/qualitative data or information that show a permanency hearing as required for each child in a qualified court or administrative body occurs no later than 12 months from the date the child entered foster care and no less frequently than every 12 months thereafter.

State Response

Measurement Data -

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

- **DHR Staff / Stakeholders (DHR S / S) & Court**
  Do <u>permanency hearings</u> (court hearings to examine the child's permanency plan) occur at least once every 12 months (unless reasonable efforts are not required to be made)?

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

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

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

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

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

See also FACTS Data Table on the following page.

TIME TO PERMANENCY HEARINGS
Population = Children who entered care on or after 10/1/2010 and were subsequently discharged

Home Removal to Initial Permanency Hearing	FY 2011	FY 2012	FY 2013	FY 2014	FY 2015	FY 2016 thru 3rd Qtr	FY 2017
Average # of Days	141	244	312	283	529	477	366
Median # of Days	123	269	344	323	381	364	344
% of Timely Hearings	100%	78%	65%	72%	42%	51%	64%
% of Untimely Hearings	0%	22%	35%	28%	58%	49%	36%
% children > 365 days with no hearing documented	N/A	33%	28%	21%	52%	17%	16%

Initial Permanency Hearing to 1st Subsequent Hearing	FY 2011	FY 2012	FY 2013	FY 2014	FY 2015	FY 2016 thru 3rd Qtr	FY 2017
Average # of Days	86	160	232	253	109	216	228
Median # of Days	89	155	200	258	92	182	189
% of Timely Hearings	100%	97%	72%	84%	83%	65%	66%
% of Untimely Hearings	N/A	3%	28%	16%	17%	35%	34%
% children who should have had a subsequent hearing, but did not	N/A	6%	16%	19%	81%	49%	52%

1st Subsequent Hearing to 2nd Subsequent Hearing	FY 2011	FY 2012	FY 2013	FY 2014	FY 2015	FY 2016 thru 3rd Qtr	FY 2017
Average # of Days	27	123	166	214	85	142	194
Median # of Days	27	98	173	175	85	154	182
% of Timely Hearings	100%	97%	97%	86%	96%	85%	76%
% of Untimely Hearings	0%	3%	3%	14%	4%	15%	24%
% children who should have had a subsequent hearing, but did not	0%	5%	8%	21%	84%	75%	32%

2nd Subsequent Hearing to 3rd Subsequent Hearing	FY 2011	FY 2012	FY 2013	FY 2014	FY 2015	FY 2016 thru 3rd Qtr	FY 2017
Average # of Days	N/A	136	118	202	58	134	171
Median # of Days	N/A	111	91	112	62	119	164
% of Timely Hearings	N/A	100%	100%	82%	100%	87%	98%
% of Untimely Hearings	N/A	0%	0%	18%	0%	13%	2%
% children who should have had a subsequent hearing, but did not	N/A	0%	11%	24%	82%	80%	34%

3rd Subsequent Hearing to 4th Subsequent Hearing	FY 2011	FY 2012	FY 2013	FY 2014	FY 2015	FY 2016 thru 3rd Qtr	FY 2017
Average # of Days	N/A	130	182	110	19	111	151
Median # of Days	N/A	161	175	98	14	91	119
% of Timely Hearings	N/A	100%	100%	100%	100%	100%	99%
% of Untimely Hearings	N/A	0%	0%	0%	0%	0%	1%
% children who should have had a subsequent hearing, but did not	N/A	0%	15%	26%	0%	57%	52%

Data / Data Trend – Item Assessment

SDHR Administration reviews reports monthly regarding permanency hearings to monitor the 12-month threshold. This information is frequently discussed with County leadership from staff in Field Administration**.** Best Practice Indicator number 18, the Case Review System, meets the requirements of PL 96-272 and ASFA for periodic case reviews and permanency hearings, was rated as a strength in 77% of the counties reviewed in FY 2017.

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

- Internal and external stakeholders reported a good working relationship between the Department and the court system. Judicial reviews were generally paper reviews which occurred between the judge and the agency. There were concerns that that these were not consistently occurring timely. Permanency hearings were generally full hearings with testimony taken. Foster parents were invited to hearings and many did attend hearings but were not allowed in the courtroom.

- Children were typically at court. GALs typically see foster children although this can vary. Court reports were reported to be very lengthy and contain a good bit of hearsay. The judge no longer reads them. The new agency attorney is working with staff to ensure that they are prepared for court and to testify. There was room for improvement in this area.

- In the foster care cases reviewed, permanency hearings and judicial reviews were generally being held timely. Foster parents and children were present and the GAL was only actively involved in one case.

- In the five IL surveys three youth reported attending their permanency hearings and four of them knew their GAL.

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

Contributing factors addressing quality concerns include:
- Non-involvement of the foster parents in the process, as in many cases their testimony is not being taken.
- Permanency hearings don't engage all parties involved in the case and multiple times end up being attorney agreements between the attorneys and the judge.
- Some courts schedule six-month hearings at the conclusion of the current hearing. If county staff files to get on the docket, it can be late. Hearings can be postponed or continued and it is strictly up to the local judge's discretion.
- The appropriateness of data being entered by DHR staff into the FACTS system is another potential contributing factor. There is a court tracking screen available on the FACTS system for workers to enter court-related data. With high turnover rates among line staff, training and knowledge about court responsibilities and tracking of data is suspect. Child welfare staff turnover rates are noted below.

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

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

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

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

Preliminary Determination: **Strength** ___   **Area Needing Improvement** _X__

Item 23: Termination of Parental Rights

Provide relevant quantitative/qualitative data or information showing that filing of TPR proceedings occurs in accordance with the law.

State Response

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

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

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

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

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

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

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

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

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

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

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

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

Preliminary Determination: **Strength** ___   **Area Needing Improvement** _**X**__

Item 24: Notice of Hearings and Reviews to Caregivers

Provide relevant quantitative/qualitative data or information that shows how well the case review system is functioning statewide to ensure that foster parents, pre-adoptive parents, and relative caregivers of children in foster care are notified of, and have a right to be heard in, any review or hearing held with respect to the child.

State Response

Measurement Data:

From the DHR Staff / Stakeholder (DHR S/S), Court, and Caregiver Surveys:
Are <u>foster parents</u>, <u>pre-adoptive parents</u> and <u>relative caregivers</u> <u>notified of</u>, and <u>given a right to be heard (Right TBH) in</u>, any review or court hearing with respect to the child(ren) in their care?

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

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

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

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

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

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

To qualify as a permanency hearing, the hearing must be open to the age-appropriate child, the child's parents, legal custodians, relative caregivers, legal guardians, the child's foster parents, and any pre-adoptive parents. Alabama law does not currently provide for a permanency hearing to be conducted by an administrative body;   therefore a permanency hearing must be conducted by a juvenile court. [Code of Alabama 1975, § 12-15-315)].

Foster parents, pre-adoptive parents, and relatives providing care for children must be provided written notification of juvenile court hearings (<u>Code of Alabama</u> 1975, § 12-15-307). County child welfare staff is responsible for providing this notification or ensuring that it is provided by the juvenile court staff. Additionally, foster parents, pre-adoptive parents or relatives providing care for a child have a right to be heard in any proceeding to be held with respect to the child during the time the child is in the care of the specific caregiver. Notice of right to be heard does not make the caregiver a party to the proceeding. No mechanism exists for statewide tracking of caregiver notification of legal proceedings, or monitoring of how often the "right to be heard" is effectively being implemented.

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

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

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

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

Preliminary Determination: **Strength ___**   **Area Needing Improvement _X__**

C. Quality Assurance System

Item 25: Quality Assurance System

Provide relevant quantitative/qualitative data or information showing that the quality assurance system functioning statewide to ensure that it is (1) operating in the jurisdictions where the services included in the CFSP are provided, (2) has standards to evaluate the quality of services (including standards to ensure that children in foster care are provided quality services that protect their health and safety), (3) identifies strengths and needs of the service delivery system, (4) provides relevant reports, and (5) evaluates implemented program improvement measures?

State Response:

Measurement Data

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

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

There were 13 onsite reviews completed in FY 2017 and it is anticipated that 14 will be completed for FY 2018. As of May 2018, State QA has a Program Manager and six QA Specialists.

Since 2012 the number of onsite reviews and QSRs were reduced to allow the QA specialist to provide more support/training in the counties to strengthen the QA system. In 2015, the number of onsite reviews was reduced due to state office staff being placed on special assignments.

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

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

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

Comments:

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

The QA system monitors, evaluates and provides feedback to the Department on the performance of the overall System of Care and whether services provided are of sufficient intensity, scope and quality to meet the individual needs of children and their families. In addition to examining and assessing the Department's Best Practice Indicators, the QA system identifies areas of need and recommends corrective actions necessary to improve services, capacity, outcomes and conformity with Federal, State and Department program requirements. It also confirms strengths, identifies successful strategies, and recommends ways in which effective practice and/or system performance can be replicated and/or improved. The QA/CQI system has been implemented statewide. Every county has completed a county self-assessment utilizing the indicators of best practice and have identified priority areas to address in their county improvement plan. See also under I Foundational Administrative Record and ending section on: Continuous Quality Improvement Through Partnership with the Office of Quality Child Welfare Practice

Alabama's Continuous Quality Improvement Components

I. Foundational Administrative Record Structure

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

Strengths

- When a State Onsite Review is not scheduled for a county, the county's QA system is continuing to function. Each county has a local QA Committee that completes QSRs throughout the year. Depending on the size of the county, the committee may be required to complete 8 to 24 reviews per year. (Jefferson County has 2 QA committees). Jefferson main is to complete 24 QSRs and Bessemer is to complete 12 for a total of 36). Once QSRs are completed by the local committees, the QSRs are debriefed by the local committees and then submitted to the state office. The QA specialist provides oversight of the QSRs and may request additional information or corrections be added to the QSRs. Once agreement has been reached, the QSRs are entered into the database. The local QSRs are also utilized in the county self-assessment as supports for the indicators of best practice.

- There is a formalized state QA structure in place in the form of veteran, state QA staff (Program Manager and six QA specialist staff) and a State QA Committee.

- All counties have an assigned state QA Specialist. These Specialists are available to their assigned counties to provide training to county QA coordinators and committees. QA Specialists provided numerous trainings to coordinators and committees throughout the year.

- The Child Welfare CQI process is implemented across the state by a single agency. After a QA onsite review or county self-assessment, the county, along with the QA specialist and practice specialist, have a County Improvement Plan (CIP) preparation meeting to identify 3 or 4 priority areas to address and to set a date for the CIP. The improvement plan consists of county staff (management and frontline staff), QA specialist, Practice specialist, selected stakeholders and the county's District Administrative Specialist (DAS) to identify specific measurable steps to address the identified priority areas. Once completed the plan is implemented and monitored by the county, QA specialist, practice specialist and DAS staff. The plan is assessed bi-annually for improvement and is modified as needed.

- There are written procedural and practice guides in place in the form of a *QA Guide, Fifty (50) Best Practice Indicators* and a *QSR Protocol Instrument.*

- There is also an Office of Quality Child Welfare Practice (QCWP) which is a state office team under the Quality Assurance Division that follows up after onsite reviews to ensure the development and implementation of CIPs occur.

- QCWP also has a Record Review Tool used in all counties to evaluate for systems improvement and to provide additional guidance and support.

- There is an established Office of Data Analysis.

- There is a well-established county QA structure in place across all counties in the state in the form of County QA Committees and a staff person in the position of County QA coordinator.

- The county/state QA structure is long-standing and sustainable.

- Process is in place whereby SDHR Leadership can receive feedback on practice/system performance as assessed by the state QA process. In addition to the onsite reviews completed by State QA, each county is to complete a county self-assessment bi annually (May and November). The county self-assessment includes the indicators of best practice that address safety, permanency, wellbeing and the systemic factors. Each May

and November the county self-assessments are filed with the state office and made available for SDHR Leadership.

- There is a CQI process in place throughout the state which provides ongoing, assessment, evaluation, interventions, and planning. After a county has an onsite review or completes their county self-assessment, the county, along with their QA specialist and Practice specialist, identifies 3 or 4 priorities areas to address in the county's improvement plan. The plan is to be reviewed and updated every 6 months or more often if necessary.

  The State has two remaining persons who completed the CQI Training Academy in 2014. Those two persons are the CFSR Coordinator and the Director of the Quality Assurance Division.

  As of June 2017, the County Improvement Plan process has been strengthened to include multiple assessment tools, integration of more individuals in the CIP process and better ways of monitoring progress.

- A plan has been developed where the month of January has been set aside to ensure there is at least one annual meeting with QA coordinators, QA Chairs, and County Directors. Performance standards have already been directed that will require at least quarterly face to face contact with local QA committees by their assigned state QA specialist. The most recent meeting was in January, 2017. The adjunct reviewer training that was scheduled for January 2018 had to be cancelled due to inclement weather. Presently, there are plans to conduct this meeting in October, 2018.

Identify those aspects of the foundational Administrative Record structure that can be STRENGTHENED:
- Providing mechanisms and opportunities for input from county staff on all CQI foundational components.

- Standardized statewide training plans / meeting schedule for county QA coordinators and county QA committee chairpersons. Statewide meetings for county QA coordinators and QA committee chairpersons as well as State QA Committee members were held in May 2014, January 2016 and January 2017. County QA systems were provided with information on revised QA forms and procedures, the Plan for Improvement, changes in training curriculum, and provided with training on the evaluation of caseworker visits.

- Written guidelines as to what activities will comprise state QA onsite county reviews across all counties. The best practice indicators were revised in November 2014 to better reflect current practice expectations and to be more closely aligned with the CFSR. This resulted in an additional revision of the reporting format and revisions of some forms utilized in the onsite review process. The rating for the Best Practice Indicators was also revised to remove "Both" as an option. Remaining rating options are now "Strength" and "Area Needing Improvement". These changes were incorporated into the QA Guide which was revised in November 2015. The additional component in the onsite review process of review of QSRs completed by county QA committees added for 2014 remains in place. This component has enhanced the assessment of the performance of the county QA system during onsite reviews.

- Consistent and complete accountability for, and implementation / monitoring of, the County Improvement Plan process. One required subject of the county self-assessment is county improvement plans. Counties report on the status of their county improvement plan in each county self-assessment with review and feedback by state QA staff. The assigned DAS is included in the feedback provided on county self-assessments. A revision has been included in the QA Guide for inclusion of county QA committees in the planning process for County Improvement Plans. QA Specialists and practice specialists attend county improvement plan meetings and can assist in the development of measures of progress and action steps respectively. Plans are in development for additional strengthening of the county improvement plan process – see June 2017 update above under STRENGTHS, as well as additional content added to the SA.

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

Recommendations:
1. Implement a way(s) in which county DHR staff / county QA committees can provide input for the CQI Assessment.

2. Examine the current guidelines for the county QA review process, and implement any needed improvements. This will be done during CY 2018.

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

Strengths
- State does monitor existing Federal data requirements through the use of appropriate data quality utilities and tools.

- Regular monitoring of Round 2, PIP-related data is in place.

- The state met the National Standards associated with the Round 2 CFSR.

- State has demonstrated the priority of reporting data quality issues to the Children's Bureau.

- NYTD data has met reporting requirements established by the Children's Bureau.

- NCANDS data is close to meeting established reporting requirements.

- Some processes exist for collecting/extracting data and resolving data quality issues, and yet they vary among individual staff and units.

- Data collection / distribution has been strengthened to include distribution to all county departments through the iDHR intranet, to County Directors, and all child welfare division heads to include the Division of Field Administration.

- External stakeholders are provided data through the QA system. The QA system is so that each local QA committee (citizens review panel) should receive county data during their regularly scheduled meetings. Data is also shared through the county self-assessment process. The county self-assessment utilizes ERD data to support each indicator of best practice when appropriate. Once completed, the county self-assessment is shared with the local committee for review and comment. The State QA Committee meets on a quarterly basis and is provided statewide data for review at each meeting.

- State QA consistently uses the QSR protocol to gather qualitative data across the state. The Office of QA has one program manager and five QA specialists that are very proficient in the use of the protocol. Each county has a QA coordinator with access to their QA specialist for guidance and training. The QA specialists provide protocol training to the county committees to ensure proper use of the tool. In addition to the training, all QSRs completed by the local committees are reviewed by the state QA specialist for consistency.

- Consistent distribution of the Summary and Findings of state QA onsite reviews.

- Consistent distribution within FSD/other SDHR Divisions of the Summary and Findings of State QA Reviews. The Summary of Findings of State QA reviews is provided to the Deputy Commissioners for Field Administration, Quality Assurance, and Children and Family Services, along with the Director of Family Services, and the Deputy Director. Beginning with the onsite review reports for FY2015, Program Managers in Family Services were added to the distribution list.

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

- Examine the current distribution and utilization of the Summary and Findings of State QA Reviews, and make any needed adjustments.

Identify those aspects of quality data collection that can be STRENGTHENED:
- Continued attention to improving accuracy of, and clarification about, FACTS data (e.g. what constitutes the permanency hearing date). Specific details can be located in the Data Quality Plan section of the SACWIS Advance Planning Document (APD) update, which also addresses SACWIS Assessment Review (SAR) findings. The state continues to address the AFCARS Review findings through the AFCARS Improvement Plan Update (AIPU).

- Attention to promoting consistency in applying the QSR protocol ratings across all reviewers. Each QSR is debriefed onsite with the lead and co-lead for each onsite review as well as with the other case reviewers. Also present in the debriefing are the county director and county QA coordinator. Debriefings are utilized to promote consistency across reviewers.

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

- Existing barriers also include staff turnover creating changes in QA Coordinators. New Coordinators may not consistently share information at meetings when they are learning their position.

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

2. Assess the process for the qualifying of, and promoting consistency among (QSR) reviewers currently in use via training, onsite QA of the review instrument/findings, etc. and implement any needed improvements. Two QA Coordinator Trainings were completed in August 2017 to increase the capacity of county QA Coordinators and their ability to ensure consistent use of the QSR protocol. One of the training components will be on the review tool to promote consistency among reviewers. Plans are to provide adjunct reviewer training annually over the next four years. Adjunct reviewers are additionally required to shadow a QA Specialist prior to serving in that role in an onsite review. Eleven additional adjunct reviewers were trained individually through shadowing the onsite review process in 2015 and 13 were trained in 2016. NOTE: twenty-four (24) adjunct reviewers were trained in 2017, and two adjunct reviewer trainings are scheduled for January 2018.

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

Strengths

- There is a QA review process that is operable at both the county and state level that includes the conducting of QSR's, whereby individual interviews are conducted with relevant stakeholders involved in the case, including the identified child/youth and family.

- At the state level a stratified sampling process is utilized for the identification of cases to be reviewed and the state QA review schedule includes varying geographic areas of the state, including the largest metropolitan area.

- The state QA review process is designed to prevent reviewer conflict-of-interest and the QSR protocol (review instrument) contains rating guide information that is designed to assist the reviewer in making rating determinations and guided appraisals.

- The state QA review process includes several components designed to strengthen the practice assessment and better inform the resulting findings and recommendations. These include a review of a sample of resource records, as well as a safety assessment and permanency assessment that are distinct from the QSRs that are also conducted. Feedback is provided on QSRs by the QA specialist as they are completed. Six months after an QA onsite review, the OQCWP conducts a random record review to monitor for progress in areas identified as ANI.

- There is a means by which State QA staff review and provide feedback on the QSR write-ups and ratings of practice/systemic items that are conducted by county QA committee reviewers.

- There is a data base maintained in Family Services, whereby QSR rating information conducted by county and state reviewers is entered.

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

- There is an ability to conduct ad hoc/special studies at both the county and state level.

- The state QA review process includes an assessment of the status of services to children and families, the effectiveness of monitoring, and the progress toward effective family functioning.

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

- While at the state level there are ways of giving attention to rating consistency, the process for ensuring inter-rater reliability can be strengthened. State QA staff continue to train county QA committee members on the use of the rating instrument. County QA committees are encouraged to debrief cases during committee meetings to promote rating reliability. State QA staff will continue to train county QA committee members in the use of the rating instrument.

- A process is currently being implemented to train state reviewers; however, having a uniform and consistent training process that <u>qualifies</u> reviewers to serve in that role could be strengthened. See Item II, <u>Quality Data Collection</u>, recommendation #3. The QA unit is in the process of implementing a certification process for adjunct reviewers beginning in January 2018 where adjunct reviewers are certified through a training program and must take part as an adjunct reviewer within the year to maintain their certification. One Adjunct Reviewer training was held on January 10-11, 2018, but the second training had to be cancelled due to inclement weather. The second training has been rescheduled for April 17-18, 2018. The training is conducted by the Office of QA and it is a 2 day classroom training. The training walks the participants through the QSR protocol and requires them to rate a mock case as a group. Once the participants have completed they training and shadowed an QSR (county level or state level) they are certified to participate as an adjunct reviewer.

Recommendation:

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

IV. Analysis and Dissemination of Quality Data
Although most States have the ability to collect data from a variety of sources, States have varying capacities to track, organize, process, and regularly analyze information and results. A functioning CQI system will ensure that:

Strengths

- There are numerous data sets in operation across various program units and there is agency capacity to provide information on many data elements.

- All management/statistical (MS) reports available through ERD are scheduled to run on a regular basis.

- Tracking of data related to NYTD, AFCARS and NCANDS are operative (see also data collection).

- Qualitative data is maintained via a QA database, which serves as a repository for state and county QSR ratings.

- There is a process for analyzing and commenting upon qualitative data in the form of QSR write-ups which are provided to QA coordinators, county workers and supervisors.

- Some informal means of aggregating results related to the Best Practice Indicators has been utilized. A summary of Onsite Reviews for fiscal years 2012 to present with percentages of "Strength" and "Area Needing Improvements" are maintained.

- There is some discussion of dissemination of data through website posting and provision of data reports to staff. The Data Management Maps are being provided to the counties on a monthly basis. Counties began receiving the Data Management Maps in August 2017.

- Data profiles are developed/used for onsite (state) QA reviews. Data profiles were revised in 2014 to include the data utilized for county director evaluations.

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

- Emphasis / training on and monitoring of, effective use of data as a child welfare management tool related to impacting outcomes of safety, permanency and well-being. One of the best practice indicators was developed to assess and make recommendations on the county utilization of data to assess, plan and monitor their child welfare program. Specific recommendations will continue to be provided when this indicator is not determined to be a strength of practice.

- Tracking / distribution of (qualitative/quantitative) data across regions of the state, child demographics, etc. A portion of the adjunct reviewer training focused on the use of the Data Management Tool. Counties were encouraged to use the tool to collect data to be presented at management meetings.

- Emphasis / training on and monitoring of, complete, accurate, and timely data entry by county staff. One of the best practice indicators was developed to assess and make recommendations on the timely and correct entry of data. Specific recommendations will continue to be provided when this indicator is not determined to be a strength of practice. The Office of Data Analysis provided AFCARS Data Quality Training to all foster care and/or adoption workers and supervisors statewide beginning in June 2015 in order to improve the quality of the data. The training was completed in April 2016.

- Consistent provision of information as to where to look for data outside of FACTS.

- Determining ways in which CFSR outcome data can be explained/distributed.

- Consistently involving other SDHR Divisions and external stakeholders (partner agencies/groups) in meaningful discussion, analysis, and dissemination of quantitative and qualitative data. Practice meetings (now referenced as "CQI Meetings") were initiated early in 2014 for the Family Services Management Teams to review data, assess practice, and develop the Plan for Improvement. These (CQI) meetings continue, with present plans to maintain regular data discussions between FSD and QAD staff. Also, the Department continues to provide data to the State QA Committee at its quarterly meetings.

Recommendation:
1. Develop a comprehensive plan for quantitative/qualitative data analysis and dissemination that includes consistent internal/external stakeholder involvement/feedback/input related to trends and findings, as well as a focus on monitoring, training, and use of data in managing for best practice outcomes and improved collaboration/system performance. The resulting plan may require incremental implementation. A summary of the findings from onsite reviews by best practice indicator is completed at the completion of each onsite review. Distribution of this data was expanded to include applicable program managers within Family Services as well as program supervisors with the OQCWP.

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

Strengths
- The County improvement plan meetings review the indicators of best practice with supporting quantitative and qualitative data. The meetings are to include internal and external stakeholders and frontline staff.

  All QSRs completed by either State QA or the local QA Committee provide write up with ratings and feedback with recommendations to improve practice.

  The State's CQI process is in the implementation stage, but counties are encouraged to include internal (frontline staff) and external stakeholders to review the county's self-assessment to develop the county improvement plan. County data and progress should be reviewed at these meetings.

- By design, there is an expectation that the bi-annual county self-assessment is to be shared with the county QA committee, and signed by the county QA committee chairperson.

- Of the 50 Best Practice Indicators, there are items that address data collection and planning. The Best Practice Indicators were revised in November 2014 to 50 indicators. Two of the indicators directly address data collection and utilization for assessment and monitoring of child welfare practice.

- Data is utilized as a factor in the evaluation of 28 of the 50 Best Practice Indicators in determining whether the indicator is primarily a strength of practice or systemic performance or an area needing improvement.

- On a monthly basis data related to child protective services, child abuse and neglect reporting and permanency, are provided to the District Administrative Specialists (DAS), who are to reference/use the data in their work across all 67 counties. This data, along with trend data, is sent via email each month to the DASs from the Division of QA.

- For each state QA onsite review that is conducted, the Office of Data Analysis provides a data profile to the state QA team on the county that is being reviewed.

Identify those aspects of quality data collection that can be <u>STRENGTHENED</u>:

- Ensuring consistency between the data provided to counties and that provided to the state QA review team. Data profiles developed for onsite reviews were revised in 2014 to include the data utilized for county director evaluations.

- Assessment/provision of data needs/request from the state QA review team and the Family Services Management team.

- Distribution of both quantitative and qualitative data trends, comparisons, findings, results and recommendations (from various sources) to key external and internal stakeholders in order to better inform collaboration, system performance and ongoing practice monitoring. Data on some safety and permanency indicators (e.g., CAN and Prevention assessments received and disposed, reports pending over/60 days, children in foster care, open CPS cases, etc.) is regularly provided to the State QA Committee at their quarterly meetings. The State QA Committee will continue to be afforded the opportunity to provide comment and recommendations on data information.   This distribution of data continued throughout 2015, 2016, 2017 and will continue through 2018.

 <u>Recommendations</u>:

- See IV,<u> Analysis and Dissemination of Quality Data,</u> recommendation #1.

<u>Continuous Quality Improvement Through Partnership with the Office of Quality Child Welfare Practice</u>
The Office of Quality Child Welfare Practice (OQCWP), in partnership with the Office of Quality Assurance has initiated a Continuous Quality Improvement Process, with the intent of improving practice across the State and monitoring for outcomes.   As part of the CQI process QCWP will complete a 20% random record review six months following the State QA review. Thus far the key areas identified in the CQI process are engagement/assessment, understanding of protective capacity/safety, ISP's, and ILP. QCWP will address these key focus areas in the County Improvement Plan.

The OQCWP will build capacity around the Comprehensive Family Assessment and the Individualized Service Plan. The OQCWP will also assist in ensuring this process is carried out by providing support to counties through random record reviews, supervisor capacity building and support, peer reviews, support of the CIP preparation work and meetings, and the County Bi-Annual Self-Assessment, and individual working agreements with each County Director and Supervisor staff. In 2016/2017, QCWP has reviewed a total of 2976 child welfare cases during the 20% review process, in a total of 23 counties in the CQI process.

- <u>Review Tools</u>:
  At the time of the review, Directors and Supervisors are provided a review tool on each case reviewed. The Director/Supervisors are expected to follow through with the recommendations to ensure best case practice and child safety.   The CPS and Foster Care review tool captures type of case, case name, worker/ supervisor name, child name, child age, date the case was opened, reason case opened, safety/well-being, family assessment, ISP, Education, Narrative/Contacts, ICPC, additional foster care information (MEPA, ASFA, Permanency, Connections for after-care, court hearings, placement, visitation, and siblings placed together) and the final recommendations.

- <u>The CA/N and Prevention Review Tool</u> provides case name, type of case, worker/supervisor name, Intake information, preparation for initial assessment, documentation/interviews, analysis/decision making, safety, strengths and recommendations, and reviewer gives opinion if child is safe.

- <u>Summary/Report</u>:
  After every 20% random record review a summary of the review tools is provided to the county within 30 days. The record review report identifies strengths and needs in each area of child welfare practice. The report condenses recommendations that are provided in the review tool and how the areas of need should tie back to the County Improvement Plan.

- 67 County Improvement Plans Reviewed or Completed:
  Directors in each county have met with a Child Welfare Practice Specialist in regards to their County Improvement Plan and the key focus identified in their recent reviews. The Specialist works with the county

director and supervisors to ensure the areas needing improvement are in the CIP. The CIP will be monitored for success in these key practice areas.

The CIP has traditionally been updated following every QSR review, however, there have been some changes since the recent CQI reset. The CIP is now a working document that is not only updated after the QSR review, but will be updated when progress is made on areas needing improvement. The county and the Practice specialist identify three to four focus areas needing improvement, and work towards the improvement of those areas. Once improvement is made, the CIP can be updated to reflect progress. The county and specialist are also mindful of the strengths identified, and how practice can be built up on the foundation of those strengths. The practice specialist provides monthly support to ensure the areas needing improvement remain the focus of practice improvement. This is monitored through a working agreement developed between the county and the practice specialist.

The evaluation and effectiveness of the CIPs are completed through routine reviews of the CIP plans by state office and county to identify improvement or ongoing needs. Otherwise, there is no data collected.

The CIPs should be updated after every county self-assessment which are held every six months to monitor for progress. County staff, QA specialist, practice specialist, representation from the local QA Committee and DAS should be involved in the monitoring of the plan. The county self-assessment utilizes quantitative (ERD) and qualitative (QSR and stakeholder interviews) data to rate the Indicators of Best Practice.

- 67 Working Agreements Completed:
  As part of the reset in 2016/2017, QCWP has met with each county director and developed a working agreement based on primary focus areas identified in the County Improvement Plan. This agreement is based on a plan to improve practice and clearly identifies the role of the practice Specialist. The role of the Specialist is to participate in random record reviews, provide planned/purposeful technical assistance, and supervisor capacity building.

- Supervisor Capacity Building:
  The goal is to build capacity within supervisors to improve casework, ensure adherence to policy, and support retention of staff. Supervisory Management Classroom Training was provided to all Supervisors in the State and QCWP will follow through with implementation of the training. Supervisors will understand the importance of worker/supervisor conferences/working agreements, how to utilize ERD (Electronic Distribution Reports), how to review a case using the child welfare practice review tool, accountability, time management and self-care among others.

  OQCWP Program Specialists are collecting and using data on well-being to focus on areas of need, and provide support through the working agreement in regards to how to best address those needs in the CIP. Child welfare practice data is collected each month based on the Electronic Report Distribution (ERD), as well as the newly developed Data Management Maps. Each practice specialist keeps a data tracking sheet for each county they support. The practice specialist compares the data from month to month and it is discussed monthly with the county supervisor and county director. The practice specialist works with the county supervisor to become proficient with reading the data, as well as understanding the data. The practice specialist also works with the county supervisor to ensure the work is meaningful to children and families. This is achieved through peer reviews, which is a review of the same case by the practice specialist and the county supervisor. The practice specialist and supervisor compare findings and recommendations are made by the practice specialist to improve case practice. The CIPs are monitored via routine reviews of the CIP plans by state office and county to identify improvement or ongoing needs. There is no data gathered.

- Additionally, both the onsite review and county self-assessment utilizes quantitative (ERD) and qualitative (QSR and stakeholder interviews) data to rate the Indicators of Best Practice. Random Record Reviews will be conducted in these counties and training and supportive work will focus on the needs identified from the reviews

Preliminary Determination: **Strength X**   **Area Needing Improvement** ___

D. Staff and Provider Training

Item 26: Initial Staff Training

Provide relevant quantitative/qualitative data or information that show:

- staff receive training pursuant to the established curriculum and time frames for the provision of initial training; and,
- how well the initial training addresses basic skills and knowledge needed by staff to carry out their duties.

State Response:

The Department utilizes our Learning Management System (LMS), the Learning Education Training System (LETS) to track all DHR staff training. Training is tracked in LETS by individual staff person and archives by course name, status (complete/incomplete), date of completion, total time of course, score (if applicable), credits (if applicable) and certificate (if applicable).

Measurement Data
During 2017 the following number of staff was trained:

> - Training of New Child Welfare Workers:
>   348 in ACT/STEP: Foundations, STEP: Intake – 94, STEP: Investigation -94, STEP: Case Management – 111, and STEP: Adoption - 24
> - Certification of TIPS(Trauma Informed Partnering for Safety and Permanence – Model Approach to Partnerships in Parenting) Leaders – 295, Certification of TIPS/Deciding Together Leaders – 48

The number of new staff being hired by DHR is averaging out to 34 new workers a month. The Office of Child Welfare Training (OCWT) is providing enough slots to handle at least 40 new hires a month. The OCWT is located in the Quality Assurance Division, and is responsible for training all new child welfare staff and new child welfare supervisors.

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

- ACT I and STEP Foundations Completion Rates for CW staff with case management responsibilities:

Table Item 26-1

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

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

Table 26-2

	CY 2015	CY 2016	CY 2017
GPS Staff Co-Leader training (recently discontinued)*	62	NA	NA
GPS Staff Deciding Together Training (recently discontinued)*	33	NA	NA
TIPS - Staff Co-Leader training (Recently replaced GPS)	NA	134	298
TIPS - Staff Deciding Together training (recently replaced GPS)	NA	53	77

Staff do not need to complete the initial training before receiving cases, and no certification is provided upon completion of training. The Department believes however that STEP preservice training should be received before a full caseload is given to workers. There are CEUs that are provided for the respective training events.

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

The last training for (the now discontinued) GPS Co-Leader Certification training was 10/01/15 (as noted above, 62 DHR staff completed this training in FY 2015).

The last training for (the now discontinued) Deciding Together Certification training was 09/02/15 (as noted above, 33 DHR staff completed this training in FY 2015).

The first TIPS Staff Co-Leader Certification training was held on 03/16/16. The number of DHR staff trained in FY 2016 was 134, and in FY 2017, 298.

Table Item 26-1:   TRAINING PROGRAM MATERIALS

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

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

the program materials were well organized, clearly written, easy to use, valuable to learning, and useful on the job.

Table Item 26-2: **TRAINING PROGRAM CONTENT**

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

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

Table Item 26-3: **OVERALL TRAINING EXPERIENCE**

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

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

Data / Data Trend – Item Assessment

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

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

There is an <u>online component</u> for each module that requires the following time:

STEP: Foundations: 9 hours of independent study
STEP: Intake: 1 ½ hours of independent study
STEP: Investigation: 3 hours of independent study
STEP: Case Management: 1 hour independent study
STEP: Adoption: 2 hours independent study

The numbers of <u>onsite days</u> for each session are as follows:

STEP: Foundations: 5 days
STEP: Intake: 2 days
STEP: Investigation: 5 days
STEP: Case Management: 5 days
STEP: Adoption: 3 days

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

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

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

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

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

Director's training is conducted by Field Administration and is tracked through LETS. An initial county director training has not occurred in two years; however, one is being planned now. The District Administrative Specialist, or DAS (within the State's Field Administration Division), holds initial conferences with each new director individually to go over the job, expectations, etc. Each new director is monitored closely by the DAS. Once a person is hired or promoted to

supervisor, LETS sends them an email to sign up for DHR Supervisory Management Training. The OCWT then uses LETS to see who is eligible and signs them up for the next session.

Alabama Child Welfare Training (ACT I / STEP)   **Strengths**

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

- Prerequisite work is online*.*

- The OCWT has included more pertinent information in preservice training related to Domestic Violence, Trauma, Engaging Fathers, and Psychotropic Medications and included this material in STEP.

- The OCWT has been working with The Child Welfare Policy and Practice Group, based in Montgomery, regarding updating the content of STEP.

- Increase in number of sessions for workers.

- Immediate placement in an upcoming class.

- Workers are being enrolled in LETS in a timely manner, in that the enrollment occurs as soon as they are hired and they begin the training within 3 months. New workers receive independent study material as part of their training immediately upon hire and work on this online. Each county has their own county specific training programs. Many are given caseloads. Each STEP class is offered on a rotating basis throughout the year, each session comes up every other month. Staff are registered for the next available session. Depending upon when they are hired, they may go to the next classroom portion of their training within two to eight weeks. Some staff are pulled from their original class assignment for various reasons (caseload related, court related, personal or illness related).

- Workers are able to go to the sessions that are specialized to best meet their specific job duties.
  <u>With FACTS incorporated into STEP, it enables the workers to immediately see how the work they do is captured and they do not have to go to a separate training for documentation. In terms of time spent on FACTS during training, the following breakdown provides approximate time frames: Foundations 20%, Intake, 33%, Investigation 40%, Case Management 40%, Adoption 33%.</u>

Alabama Child Welfare Training (ACT I / STEP)   **Challenges**

1. Throughout the first module of ACT I, participants were trained and viewed videos that demonstrated the use of interpersonal helping skills when working with family members. The videos were one of the many tools used in training to reinforce learning points, as well as to afford individuals the opportunity to visualize the usage of skills needed as child welfare workers. Videos are very effective method to use for training. Many people are visual learners. The videos are quite dated and we are exploring creative options on updating the video content for STEP during CY 2018.

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

Preliminary Determination: **Strength X**   **Area Needing Improvement** ___

Item 27: Ongoing Staff Training

Provide relevant quantitative/qualitative data or information that show:

- that staff receive training pursuant to the established annual/bi-annual hour/continuing education requirement and time frames for the provision of ongoing training; and

- how well the ongoing training addresses skills and knowledge needed by staff to carry out their duties with regard to the services included in the CFSP.

State Response

Requirements for ongoing training are at the Director's discretion, and directors, along with supervisors typically identify training needs for staff. Other ways the Department identifies the need for ongoing training is when the need is identified during an Onsite QA review, a Quality Service (Case) Review, or during the County Improvement Planning process. Usually when training is identified via the case review process or during the County Improvement plan the county is linked with the appropriate state office program to provide such training. Examples of the type of ongoing training include, Forensic Interview Training, ISP training, Safety Plan training, Permanency reviews, Meaningful Caseworker Contact training, Adoptions training, Medicaid Rehabilitation training, Legal training, Supervisor peer review training, and Adjunct reviewer training.

In terms of the provision of training, some counties have their own contracted trainings based upon the needs they see in their counties. The Dept. also contracts with some of the Universities and National Agencies to provide ongoing training; training sessions such as: Forensic Interviewing training, Sex Trafficking, Trauma, etc. have been offered in the past. Ongoing training is also tracked through LETS. A barrier at this point is that although the above stated mechanisms are utilized and valued, the Department does not have a systematic method in place to provide ongoing training.

Measurement Data

From the statewide DHR Staff / Stakeholder Survey:
What <u>ongoing</u> training modules are most needed in order to address the <u>job skills and knowledge</u> needed by <u>staff</u> (including <u>direct line</u> workers and supervisors) to <u>carry out their duties</u>?

Comments:
Some themes (suggestions) for ongoing training content included the following areas:
- Substance abuse assessment for DHR workers
- Engagement
- Time management
- Documentation
- Trauma
- Policy
- Completing the STEP training <u>before</u> receiving a caseload was a repeated request.

It should be noted that some information related to the above content/curriculum ideas have already been added to STEP and Supervisor's Training (Engagement, Time Management, Trauma). The Department has a Substance Abuse curriculum that can be updated and delivered as part of ongoing training curricula.

There is a variation of training available to new and existing staff as they move up the ladder and into more specialized areas of practice. There is variation because the needs of the counties can be different. One area of the state may have issues with a particular drug (opioids, etc.) and need a particular training. Our counties that are on the border had border training that was specific to them. A majority of staff training is captured on LETS. Each worker has a learning history that can be reviewed by the local management team, and training can be requested through this system by both local and statewide administrators. LETS can assist local and state leaders to determine what training staff has completed, and what elements of training are still missing. Caseworkers, with their Director's consent, may register to take ongoing training based on office or individual caseworker need. A majority of initial training and retraining are conducted away from the staff member's work site to allow them to focus on completing the sessions without

interruption. The ongoing training described above could occur at different sites, including hotels, church's, etc. As additional training needs surface, the state has a committee of County Directors (all part of the County Director's Association) who can request, advise and suggest additional and future training sessions as needed.

We have also worked with The Child Welfare Policy and Practice Group to develop a new Supervisor's Training called DHR Supervisory Management Training. At this time all current Supervisors have either had the training or are on the list for the next training session. Supervisory Management Training is considered as initial training for new supervisors in a new position. We survey all of our Supervisory Management training groups six months after the training to see additional needs they may have.   The Office of Child Welfare Training which is under the Quality Assurance Division works with departmental leadership to develop plans what, and how new training initiatives are implemented.

The Office of Child Welfare Training has received the necessary train the trainer training to continue this training for new child welfare supervisors as they are hired.   The training curriculum addresses a number of supervisory issues, such as: Basics of Core Supervision, Challenges of Being a New Supervisor, Supervisory Use of Authority, Supervisory Role in Leading the Work, Stages of Change and Worker Resistance, Working Across Generations, Team Building, Case Conferences / Unit Meetings, Time Management, and Self-Care.

Finally, the Department is in the process of developing an ongoing child welfare caseworker training called **"STEP IT UP",** which will supplement the current training of **STEP**.   **STEP I** is the basic child welfare training for new workers, and **STEP IT UP** will be for addressing the ongoing needs of more experienced child welfare case workers.   This training will address many practice areas, to include, but not limited to, underlying conditions, treating families with substance abuse needs, understanding and addressing trauma, working with victims of domestic violence, and much more.

Data / Data Trend – Item Assessment

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

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

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

Course Name	CY 2015	CY 2016	CY 2017
STEP: Adoption	NA	NA	23
Adoption and Foster Care Analysis and Reporting System (AFCARS)	125	250	386

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

Preliminary Determination: Strength ___ Area Needing Improvement _X_

Item 28: Foster and Adoptive Parent Training

Provide relevant quantitative/qualitative data or information with respect to the above-referenced current and prospective caregivers and staff of state licensed or approved facilities, that care for children receiving foster care or adoption assistance under title IV-E, that show:

- that they receive training pursuant to the established annual/bi-annual hourly/continuing education requirement and time frames for the provision of initial and ongoing training.

- how well the initial and ongoing training addresses the skills and knowledge base needed to carry out their duties with regard to foster and adopted children.

State Response:

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

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

The Office of Child Welfare Training has begun training certification training for leaders, certifying foster/adoptive parents and providers of residential services for our children as TIPS Leaders. TIPS incorporates trauma-informed research, philosophy, and practice related to the roles of foster and adoptive parents. Input and materials from the National Child Traumatic Stress Network (NCTSN) are incorporated throughout.

The first session of TIPS certification was initiated on 05/02/16. The TIPS curriculum is trained as it was designed because it is copyrighted. Any adjustments made to the curricula will have to be made by the Children's Alliance of Kansas; the state cannot make changes to the curriculum. The Children's Alliance is undergoing a study at this time, seeking to have it evidenced based, but the study is still ongoing. One of the selling points of bringing TIPS to Alabama, was that the Children's Alliance of Kansas said the program helped all states implementing it to get favorable ratings on the CFSR.

TIPS is a mutual process built around 12 skills to be successful foster and adoptive parents. If parents are struggling with too many of the skills they can select themselves out or can be selected out by the agency co-leader. This is county data and the state office will need to determine the best way of collecting this information.

Co-leader certification training is tracked through LETS and a spreadsheet. Approved foster/adoptive parents are added to FACTS. FACTS also provides fields/checklist for participation in TIPS and their on-going continuing education. Counties also maintain paper documentation of applicant's pre-service training and approved families' on-going training in their paper resource files.

All initial training and pre-service training should be documented in FACTS. The training for traditional foster homes requires thirty (30) initial hours and fifteen (15) hours of additional training over the course of a year. Therapeutic homes require forty (40) and twenty – four (24) hours respectively. For the traditional homes, the specific county resource worker is responsible for tracking all on-going training hours for foster homes approved in their county. This material is maintained in the counties to ensure that required hours are met when re-approval is necessary.

There is no FACTS screen that currently captures this data for state office usage. There is also no statewide plan for provision of training opportunities for the foster parents. Several counties do ongoing training for their foster parents, but this practice is not consistent across the state. The local foster parents submit their training data to the resource worker who assigns a time value to the training. Several counties have a local foster parent association which offers training to their members at various points over the year. In addition, the statewide Alabama Foster Adoptive Parents Association has an annual multi-day conference that offers quality speakers and training on a variety of topics. They will also do periodic training when requested.

Training for therapeutic foster care providers is offered and provided by the contract agencies which provide that particular service. This information is verified by the licensing staff of the Department's Office of Resource Management when they re-license the TFC agencies. In either case, if a foster parent fails to get the required training hours necessary to maintain licensure, they are removed from the foster care rolls.

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

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

Requirements of Minimum Standards:
Staff Development

The following staff development training is required for all staff:
1. Orientation
   a. New staff shall receive orientation within 30 days of employment.
     Orientation will cover:
- Agency philosophy, policies, and procedures.
- Generally accepted principles of child care and behavior management practices.
- Overview of the Child Care Institution, Group Homes, and Child Placing Agencies
- Confidentiality issues.
- *Reasonable and Prudent Parenting Standard training
  (Residential child care facilities must have one trained official in RPPS onsite to be the designated caregiver authorized to apply the reasonable and prudent parent standard. This person must be approved by DHR).

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

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

2. New Hire Training
   a. Training consisting of a minimum of thirty (30) hours of actual training time will be given within the first one hundred eighty (180) days of hire

   b. The training shall consist of the following components:
- Child Development
- Behavior Management
- The Process of Grief and Loss
- The Dynamics of Attachment and Separation
- The Value of Families
- Individualized Service Plan *

- Identifying the Strengths and Needs of Families and Children
- Behavior as an expression of Underlying Needs
- The Value of Partnerships
- How Children Enter the Foster Care System
- Family Implications among Agency Personnel
- Overview of the R.C. Consent Decree *
- Understanding and Valuing Cultural Differences

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

3. Continuing Education

    a. After the first anniversary of employment, a program of in-service   training will provide staff with a minimum of fifteen (15) hours in-service training annually. Participation at conferences and workshops may be included as part of the 15 hours as documented by attendance certificates.

    b. Training may include, but is not limited to:
       - Child Safety Issues
       - Crisis Intervention/Engaging Families
       - The Impact of the Media on Children
       - Effects of Multiple Placements
       - Cultural Sensitivity and Responsive Services
       - Significance of Birth Families
       - Substance Abuse
       - Gang Activity
       - Universal Precautions and Infection Control

    c. Reasonable and Prudent Parenting Standard training must be provided annually.

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

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

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

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

Strengths

- The Department requires successful completion of a pre-service curriculum for foster/adoptive applicants. Thus, no one is approved as a resource without completing GPS or TIPS. However, the Department needs to establish a tracking report that provides information on prospective resource parents who complete TIPS, as well as those who are subsequently approved as a resource family.

- This same curriculum is utilized by County Departments and agencies with which we contract for traditional and Therapeutic Foster Care as well as adoptive resource homes. The Department requires continuing education hours (CEU's) for both traditional and therapeutic foster families. This is monitored on per-provider basis and documentation is kept in their records and on checklist in provider module in FACTS. The Department needs to ensure that FACTS is effectively tracking the completion of CEU's by resource families.

- This training requirement is intended to improve the skills necessary to parent children victimized by abuse and/or neglect. Resource Record Reviews are now a component of on-site reviews conducted by State QA. Resource records are reviewed as a part of the State QA Reviews. The number of resource records reviewed is based on the total number of approved homes at the time of the review (see below).

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

The Department has a contract with the **Alabama Foster and Adoptive Parent Association (AFAPA)** that provides supports and services to foster/adoptive parents statewide including training. The AFAPA state conference had 350 attendees that were offered fifteen hours of training per person. There were approximately 250 county association training meetings, and each meeting offered 1 to 2 hours training hour credits per session with an average of twenty participants per training. The AFAPA board members and SDHR offered at least 15 training sessions with three hours of training hour credits per person. One training had more than two hundred attendees with each attendee receiving three credit hours. All together approximately 500 individuals were trained.

CAS/APAC (post-adoption service provider) provides an onsite and webinar based training at no-cost to foster and adoptive parents. See Item 30 for more information.

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

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

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

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

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

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

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

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

- Staff and foster/adoptive parents attend the training together and build positive relationships. Participants develop an understanding of the skills required for successful application of the 12 core skills needed for approval and mutual selection process for foster and adoptive parents. TIPS is the assessment process. The family is assessed as they go through the sessions and at least 2 family consultations are held to discuss the skills related to the 12 skills.

- Participants learn a variety of training and facilitation skills to enhance, empower and engage prospective foster and adoptive parents' experience and appreciation for their role in the lives of children who have experienced abuse, abandonment and neglect. Information from the Children's Alliance of Kansas regarding the effectiveness of the TIPS curriculum is as follows:

  1. The states utilizing the PS-MAPP or TIPS Program as it was intended received the highest rating of "Strength" in their foster and adoptive parent training section. This rating was assigned because the state provides current and prospective foster and adoptive parents quality training that prepares them to effectively parent children in their care.

  2. The CFSR has documented the effectiveness of the MAPP programs in the following areas: reduced incidence of child abuse/neglect in foster care; reduced recurrence of maltreatment; reduced foster care re-entries; reduced length of time to achieve reunification; reduced length of time to achieve adoption; and, increased stability of foster care placement.

  3. Alabama's Best Practice Indicator #29 – Foster parents and caregivers are provided with the supports necessary to meet the needs of the children in their care, was rated a strength 85% of the time in state onsite QA reviews in FY 17.

     It was noted that foster parents receive ongoing training, although documentation of the training is inconsistent. The medium to larger counties have foster parent associations which support the foster parents and also help to provide the needed training hours. In stakeholder interviews, foster parents often cite the children's case workers and their resource workers as necessary supports. Alabama does not have an indicator that reviews for the effectiveness of training, however differences in foster parents understanding of children's needs have been observed since TIPS has begun. The department will explore the tracking of placement disruptions to determine if trends can be noted as/since TIPS is implemented.

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

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

This was responded to by 629 respondents as follows:

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

TIPS - **Challenges**
State QA reviews indicate that some (but not all) counties have a consistent method for tracking completion of on-going training hours. The Resource Assessments identified there is no consistent way of documenting training hours from county to county. In the 2017, SQA completed 15 Resource Assessments.

- Findings from the resource record reviews conducted during on-site State QA reviews indicate that the material for which families are given credit does not always agree with the intent of continuing education training requirement

(i.e., credit is sometimes given for reading material that is of a fictional nature, etc.) – this is true in some, but not all counties. The Resource Record Review (RRR) sheet asks about on-going training requirement being met. (yes/no question). Until FY 2017 (and thus far in 2018) FSD was not provided copies of the RRR. The review sheets are typically provided to the county upon completion of the review. However, neither State QA nor the local/county QA staff necessarily maintain copies of their review sheets.

- Not all counties consistently have trained foster/adoptive parent co-leaders for GPS.

- Due to high turnover, newer, inexperienced workers are being placed in resource worker positions in some counties. Therefore, workers are dependent on the curriculum and not real-life experience and observations for delivering information to foster/adoptive parent applicants.

- Although LETS has the capability to register county staff for TIPS Co-Leader Certification training, in its current state, it is unable to register foster/adoptive parents and contract providers, nor give them credit upon completion of the training. The State keeps an offline spreadsheet with this data to manage those who cannot be entered into our LMS. The State needs to further develop tracking mechanisms in this regard.

- OCWT must maintain certified trainers to train the TIPS Co-Leader Certification Training. There are several steps involved to become a certified trainer and the process takes about 1-2 years from beginning to certification. As certified trainers are lost, OCWT has to be sure to fill the gaps, in order to maintain capacity within OCWT. At this time there are only four Certified Master TIPS Trainers who can certify Trainers for the Department. Once these four have retired, the State may need to contract with the Children's Alliance of Kansas to conduct the certification process According to the Children's Alliance of Kansas our State currently has more Certified Master level trainers than any other state. If our numbers get to be low, we have the plan to contract with them to attain more.

- After initial training is complete and approved by the agency, in order to maintain their approval, staff and county/agency resource parents must complete 15 hours of in-service training annually and maintain a current CPR certification, or the homes approval and availability should be withdrawn/revoked. It is unclear if this transpires consistently across the state. The Department needs to ensure that accurate tracking of CEUs is occurring and that the lack of completing the annual training is being addressed in a consistent manner statewide.

If approved for infants and young children, the training must include Pediatric and Infant First Aid/CPR. Documentation of current CPR certification training must be made available for review by the Department at annual reviews and is subject to review at any time upon request. A copy of verification that CPR Certification Training has occurred should be maintained in the provider's record by the licensing/approving agency. Resource workers are to review them to ensure licensure compliance. The Department reviews them as part of on-site State QA onsite reviews. However, the Department does not have a centralized, consistent manner in which this information can be accessed/reviewed.   The Licensing unit review at least five personnel records depending on the size of the Child Placing Agency. Records are reviewed within six months of the initial site visit and every two years during the license renewal visit.

- Other training may include but is not limited to:
  1. Child Safety Issues, including CPR and Pediatric and Infant First Aid
  2. Crisis Intervention/Engaging Families
  3. Effects of Multiple Placements
  4. Cultural Sensitivity and Responsive Services
  5. Significance of Birth Families
  6. Substance Abuse
  7. Gang Activity
  8. Universal Precautions and Infection Control

Another component of the training conducted at the local level is to allow foster parents to have the responsibility of operating according to Reasonable and Prudent Parent Standards and allow children in their care to participate in age and developmentally-appropriate activities. A training module for this has been developed by Family Services and is available to county staff on LETS and agency staff on the TIPS website. Counties track the above training as part of the semi-annual and annual review. All foster providers must have proof of 15 hours of additional training, This proof is provided to the resource worker and verified prior to re-approving a foster provider for another year. This training can be provided by county staff, agency staff, online or during annual provider training session. The Resource

Assessments identified inconsistent capturing of training hours and the counties providing it. Some counties leave it to the foster parents to locate online and some counties provide it in office. The Department needs to strengthen the attention given to the issue of supporting foster parents in completing ongoing training, ensuring that an accurate, statewide tracking system is in-place, and consistently addressing any issues resulting from failure to complete the required annual training.

Training data – GPS / TIPS Co-Leader:

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

Preliminary Determination: Strength ___   Area Needing Improvement __X__
We are meeting our goal to convert to TIPS from GPS by April of this year. No one on the waiting list for the 3 day certification after April. The 2017 Summary of Onsite reviews identifies foster home compliance with minimum standards is 69% however this does not reflect their initial training but ongoing training.

E. Service Array and Resource Development

Item 29: Array of Services

Provide relevant quantitative/qualitative data or information that shows how well is the service array and resource development system is functioning to ensure that the following array of services is accessible in all political jurisdictions covered by the CFSP:

- Services that assess the strengths and needs of children and families and determine other service needs;
- Services that address the needs of families in addition to individual children in order to create a safe home environment;
- Services that enable children to remain safely with their parents when reasonable; and
- Services that help children in foster and adoptive placements achieve permanency.

State Response:

Measurement Data - From Staff/Stakeholders and Court Surveys

DHR Staff / Stakeholders (DHR S / S) & Court
Are services <u>accessible</u> statewide and within the county that <u>assess</u> / <u>address</u> child/family needs for safety, permanency, and well-being?

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

Comments:
- Some of the themes identified were the need to strengthen resource development related to: transportation, local substance abuse assessment/treatment, local mental health capacities (local access to psychiatrists and psychological evaluations, closer inpatient options, counseling services, etc.), serving those with autism, as well as placement options for adolescents. Strengthening general resource capacity in rural areas remains a need and though improvements are occurring, wait times were still noted for residential placements, parenting classes, accessing specialists, and in some cases, in-home treatment. North Alabama had some citations of specific needs across the array of resources.

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

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

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

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

In onsite reviews and the use of the QSR, no issues have been identified that shows services across the state are not culturally sensitive.

Aside from and in addition to the statewide survey, an inquiry was sent to all 67 counties in March 2018 requesting examples of how the counties have responded to the culturally diverse populations they serve. Not all counties responded, but the following are some of the examples provided.

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

Several counties reported ensuring children's religious identities were protected while in care. In one county, the foster parents were Jewish. The department and the county worked together to ensure the children, who identified as Christian, were able to celebrate Christmas as they had prior to coming into foster care. Examples were also provided where accommodations were made to allow Hispanic children to attend Hispanic churches while in care. One county provided an example of children that identified as Seventh Day Adventist. The foster parents were not associated with the Seven Day Adventists. Arrangements were made for a foster family affiliated with the church to provide transportation for the children to church. Another county reported working with a family who identified as Muslim. The mother requested the foster parents not serve the children pork and the foster family agreed to respect the mother's beliefs.

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

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

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

Data / Data Trend – Item Assessment
Onsite reviews for fiscal year 2017 identified the best practice indicator for "Service Array" was rated 100% as strength. An array of services was identified for the counties reviewed; however, substance abuse treatment was identified as a need in most counties. When substance abuse services were available, transportation presented a problem for some families.

"Supports to Parents" was rated as a strength in 62% of the QSRs conducted and "Supports to foster parents/caregivers" was rated as a strength in 85% of QSRs conducted. An array of services identified statewide by State QA included the following: group counseling, individual counseling, drug screens, psychological evaluations, parenting classes, daycare services, early intervention, clothing, groceries, utility bill assistance, extracurricular activities and intensive in-home services.

Identified barriers included the following: Lack of referrals, lack of reassessment of family needs, transportation and the department not assisting families to secure services, but leaving them to secure themselves. Supports to parents include counseling, in-home supports, drug treatment. Supports to foster parents include daycare, respite and

caseworker visits. A major barrier to the implementation of services is transportation, primarily in rural counties. Another barrier has been the inconsistent engagement with parents to have them actively involved in receiving services.

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

Child & Family Services Continuum
Beginning on 10/01/16, the Department combined services formerly provided under the Continuum of Care and FOCUS contracts within a new Intensive In Home Services (IIHS) contract. The services are available in all 67 counties and slightly increased total slots available.   There are currently 542 IIHS slots statewide; prior to the new contract, there were 490 slots available (335 in FOCUS and 155 in the Continuum). The services focus on achieving the outcome of successful permanency for children in a family setting through either family preservation or reunification**.** These programs have the flexibility to design individualized services that are family driven and youth/child focused. The process for identifying services was initiated by a committee being established to assess the state at Commissioner Buckner's request. Several counties wanted providers to remain in the home for longer periods of time instead of the 4- 6 weeks. All services are customized for delivery in the least restrictive manner.

Family Preservation Services
The IIHS programs deliver intensive family preservation services and re-unification services across the state and implement a nationally recognized, evidence-based model of in-home service delivery that is expected to achieve a high rate of family preservation and reunification. IIHS programs provide short term intensive in-home interventions in all 67 counties in Alabama to help alleviate situations and conditions within families where removal of children from the home is imminent or the child is returning home after placement. The Request for Proposal (RFP) is utilized for all service provisions procured in the state of Alabama unless there is an existing interagency agreement or Memorandum of Understanding (MOU) authorized by the Commissioner.

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

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

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

Supervisor will contact the DHR referral worker, within two days of an anticipated opening, to obtain updated information and arrange an initial visit with a new family. Any variation of this procedure must be approved by the local County DHR.

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

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

Children's Aid Society	Northwest Alabama/Southwest
Christian Services for Children	West Central Alabama
Family Services of Calhoun County	East Central Alabama
Gateway	Central Alabama
	East Central Alabama
	Jefferson/Shelby
	Northeast Alabama
	Northwest Alabama
	Southwest Alabama
Lee County Youth Development	East Alabama
Presbyterian Home for Children	East Central Alabama
SAFY of Alabama	Central Alabama
	Jefferson/Shelby
	Northeast Alabama
	Northwest Alabama
Seraaj Family Homes	Central Alabama
	East Alabama
	East Central Alabama
	Jefferson/Shelby
	Northeast Alabama
Tuscaloosa's One Place	Tuscaloosa Hub
United Methodist Children's Home	Southeast Alabama
Youth Advocate Program	Jefferson/Shelby
	Southwest Alabama
Youth Villages	Jefferson/Shelby
	Southwest Alabama

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

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

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

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

Approaches to Practice include:
- Long–term thinking (recognizing that changes in behavior take time and being willing to make a long-term commitment to families vs. relying on quick, easy solutions to serious problems.

- Emphasis on the prevention of crisis vs. emphasis on crisis intervention (treating problems after they have occurred).

- Seeing strengths of families (being aware of areas where families are able to function).

- Recognizing and affirming cultural differences vs. ignoring and/or devaluing cultural differences.

- Expecting much of program participants (families are seen as resources to the program) vs. expecting little of program participants (families are not expected to make any contribution to the program).

- The aspirations of individuals with different social and economic statuses are similar. Only their degrees of access to resources differ vs. believing that individuals of lower social and economic status have different aspirations than those with higher status.

- People have different kinds of knowledge (families have their own areas of expertise) vs. professionals have the right kind of knowledge (reliance on experts to have all the answers.

- "Families set norms and goals for themselves vs. the organization setting norms and goals for families.

- Families and practitioners choose solutions for families together vs. practitioners choosing solutions for families. Of course, this is also done through the Individualized Service Plan as well vs. practitioners choose solutions for families.

- Program staff and families share power vs. program staff have power over families using programs.

- My views and values are different vs. my (e.g. agency) views and values are better.

The above approach basically assists with engaging families as partners and helps them to develop their own capacities. Practice suggests an ongoing refinement, modification and learning. We when partner with the families

they continually learn, discover, and develop their own potential. As a result we are afforded the opportunity to form strengthening relationships with families along the way and we are able to teach how to develop and nurture relationships. As a reminder, as a result of building relationships of trust, equality and respect we help families meet their needs while increasing their capacity to independently meet those needs.

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

- Schedule and coordinate the child's treatment plan, initial treatment plan within 10 days, the comprehensive treatment plan within 30 days and reviews every 90 days. All treatment plans developed should be coordinated with the DHR county social worker and based upon the goals established in the ISP.

- Include discharge planning from the point of admission with emphasis on moving toward stability, safety and permanency as quickly as possible.

- Conduct 2 or more (as needed) in-home face-to-face contacts per week with the family.

- Provide face-to-face or telephone contact with school, therapists or other providers, once per month or more as needed, to monitor the child and family's progress.

- Assist in the referral to other programs/services, advocate for the child and family by accompanying them to appointments as identified in the ISP including the coordination of transportation, family visits and activities.

- Provide education and support to enhance the child and family's ability to function independently by assisting the family with locating and appropriately utilizing community resources, services and activities (housing, food, clothing, transportation, etc.).

- Provide family support with the birth family, supervise family visitation as outlined in the ISP/Treatment Plan (educating on the needs of the child, their illness, expected symptoms, medication management, parenting support, support educational advocacy and to encourage school success as identified in the ISP.

- Attend ISPs, IEPs, court hearings and other appointments along with the child and family to assure coordination of services.

- Provide progress/summary report to the referring DHR worker on a monthly basis and prior to any Family court hearing.

- Assist in creating a behavior management plan for the child with other members of the ISP team. (DHR shall assume the responsibility of completing behavioral management plans on all children that require them).

- Participate in the development of the safety plan as needed.

- Provide Crisis Intervention services on a 24/7 days a week basis, as needed, to alleviate a crisis for the child.

- Provide weekly consultation with DHR and an immediate response in the event health or safety issues pose a threat to the child.

Some examples of skills identified in the ISP that are taught by the Family Support Worker include: communication skills, budgeting, parenting (child development, positive disciplinary techniques, infant care, etc.) household management, coping skills, how to deal with parent-child conflict, behavior modification, setting rules, boundaries, how to build healthy relationships and seeking independence by learning how to access services and advocate for themselves and children. The state has the capacity to provide statewide, the individualized, Intensive In-Home Services (IIHS) that are needed. And, while the state is responsive to adding needed slots in a given region, there are

times when the demands for IIHS still exceed the capacity to provide such services until the approval for additional slots has occurred. As the state continues to monitor needs and service delivery, attention will be given to determining ways in which "system prompters" can be more routinely provided and addressed. Still the state has made much progress, in that previously the Continuum Providers were in a select few counties. Since combining programs, counties are able to have access to multiple providers in their region versus one provider to choose from.

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

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

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

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

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

Family Service Center sites are located in targeted counties/communities where there is a high concentration of families in need services to address their safety and stability issues. Family Service Centers provide: adult and family support program; parenting programs and youth-based programs. Adult and family support programs include the following: adult education, case management, counseling, employment preparation; English as a second language;

financial assistance (food and clothing closets), literacy (adult education, etc.); marriage enrichment; medical; respite care; supervised visitation; and transportation. <u>Parenting programs</u> include: parenting education classes; support services (daycare), fatherhood; home visitation. <u>Youth-based programs</u> include: academic support, after-school support, mentoring, internet safety, personal safety; parenting education; pregnancy prevention; relationship education; substance abuse prevention; and violence prevention.

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

Therapeutic Foster Care (TFC) and TFC with Enhanced Services

TFC and TFC with Enhanced Services: These providers continue to work with our counties in placing our children in need of Therapeutic Foster Care in the most appropriate settings. We currently have over 799 children in Therapeutic Foster Care; this includes 101 children in TFC with Enhanced Services. There are 15 providers of TFC. The state has not experienced any waiting lists for TFC and matching of a child's needs to available services/supports consistently takes place. The barrier at times is that the needed placement resource is not always in close proximity to the child's community, which impacts ongoing work with the child/family, and ultimately the timeliness of reunification. These services are tailored to each child's needs which may include, but not limited to:
- Frequent transportation to clinics, hospitals, or other providers
- Behavioral analytical assessments and hands-on services from experts in behavioral analysis.
- Frequent visits by the provider to the classroom and provision/support/maintenance of any special equipment a child may need.
- Participation in the child and family's Individualized Service Planning process

Residential Services

As stated with TFC, while there is a sufficient range of placement types across the state, the ready access to these resources is not consistent across the state. During FY17 the following slots of service were available in the different programs: 6 slots in crisis stabilization; 213 slots in basic residential; 236 slots in moderate residential; 91 slots in transitional living; 93 slots in independent living; 32 slots in mothers and infants; 482 slots in intensive residential; 110 slots in sexual rehabilitation; and 40 slots in RISE. The RISE program serves youth up to 21 years of age that present with challenging behaviors and mental illness diagnoses. State QA identified <u>Sufficient Service Array</u> in 100% of counties in 2017 that experienced onsite reviews. Services are available, but rural counties must reach out to neighboring counties or even across the state to access the services. This impacts reunification services and possible disruptions in services when the child returns to their county of origins. There are also some wait times for services due to number of beds available.

<u>**Out of State Intensive Residential Placement**</u> is available for youth that cannot be served in existing residential placements within the state. Some children have a diagnosis of emotional and/or physical problems of such serious nature that the foster care resources licensed or approved by the Department are not equipped to meet their needs. As it is the duty of the Department to serve these children and as the facilities in Alabama are not always equipped to do so, resources outside the State are sometimes required. All appropriate resources within the state <u>must</u> be explored before approval will be given for referral to an out-of-state facility and this approval must come from the Director of the Family Services Division and the Deputy Commissioner, Children and Family Services. Currently there are 11 youth placed out of state in Tennessee, Georgia, Kentucky and Virginia.

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

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

The Mothers and Infants Programs are provided in a group living arrangement to pregnant teens or in a specialized foster home, which allows the young mother and her infant to remain in the placement after the birth of her child. The programs must assist with care for the infant during the hours that the young mother is developing her skills in parenting and preparing for Independent Living. An increase has been noted in terms of teen moms and their children being placed together. As of 12/31/17, there were 74 ILP age youth who were parents.

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

The Moderate Residential Care Programs are provided in a congregate setting for a child with moderate emotional and/or behavioral management problems that interfere with the child's ability to function at home, school or in the community. The children placed in a moderate level setting require 24-hour awake staff for proper supervision to prevent/respond to the inappropriate behaviors such as inability to sleep and wandering around, fighting, attempted runaway behaviors. These children require a DSM diagnosis to enter into this level of care. Children at this level of care have a need of: 1) clinical treatment to be able to function in school, home or community because of multiple problems; 2) or have not responded successfully to less intensive treatment and/or have been denied admission or discharged from various less restrictive placements.

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

The Crisis Intervention Placement services are provided in a congregate setting and provide a basic array of services in a temporary setting. This service is used in rare circumstances when more permanent planned placement services are not feasible due to extenuating circumstances such as unknown family history, disruption, or late hour coming into care. Services for these children include scheduling psychological evaluations, obtaining supporting documentation for the subsequent placement and obtaining a Multi-dimensional assessment to assist in determining the most appropriate placement.

The Rehab Intervention Service Enrichment (RISE) is for children with a DSM-V diagnosis within the range of 290-316, that have the mental and physical functional capacity to participate in the services or be identified by a mental health professional as having serious emotional, mental illness and behavioral problems and treatment from other programs was not successful due to the severity of the behaviors. These youth are in need of a highly individualized level of care due to struggling with a wide range of difficulties. They need a comprehensive treatment environment in which they can overcome the full spectrum of personal obstacles and, in time, can become whole again. The RISE Program provides a safe environment that facilitates behavioral stabilization, positive relationship building, and new learning experiences so children can be reunited with their families or moved to a less restrictive setting.

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

The Transitional and Independent Living Programs as reflected in this section represent contract services which provide foster youth (ages 16-21) with opportunities to practice Independent Living skills in a variety of congregate settings with decreasing degrees of care and supervision. Services for Transitional Living (TLP) may be offered in a foster home or congregate setting. The Independent Living Programs (ILP) are offered in an alternative living arrangement whereby youth live in community-based housing rather than in a foster home or group home setting. The total number of youth served (unduplicated count) in FY 2017 was 113 in ILP and 142 in TLP. This type of living arrangement allows the youth the opportunity to continue the decreased care and supervision needed so that he/she will ultimately be responsible for their care and be prepared to live on their own in the same location when they leave the Department of Human Resources care. Individualized services are tailored for them in partnership with their ILP teams to set specific goals and steps to improve and enhance their ability to live independently in their respective communities. The state has the ability to individualize the services to young persons through the IL assessment tool; however, case planning does not typically address the individual needs of the child, but addresses financial incentives to attend meetings.

Serving Youth across the State (further information on serving Youth is under Item 30)
All youth in our System of Care are considered Alabama's children. In an effort to ensure that all young people receive the same level of support and services, the program has gone to great lengths to provide training directly to youth by DREAM Council Ambassadors and community providers in the counties all over the state. Still, smaller counties often struggle with placing youth in their home counties, as there are a limited number of resources in our rural counties. We are working with our Resource Management Division and Foster Care Recruitment/Retention and Alabama Foster/ Adoptive Parents in order to develop/ train foster homes specifically designed to provide care to all youth.

Service Coordination (see also under Item 30)
There is a statewide ability to provide accessible and linguistically responsive services through the ready availability of translators and interpreters for child welfare activities such as child abuse/neglect assessments and general service intake matters. However, there is a gap in the number and accessibility of direct service providers (e.g. private therapists, mental health professionals, etc.) who speak the language or dialect of children and families, which impacts the capacity to provide individualized services. In terms of general practice delivery, staff generally demonstrate cultural sensitivity to the diverse, primarily Hispanic, populations, as demonstrated in the QSR data provided earlier. However, the development/use of a culturally competent framework or model of practice that is provided through training and reinforced through ongoing supervision, would better promote statewide responsiveness in this regard.

Service Decision-Making Process for Family Support Services

The Request for Proposal (RFP) is utilized for all service provisions procured in the state of Alabama unless there is an existing interagency agreement or Memorandum of Understanding (MOU) authorized by the Commissioner. The RFP process includes a review of each proposal submitted by the potential providers, and grading of each proposal by select county and state office staff. The scores are submitted to the Office of Procurement and a selection process is used to determine the awarded contracts. The sites are located where there is a high concentration of families needing services to address their safety and stability issues. While the department is successful in having, developing, or coordinating for the arrangement of services for all families, the need to have readily available, easy access to those services in all locales still must be addressed.

Further, consistency in individualizing these services also needs to be strengthened. This individualizing is related to the need to strengthen the general cadre of mental health services at the local level. This would include general staffing gaps of the local mental health agencies and increased ability to offer psychiatric consultation.

Input Received from Initial Stakeholder Focus Group

On November 7, 2017, an initial focus group was convened of stakeholders from Alabama's State QA Committee, and Alabama's Child Welfare Collaborative Team. By design this focus group was stakeholder-centered (the Child Welfare Collaborative Initiative and the State QA Committee). However, there was one retired DHR staff and a current DHR (county) staff on the SQAC that participated. Additionally, opportunity was provided to the members of both groups to provide feedback after the meeting. While the information obtained is considered preliminary at the time of the draft Statewide Assessment, the input from stakeholders, relative to the service array is hereby provided:

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

Preliminary Determination: **Strength ___**   **Area Needing Improvement __X__**

Item 30: Individualizing Services

Provide relevant quantitative/qualitative data or information that show whether the services in item 29 are individualized to meet the unique needs of children and families served by the agency.

State Response:

Services that are developmentally and/or culturally appropriate (including linguistically competent), responsive to disability and special needs, or accessed through flexible funding are examples of how the unique needs of children and families are met by the agency. However, services are not being individualized across the state. Because of lack of truly assessing families, the families individualized needs are not often identified. When identified, counties are not

utilizing the Resource Development staff allocation in the county to identify and craft services to meet the individualized needs. The State began collecting data on linguistically competent services offered to families in IH and FC in August 2017. For the first quarter of FY 2018, services have been offered to Limited English Speaking clients 350 times with services being accepted 308 times. Languages and dialects spoken have included Spanish, Kiche', Creole, Tagalog, Cambodian, Arabic, American Sign Language, Haitian, French, Portuguese, Vietnamese, Popti, Chinese, Mandarin, Korean.

Measurement Data - From Staff/Stakeholders and Youth Surveys

- **Staff / Stakeholders**

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

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

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

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

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

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

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

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

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

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

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

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

Data / Data Trend – Item Assessment
The onsite reviews for fiscal year 2017 identified the department is sensitive to families' cultural identities and makes efforts to ensure children remain connected to their extended family, neighborhoods and schools. At the same time, state QA has identified a lack of individualization of services when working with families. For example, often the same services are provided to families without individualization to reflect the families' cultural identities or preferences. Barriers include the lack of assessment of the worker and counties lack of use of a resource developer to identify new services and modify current services to meet the needs of families.

A lack of individualization is most prominent in the provision of services for ILP youth. The department utilizes the Daniel Memorial Assessment to identify areas of needs for the child; however few of the actual needs are addressed in the ISP. The ISP typically does not address the individual needs of the child, but broadly addresses accessing ILP funding.

By policy and practice all services provide are individualized based on the assessed needs of each family/ child. The process begins though the compilation of data within the Child and Family Assessment (CFA) and is presented in the Department's Individualized Service Plan (ISP). Each child and family's needs are unique so plans are highly individualized. All participants take into consideration services available within their specific communities and in surrounding areas. Policy dictates that the Department provides services to families when they need it, at the frequency with which they need it and in a timely manner. Flex funding is made available to each county and is used to support individualized service planning.

Some of the below information consists of collective data and collaborations with State Resource Management and the Office of QCWP. In addition to family foster homes, our Agency has an array of residential services/options to be used relative to the recommendations/findings of the ISP Team. Those resources include:

- 800 Therapeutic Foster Care Homes
- 39 Child Care Institutions,
- 31 Group Homes
- 4 Shelters
- 32 Child placing Agencies

These facilities are licensed and appropriately able to provide and/or access appropriate services for the children with greater needs than can be met in a foster family home setting. Thus selected information below reflects the strengths and needs of these Providers, which are vital in achieving best outcomes for the children we serve.

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

Strengths	Needs

• The Department has a contract for post adoption services that includes
   a. Information & Referral
   b. Library & training services available to both families and professionals
   c. Nationally known speakers on issues such as attachment and trauma have provided day-long seminars in various locations throughout the state through the Trained Therapist Network.
   d. Adoptive Family Groups
   e. Camp for children/youth who have experienced adoption
   f. Adoption-competent professionals who provide counseling services.
• The Alabama Psychotropic Medication Review Team began providing preliminary service related to monitoring and oversight in October 2016
• Development and Maintenance of a resource directory of adoption-competent/trained mental
	• Intensive crisis intervention for families post-adoption is typically accessed through services outside of the Department, i.e., mental health, hospitals, other services funded by Medicaid and/or private insurance.
	• Although the Trained Therapist Network provides training, the state would like to have more adoption-competent mental health providers.
	• More resource families who can parent children with significant behavioral issues, in an effort to
	   a. Lessen our dependence on congregate care facilities
	   b. Achieve permanency for these children through adoption.
	• Autism services have been identified as a need by our counties, the State Office Specialists, and Resource Management Staff.
	• Service development to assist with treatment of our youth aged 17-20 who have challenges with mental illness.

- health professionals is part of the CAS/APAC contract (Trained Therapist Network)
- The Department supports keeping our particularly troubled children close to home or at least within the State.
- Providers adapt their programs/services to the child's emotional, behavioral, and educational level.
- Programs are monitored for the length of stay and providers are required to share a child's barriers to progress with the counties and the State Office.
- Therapeutic Foster Care providers are continuously recruiting for homes that will accept teens with behavioral issues.
- When discharge notices are received, we gather the information on why the placement has disrupted. We then use the feedback to recruit homes to handle those behaviors.
- Services for children/youth are individualized by the ISP (Individualized Service Plan). The ISP team determines the needs of the child and their family.
- The ISP Team led by the County DHR Office contacts providers and determines which providers can best meet the child and family's needs, especially when focusing on Out of Home care.
- The Multi-Dimensional Assessment, (MAT), is completed on children whom the County DHR office is referring to our Therapeutic Foster Care providers and moderate providers. The County Agency provides information to the assigned assessor. This information consists of: a current psychological with the DSM V Axis 1 diagnosis, and a review of their current behaviors, along with a case summarization of their needs.
- The Certificate of Need (CON) from a physician and concurrence from the ISP team, along with the Office of Utilization and Review, is needed to ensure appropriate intensive placement for a child/youth.
- Work is moving forward on the Provider (FFH/AR) Query. Initial business rules have been developed and the query is running monthly.
- TIPS has been implemented, which provides a training-informed curriculum for prospective resource families – see Systemic Factor of Training.

- Service development for children with lower IQs (under 55).
- Greater partnership with the Department of Mental Health to develop programs with our providers to assist in transitioning the ILP population to, for example, Mental Health Group Homes, as they exit the system.
- The Division of Resource Management monitors all contract provider services. The gaps in services are determined by length of stay, discussion with counties about trends and issues they see, and reviewing data regarding placements, (regions, age, etc). Current gaps that are seen are services for youth 17-20 that are mentally ill and behaviorally challenged, and children with a diagnosis of Autism Spectrum, (all ages) that have an IQ under 70 and have behavioral challenges in the home, as well in the ommunity. The state has not demonstrated the responsiveness needed to address this growing population. There are few resources (supports, services, and trained professionals) that can effectively treat children with this diagnosis. The Department, along with Medicaid and other community partners are beginning the work needed to craft a specific service array and funding pathway to address this need; however, a substantial amount of work yet needs to be done (see Autism Spectrum Disorder Work Group below).
- The results of the provider query indicate that counties and those registering TFC providers are not fully completing the "willing to accept" information for providers. Therefore, we do not have good information about families willing/able to accept teens, children with special health care needs, sibling groups, etc.
- Information on the Best Practice Indicators from on-site reviews conducted by State QA revealed that indicator number 32 "Adequate Number of Approved Foster Family Homes" has been an area needing improvement in only 46% of onsite reviews conducted for fiscal year 2017.

The Autism Spectrum Disorder (ASD) Work Group

The ASD was established pursuant to a settlement agreement among the Alabama Governor, Alabama Medicaid Agency, Alabama Department of Mental Health, Alabama Department of Human Resources, Alabama Disabilities Advocacy Program, and the Center for Public Representation. The ASD has a goal to expand intensive home-based services for Medicaid-eligible children with autism spectrum disorders in Alabama. Three SDHR staff were selected in November 2017 to serve as representatives of the Department of Human Resources. The first meeting of the ASD Working Group was held December 18, 2017. The ASD Working Group is responsible for advising the State on the design, medical necessity criteria, program specifications, training, and implementation of Intensive Home-Based Services (IHBS) for children and youth with ASD or ASD with co-occurring IDD. Per the settlement agreement, these services are to be available to eligible children and youth by October 1, 2018, subject to the appropriation of the

required funding. By August 1, 2018, relevant state agencies will initiate a statewide outreach and training program for providers related to the new or expanded Intensive Home-Based Services provided for children and youth with ASD, including Intensive Care Coordination, Therapeutic Mentoring, In-Home Behavioral Support, In-Home Therapy, Family Support, and Peer Support, in consultation with the ASD Working Group. The IHBS identified above will be available statewide, however the provider piece will probably be brought on in stages. Each state agency that will be enrolled with Medicaid as a provider will decide how providers will be selected. It will either be through the RFP process, Vendor Agreements with County DHR Offices and/or provider who will have the ability to bill directly to Medicaid.

Psychotropic Medication / Monitoring Protocol
The psychotropic medication and monitoring protocol was implemented in October 2016 in a continued effort to minimize placement moves and reliance on psychotropic medication as a behavioral control. The project began with an introductory training for seven pilot counties, as follows: Montgomery, Autauga, Elmore, Macon, Bullock, Russell, and Lee.   The Alabama Psychotropic Medication Review Team (APMRT) consists of a part-time Child Psychiatrist, a Nurse Practitioner, and two Board Certified Behavioral Analysts. The APMRT Team will review monthly medication data provided through a partnership with the Alabama Medicaid Agency; identify young people who are too young to be prescribed psychotropic medications, prescribed too many medications of the same or similar classes and too many medications, per set criteria. They will contact the county office, share their concerns and begin consultation to decrease reliance and use and provide behavioral support as a mechanism to safely reduce use of medications, when appropriate. Data from the initial year of service indicates activities in four distinct areas: 1) Presentations and group training services; 2) Behavioral services delivered to foster children and their respective foster parents; 3) Documents and guidelines that APMRT's Child Psychiatrist and Psychiatric Nurse developed for prescribers and caseworkers; and 4) Quantitative analysis of the psychotropic medication prescriptions based on data provided from the seven pilot counties.   Quantitative information on the various areas is offered for each area of activity.

Area 1:
- The project director and psychiatric nurse practitioner have provided six 50 to 90 minute presentations to 81 caseworkers and directors in the pilot counties.

- The team BCBAs developed a series of foster parent training modules and presentations entitled Family Engagement and Training Services (FEATS). The FEATS training contains three 45 minute classes. Class one focuses on teaching foster children self-care skills using behavior-analytic instructional techniques. Class two defines "trauma" and outlines how traumatic events give rise to skill deficits and problem behavior by children in foster care. Class three focuses on teaching medication advocacy to foster parents. In addition to outlining common side effects, the third module trains parents to ask prescribers direct questions about decreasing psychotropic medication after problem behavior abates.

- The APRMT developed a webpage describing the services that are provided to the pilot counties.

- The APMRT BCBAs have provided continuing education credits to parents who completed in-home training for personalized behavior intervention plans.

Area 2:
- The APRMT began receiving referrals for behavioral services in March 2016. To date, the team BCBAs have made contact with and provided the trauma assessment to over 30 clients in the pilot counties and have also provided consultation for 3 individuals in residential facilities that are outside of the pilot county catchment.

- Across the seven pilot counties, 60% of the foster parents who were eligible to receive behavioral services from the APMRT, accepted the services.

- All of the referral cases reported problem behavior in the foster home. Specifically, 25% reported tantrums, 33% reported noncompliance, 33% reported property destruction, 25% reported self-care deficits, and 10% reported self-injurious behavior, among other problems.

Area 3:
- The APMRT has agreed to use a trauma assessment tool that was recommended by SAMSHA. However,

the team has found this tool to be inadequate with our client population. In early June, the team adopted the use of (a) The Trauma Symptom Checklist for Children (TSCC) and

(b) The Trauma Symptom Checklist for Young Children (TSCYC). Both tools have considerable empirical support for the prescribed populations.

- The APRMT developed a worksheet organizing all psychotropic medications by class and indication, as well as generic and tradenames. This worksheet also included safe dosages.

- The team's Child Psychiatrist and Psychiatric Nurse Practitioner developed "black box" warning documents each class of psychotropic medication (e.g., Neuroleptics, Stimulants) for prescribers, foster parents, and case workers. The documents indicate the specific usages for each type of medication and outline the various side effects that are known for each medication.

- The team's Child Psychiatrist, Psychiatric Nurse Practitioner, and BCBAs developed training modules to teach case workers and foster parents to request reductions in psychotropic medication for their foster child when meeting with their respective prescriber.

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

Area 4:
- The APMRT receive a monthly data set comprising drug prescriptions purchased by or for children in the foster care system. This includes demographic information about the client (gender, age, county of residence), all drugs purchased through Medicaid and their cost, the prescribing physician, the Medicaid program that was charged, the client's home county, and other information.

- The psychotropic drugs purchased are identified and then reviewed for each client individually to obtain the pattern of medication use. We identify high-priority cases, which include children age 5 and under, two or more medications from the same class, or five or more different psychotropic drugs purchased.

- These clients are identified, reviewed by the project psychiatrist, and their names are communicated to the social worker with the goal of working with the foster parents to reduce psychotropic drug use and replace it with behavior management of problem behavior.

- The information on prescribing physicians in the Medicaid database was used to contact them to introduce ourselves and offer our assistance.

This information motivates our strategy of providing behavioral skills training to foster parents, our development of web-based instruction to parents about how to work with the prescribing physician to reduce psychotropic drug use, and will inform the information that we provide in continuing education for both physicians and foster parents.

The addition of the new TIPS foster parent training will provide foster parents with trauma-informed training materials that will offer them additional tools to serve the specific needs of foster youth.

Wendy's Wonderful Kids

The Dave Thomas Foundation for Adoption (DFTA) awards "grants" to public and private adoption agencies to hire adoption professionals who implement proactive, child-focused recruitment programs targeted exclusively on moving America's longest-waiting children from foster care into adoptive families under the auspices of its Wendy's Wonderful Kids (WWK) program. The Office of Adoption has two positions (state-employed adoption specialists) dedicated to child-focused recruitment funded through this grant. Alabama is RARE in that most of the grantees are private non-profits.

Caseload size: The recommended number of children for each WWK recruiter(s) to maintain is 12-15 Active children and an average total caseload of 18 children may be on the caseload in the status types below.

Active status:
At any given time, the recruiter should be intensively implementing the components of the child-focused recruitment model, actively recruiting for 12-15 children who are not matched with families. When a child is added to the caseload, they are initially placed in "active" status. The remaining children on the caseload may be in a less intensive phase of the recruitment process. They may not be in the active recruitment phase, but still on the worker's caseload. See the "inactive status" definition below for details.

Monitoring status:
The recruiter may also be monitoring children who need additional preparation before active recruitment is possible, children who have been matched, or children who are in pre-adoptive placements AND the recruiter has monthly contact with the child. These cases are NOT counted as part of the recommended 12-15 active caseload.

Inactive status:
A child may be considered part of the caseload, but inactive if the recruiter cannot have contact with the child during the pre-adoptive placement or active recruitment is on hold.

There is room for expansion in Alabama for recruiter(s) based on the need for child specific recruitment and based on the success rate. Some of those kids who have been successfully adopted would not have been if there weren't a child specific recruiter involved in those cases. There is a great need of a recruiter in the Northern part of Alabama however negotiations with the funding entity is a prerequisite if that is to occur.

AdoptUsKids is operated through the National Adoption Exchange and one of their most popular services is a web-oriented nationwide child photo listing that can be viewed by potential adoptive families all over the world. In addition to their main photo listing, AdoptUsKids maintains the state-partner pages for public and private agencies. Through this service, AdoptUsKids is featured on the Alabama DHR page. This page includes only children legally available and waiting for adoption in Alabama. In addition to photos, profiles and biographies, the site also provides a mechanism for posting video footage of the children. Alabama DHR has an agreement with Heart Gallery of Alabama to provide a link to their videos from the AdoptUsKids and DHR sites.

Heart Gallery of Alabama
Heart Gallery of Alabama continues to photograph new children as they become available. They also do photo and video updates annually on children previously photographed, but still waiting for adoption. They continue to conduct exhibits throughout the state. The Department entered into a contract with HGA in February 2012. The purpose of the contract is to provide funding for staff to respond to families that inquire about children on the HGA web site and exhibits. HGA's current database was put into place five years ago. Heart Gallery is dependent upon reports from DHR regarding goals, custody status, placements and/or finalizations for the children they photograph. They estimate, since the current data base was established, 516 (60.4%) of children photographed have been placed for adoption by State Specialists, or their foster parents adopted them following a photo shoot. Including children they photographed prior to establishing the data base, they estimate a total of 550 children placed or finalized.

Heart Gallery Alabama has also developed partnerships with several media outlets that promote both general awareness and child-specific recruitment for our children. They produce an electronic newsletter that is broadcast through their web site, social media and constant contact e-mail distribution. They also provide child-specific features to television stations in the Birmingham metro market. They currently enjoy partnerships with the FOX affiliate in Birmingham (WBRC Channel 6) and the NBC affiliate in Montgomery (WSFA Channel 12) to feature a different child/sibling group in a weekly Heart Gallery features. During the early months of FY 2017 they added another Raycom station to their list of television partners (WAFF-NBC in Huntsville). Work is on-going to develop a similar partnership in the Mobile metro-area.

Pre Adoption Services
The pre-adoption services contract provides funds for recruitment, training and completion of home studies for families interested in adopting children that meet the special needs definition. Counseling support has been expanded to include more counseling services to PRE-adoption families when a family is the identified resource for a waiting child

and the child is in the home. This pre-adoption work is increasingly utilized by DHR staff, both county and state levels, to assure both child and family are well prepared for the transition into adoption. The original intent was to improve early communications within the family, increase parent confidence in parenting children with difficult behaviors, and decrease the risk of adoption disruption, and it appears this is helping when utilized. APAC is currently reviewing their ETO system to see how they can better analyze this and articulate it in a more statistical manner.

For FY 17, the statewide totals were as follows:
- Group Preparation and Selection (GPS) Orientation Attendees   124 families
- GPS Training Attendance: 76 families
- GPS Training Completed: 63 families
- Home Study Received: 52 families
- Home Study Approved: 51 families
- Match: 22 families
- Finalization: 9 families

Post Adoption Service & Supports
Post-adoption services in Alabama are provided through contract with Children's Aid Society via a program known as Alabama Post Adoption Connections (APAC). APAC is a collaborative effort between the Office of Adoption and Children's Aid Society to promote adoption. Its specific post adoption mission is to support, strengthen, and empower adoptive families. APAC post-adoption services continue to grow in visibility and use by adoptive families. The Pre-Adoption service component was added in 2008, and has increasingly provided adoptive family resources for waiting children. The State's contract for services was last renewed in 2012 to provide additional support for both adoptive families and the professionals working with them. The current contract extends through FY 2017 for both pre and post adoption services.

The post-adoption services contract provides for the following services (FY 17):
- Adoption Information & Support   460 families
- Lending library of print and video materials.   559 families
- Educational Trainings (On-site, live webinar, and other training and conferences) 630 families
  This is for parents and professionals
- Adoptive Family Advocacy (fully launched in October, 2016)   82 families
- Counseling (includes a crisis hotline 24/7)   201 families
- Trained therapist network – available to adoption professionals and families   83 families
- Annual Summer Camp for children/youth who have been adopted.   75 families
- Camp APAC (total number of campers)   140 campers
- Adoptive Family Support Groups   148 families
- Special Events   179 families

Services for Children Under the Age of Five
A new report was created in January 2018 that captures services authorized through FACTS for children under age five. These are not services unique to children under 5, but are the services that are available to children of all ages. Of the 2,291 children in care under age 5 on 02/01/18, 11,049 services have been authorized since their entry into care. The report provides data on 62 unique services and can be specifically individualized by county or consolidated to capture statewide totals. A chart is included (see next page) with data for all service types provided that accounted for at least 100 of the total services provided. A sample of a few services offered and tracked include such things as baby products, child day care, protective services, client equipment, clothing, dental, diagnostic testing, drug assessment and family counseling.

The Office of Foster Care has a 15 member community partner stakeholder group to address the specialized needs of foster children under the age of five. This group held its initial meeting on May 13, 2016, and continues to meet monthly to address the complex needs and trends of this population. The group was divided into two teams: services and research. The group's overall purpose is to work together with the common purpose of helping children and families reunify in a timely manner. The group is comprised of a pediatrician, child psychiatrist, licensed professional counselors, traditional foster parents, Specialists, early learning center director and foster home providers both traditional and therapeutic. A drug court Judge was added to the team based on the state's current demographics related to this special population of children in foster care. The group's monthly meetings include dialogue to establish

and discuss desired outcomes, review current research and data regarding the needs of foster children zero to five and offer procedural state-wide improvements. The stakeholder group has provided feedback to the state office liaison regarding assessment tools and suggested protocols to aid in reducing the length of time children under five are in foster care. An in-house assessment tool has been developed to look more closely at how the department can strengthen its efforts in developing a more trauma-informed System of Care. The stakeholder group has developed a pilot research project to assess the current services provided to families with youth five and younger to determine what service would yield expeditious permanency. Design is being finalized and will involve access to services from three service entry points.
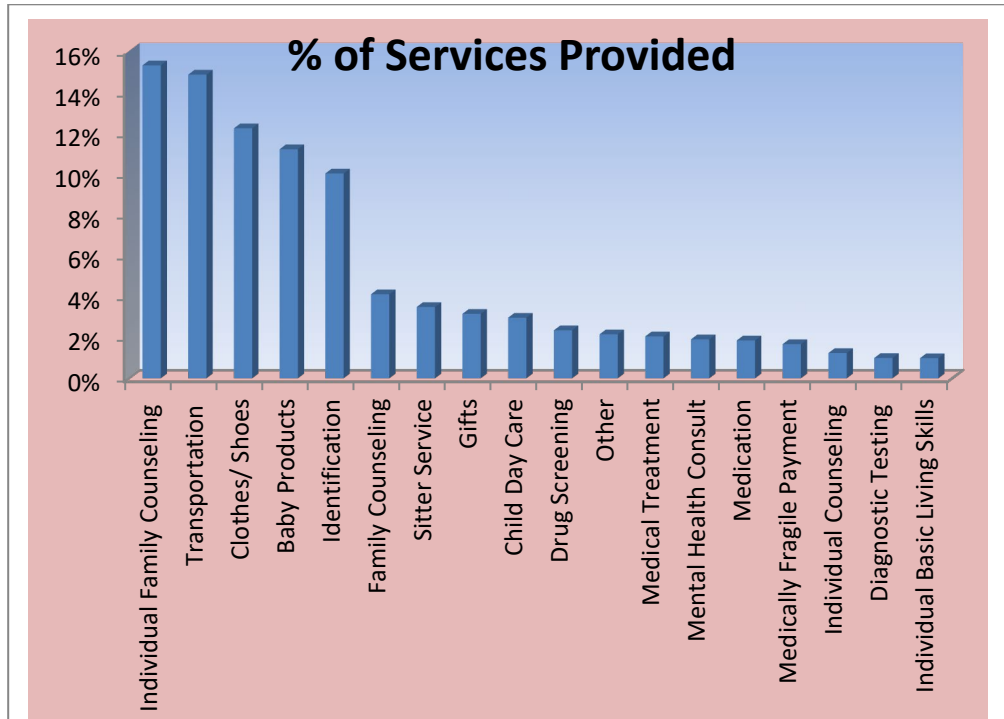
Services for Older Youth
Alabama Department of Human Resources, Family Services Division is implementing the Foster Care Independence Act of 1999 by operating a statewide Chafee Foster Care Independence Program. The Education Training Voucher Program was implemented in 2004. Direct and indirect services are provided to youth for whom the Department holds custody and planning responsibility. Alabama's Independent Living Program is a state-administered, county-managed program. As such, the Alabama Department of Human Resources, Family Services Division through the Office of Foster Care and ILP Services, administers and supports the programs and services carried out by the 67 County Departments of Human

Resources under the Act:

As of December 31, 2017, there were 1893 young people in foster care age 14 to 20. All of those young people are eligible to receive Independent Living Services. The Program participated in a NYTD review in August 2017. That review highlighted our need to improve our capacity to collect data related to direct services to our young people. We have submitted and Program Improvement Plan and will be working diligently to improve the collection and reporting of the data related to service delivery. Many of the services and supports are provided directly by caseworkers. Our Independent Living contract provided training, supports and direct services to 893 young people across the state.

We partner closely with Children's Aid Society to focus on leadership development in the DREAM Ambassadors and DREAM Council. DREAM Ambassadors work closely with their peer foster youth in their monthly meetings to develop relevant services and supports. They are currently working on a Foster Youth Bill of Rights. They are also an integral part of our training model, providing training to judges, community members, Quality Assurance Committees, foster care training classes, Tribal members and others. The Independent Living Program, in partnership with the CAS ILP

Team, Alabama Reach, the National Social Work Enrichment Program and the Alabama National Guard provides Regional Consultation Trainings to line staff, supervisors, County Directors, and providers to share strategies and challenges related to serving this group of young people.

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

Serving Youth across the State
All youth in our System of Care are considered Alabama's children. In an effort to ensure that all young people receive the same level of support and services, the Program has gone to great lengths to provide training directly to youth by DREAM Council Ambassadors and community providers in the counties all over the state. We are currently strengthening our partnership with the Poarch Band of Creek Indians to provide training directly to their Youth leaders. Youth and their caregivers and social workers can access information regarding ILP policy, NYTD, camps, conference, services, job opportunities, health services, Medicaid and trainings at our website, www.ilconnect.org. Services to our foster youth and those youth being served in their own homes are individualized to meet each youth's unique needs.

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

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

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

Alabama Reach
The Reach Program is currently housed at the University of Alabama with support from the University. Alabama Reach provides group sessions, access to host families, year round dorm access, financial support, training, and volunteer opportunities for any youth identifying themselves as current or former foster youth. The program supports all foster care youth at the University of Alabama and at Shelton State in Tuscaloosa. We conducted preliminary program meetings with Alabama State University in Montgomery. That program successfully launched in Fall 2014 through that university's Social Work Department. Reach provides group sessions for foster youth on the campus of Alabama State University on a limited basis. It is their goal to serve all foster youth in the seven of the two and four year colleges and technical and training schools in the area. Alabama Reach will continue to work with the Department to expand their programs to other colleges and universities in the State. Our young people are grateful to participate in the ETV Program, but as college costs increase, their ability to remain in college, technical, and training programs is seriously challenged.

Fostering Hope
The Fostering Hope Bill passed in April 2015. Since the passage of the scholarship bill, 164 young people across the state have participated. It has provided $805,875.50 in funding to young people attending 32 in-state two and four year colleges and universities. The scholarship provides tuition and required fees for all youth in foster care at the time they graduate high school and all youth adopted at age 14 and older. An additional $3.5 million was allocated for the 2017-2018 school year. There is current state legislation pending to expand the program to include more former foster youth. The bill also provides for DHR staff who will act as mentors to youth in college. Five hundred twenty-four (524) young people have been have been served by this program attending the 42 state, two and four year universities and job preparation/certification programs around the state.

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

Congregate Care Study
The Office of Foster Care and ILP conducted a study of 25 of young people who were in moderate-level congregate care settings, visiting 16 counties and 15 congregate care facilities. The project began on October 30, 2015 and ended on February 2, 2016. By the project's completion, 25 young people had been interviewed as to appropriateness of placement. This was done in conjunction with record reviews and discussions with more than 40 service providers and over 50 DHR staff members, supervisors and directors. Since this project began in 2016, it has evolved into a cross-division collaboration between Family Services (FSD), Quality Assurance, and Resource Management (RM). During the period under review, youth have been placed in congregate placements in ever increasing numbers. The most recent data available (01/18) reflects that 211 youth are in congregate care at the moderate level. In order to be placed at this level the youth must have a DSM V diagnosis falling in the range of 299 – 316. In addition, a detailed assessment (MATS) must be completed in order for the youth to be placed at this level. The cross-division collaboration has been tasked with doing an analysis of all youth in treatment at this level whose care extends beyond 180 days. The Quality Division staff comprised of licensed behavioral analysts (BC/BA) will visit all of the moderate facilities and interview all youth over this time limit to assist in determining why the youth remain in the facilities. Through this assessment they will determine whether issues are behavior management related, or involve issues with the county DHR offices and/or the facilities. If behavioral related, they will assume primary responsibility for assisting the facilities and youth to address through behavioral plans and/or assistance. If county worker related, FSD will be tasked with addressing barriers to movement toward permanency, with RM tasked with addressing any specific facility related issues. For those youth (148) scheduled for review in the period from 11/2017 to 02/18,70 were no longer in a moderate level of care, thus leaving 78 that were assessed. This data is being incorporated in a master tracking document for assignment of cases to all divisions before 04/01/18.

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

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

The congregate care study has been expanded to include 53 additional youth: for a total of 78 youth interviewed, as of this writing. The interview has remained consistent and the Office of Quality Child Welfare Practice has joined the Office of Foster Care in conducting the interviews, providing case consultation and processing the data. The trends related to positive permanency are encouraging as 30 youth have stepped down to less restrictive placements, post our initial contacts. There are concerns related to the five youth who have required more restrictive placement. The

Offices of Foster Care and ILP and the Office of Quality Child Welfare Practice will continue to work jointly to safely facilitate appropriate transitions for these young people. We will continue to monitor the progress of our youth in congregate settings and will expand the process to youth currently in intensive residential placement.

The focus on these issues with regard to this population, and improving outcomes for them, will promote positive partnering with birth families, foster families and vendor/providers, collaborative planning with the ISP Team and realistic goal-setting for the young people with a renewed focus on the importance of living in a family-like setting. Efforts have been expanded regarding training and worker support and consultation, training for our providers and older youth regarding the new Reasonable and Prudent Parenting Standards and other elements of PL 113-183.

Services to support Kinship Care
With the passage of Kinship Guardianship legislation a few years ago, the Department now provides Guardianship Assistance Payments (GAP) to families who are awarded kinship guardianship of children in foster care. To be eligible for GAP, the family must become a licensed related foster family home and the children must be IV-E eligible. The Out of Home Care policies and procedures manual was revised to include policies on the permanency goal of kinship guardianship and outlines the legal and payment assistance processes. Several years ago the Alabama Foster and Adoptive Parent Association decided to include relative caregivers (including those with Kinship Guardianship) as members of the association. This allows them to get the same services and supports through the Association as do foster and adoptive parents. As of February 28, 2018, there are 225 young people receiving kinship guardianship subsidy. The Department is receiving technical assistance from Casey Family Programs to improve our use of Kinship Care.

Services to support OPPLA (APPLA) - See Also Information on CFCIP, Serving Youth of Various Ages and Stages of Achieving Independence.
Another Planned Permanent Living Arrangement is typically used as a permanency plan for youth who are older than 16, per PL113-183, who cannot be safely returned to their biological families and do not wish to be adopted. The primary goal for this group of young people is to develop systems of support and improve skills to ensure successful transitions, with additional emphasis for both the young people and the professionals who serve them to focus on long-term connections to birth families and formal and informal networks of support. County child welfare staff, foster parents, and vendor providers have been trained to encourage the development of natural mentor relationships, improve social worker-child relationships, and keep safe connections with birth families and siblings as strategies to improve positive permanency outcomes. With the additional instructions regarding PL113-183, counties have been trained in ILP Regional trainings conducted in FY2015, 2016 and 2017, and the Supervisors and Permanency Conferences in FY 2015, FY2016 and FY2017 . These have focused on continuing and relentless efforts to locate family and non-relative permanent connections. Continued support related to "Unpacking the No" regarding young people who have expressed they are not interested in being adopted will be shared at the Annual Summer ILP Youth Camps.

Continued support of their educational and vocational goals will equip our young people to provide for themselves financially through education and support regarding their mental health needs, housing services and physical health services. Consultation regarding real experiences for these young people will allow them to demonstrate their ability to be age-appropriately independent.

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

Currently, adoption services are provided by the Department of Human Resources through the Office of Adoption on behalf of children in permanent custody who cannot return to their biological family and are in need of a permanent adoptive family. These services include: recruitment and preparation of prospective adoptive families, placement of children, supervision of children in placement and other post-placement services, legal services, administering the

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

Children / Services for Children Adopted from Other Countries (Inter-Country Adoptions)
In terms of inter-country adoptions, the Department tracks and reports only those children adopted from other countries who enter state custody. Alabama has two private licensed child placing agencies that have received Hague accreditation status. These agencies provide adoption services in Inter-country adoption cases involving the United States and Hague convention countries. The Inter-country Adoption Act (ICAA) of 2000 (P.L. 106-279) was signed into law October 6, 2000. As of June 1, 2017, one child adopted from another country had entered foster care in FY 2017. APAC's post-adoption services, including counseling and Adoptive Family Groups (AFG's) are open to all adoptive families. This includes families who have adopted from the foster care system as well as families that have adopted through private means. Families that have adopted domestically and internationally can receive services from APAC. The only restriction on APAC's services is related to the post-adoption camp. Families who adopted children from private means may only participate in camp once the applications (and waiting list) for children adopted through DHR have been served.

Preliminary Determination: **Strength** ___   **Area Needing Improvement **__X__

F. Agency Responsiveness to the Community

Item 31: State Engagement and Consultation With Stakeholders Pursuant to CFSP and APSR

Provide relevant quantitative/qualitative data or information that show that in implementing the provisions of the CFSP and related APSRs, the state engages 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 includes the major concerns of these representatives in the goals, objectives, and annual updates of the CFSP.

State Response:

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

- **DHR Staff / Stakeholders (DHR S / S) & Court**
  Does DHR engage in <u>ongoing consultation / collaboration</u> with community partners to meet the needs of families and develop joint initiatives?

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Comments:

- There were varying experiences highlighted, from experiencing responsiveness to identifying concerns, such as the following: believing services were provided only after repeated requests, being "regulation" focused, or being impacted by DHR staff turnover, not all needed parties involved in case planning, DHR worker procrastination, or provider delays.

- In regard to ongoing collaboration survey responses by court staff, possible contributing factors may include workers leaving the Department or experiencing caseload changes. Also training needs may be represented in terms of worker preparation for court (e.g. preparation for the experience of cross examination, giving testimony, etc.).

- In terms of making decisions relative to RPPS, great variation of caregiver experience was expressed, with some having very positive experiences, describing staff as excellent, awesome and working well with the caregivers. For almost as many that have had less acceptable experiences, a variety of issues were involved, such as: not receiving responses, delays in phone calls being returned, and the experiences varying specifically by worker. There was some notation that workers were well meaning, and yet the high caseloads prevented them from making desired responses.

- In regards to involvement with resource workers there was a range of experiences from being prompt, providing amazing support, and staying after hours to help, to being very hard to get a hold of, having to make multiple calls

to get a response, and generally poor communication on the part of DHR. Worker differences were again cited in terms of what kind of experience a caregiver has had with DHR.

- <u>Caregivers provide the same general experience of responsiveness with the child's worker</u>, as with the resource worker. Responsive workers were characterized as those who are attentive, accessible, being provided with the worker's personal cell phone number, prompt replies, providing updates on the child's plan and completing paper work. A lack of response was associated with, delayed responses, being provided with incorrect   information (or hard to get information), and worker voice mail box that was full. As cited in responses to other   caregiver questions, worker variances were cited.

- Comments regarding <u>caregiver involvement in the ISP</u> generally highlighted more needs than strengths. There were notations of being kept updated on all new plans and being involved in all the steps. The concerns included: last minute notice of ISP meetings, being aware of an ISP because the caregiver inquires, not being informed at all of the ISP meeting, not being given an opportunity to provide input, and how a caregiver experiences the ISP process is dependent on the worker involved.

- There were notations of strengths in the survey comments, in terms of <u>needed supports, services and training classes being helpful</u>. These included valuing the training that is received, praise given for individual social workers, and effective email communication. Concerns were noted more so and pertained to needing assistance with transportation, variation of support depending on the worker, having to pay for items not covered by the CMA, short notice for mandatory meetings, and delays in receiving responses and supports.

- <u>In terms of contract providers</u>, a lot of consistency issues were reported in terms of the respective providers and caregivers being able to rely on transportation being on time, as well as the lack of communication when the driver knew they were late. There were also a few comments that may reflect a need to establish (or adhere to) guidelines around the provision of services, and/or being "unprofessional". Although these were not many in number, there is a level of concern associated with them . . . e.g. comments such as: "drivers sharing confidential information", "not having adequate training", putting a child in "harms way", "illegally transporting parents and children against court orders", and "don't have to sign that child is picked up or dropped back off". As it concerns the provision of car seats, respondents were more clearly stating needs, e.g., contract providers not having car seats or knowing how to correctly use them.

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

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

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

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

In addition to having a QA committee in each county with stakeholder representation, the State QA Committee also has representation of stakeholders across the state. The State QA Committee meets on a quarterly basis (see information under heading, <u>The State Quality Assurance Committee</u>, later in this section).

Consultation with Community Stakeholders through Quality Assurance
The Alabama Department of Human Resources has continued with its process for community consultation through its quality assurance operations. Birth parents, relative caregivers and youths are interviewed during QRSs when appropriate. QSRs are completed by the local QA Committees and during Onsite Reviews conducted by State QA.

Resulting ratings are shared with the counties. Birth parents, relative caregivers and youths are also provided an avenue to give input through satisfaction surveys and older youth surveys. Each County Department of Human Resources has an independently functioning county quality assurance committee with Jefferson County having an additional committee for their Bessemer region. Committee membership is encouraged to be reflective of the county population and generally consists of representatives of service providers, other public and private agencies, allied professionals, the courts, and community stakeholders. While each county QA committee completes quality service reviews to measure and monitor outcomes for children and families, it is an expectation that each committee also complete stakeholder interviews annually to measure and monitor systemic issues. Stakeholders interviewed include juvenile court judges, juvenile probation officers, foster parents, law enforcement, education personnel, service providers (including mental health and child advocacy centers), attorneys and Guardians-ad-Litem, and Agency staff. Information and any resulting recommendations from QSRs and stakeholder interviews are provided to each County Department to strengthen their practices toward better outcomes. The completion of QSRs and stakeholder interviewers are required reporting elements of county self-assessments which are reviewed by State Quality Assurance staff. It is an expectation that State QA staff review and provide feedback to County Departments on their county self-assessment. Once the county self-assessment is submitted to the state office on either November 15 or May 15, the QA specialist reviews the document for thoroughness and provides feedback to the county on how to strengthen future assessments. The QA specialist may also ask for clarification from the county to support an item.

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

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

The **Office of Adoption** partners with a number of stakeholders in public awareness activities and in their efforts to recruit additional foster and/or adoptive families. These stakeholders include the staff, members and volunteers of Heart Gallery Alabama, Children's Aid Society's APAC program, Kids to Love Foundation and the Alabama Foster and Adoptive Parent Association. At a quarterly "partners meeting" the leaders of each of these groups, including the Manager of the Office of Adoption, jointly coordinate and share their organization's activities in the area of training, public awareness and recruitment events/activities. Each of these organizations provides content for updating the Annual Progress Services Report. Each partner has an exhibit/display booth at the annual permanency and supervisor conferences, to help market their programs to front line permanency staff and supervisors. Heart Gallery Alabama and CAS/APAC provide data to the Department related to the number of children featured in recruitment, the number of inquiries received from potential foster/adoptive resource families and the units of services provided to the public.

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

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

Family Violence and Safety in CPS is a curriculum that was offered for the first time in FY 2014 and will continue to be offered in FY 2018. Each of the 2, two day training sessions will focus on providing basic information on the complex dynamics of Family Violence and a basic understanding of how domestic violence impacts children's lives & what that means for CPS intervention. The two day training is provided for to County Multidisciplinary Team members, Other State Agencies, DHR State Office Staff & County Staff.

Multidisciplinary Team Building Training is a training that is being planned for FY 2018. It is a one-day training that is planned to be delivered at four (4) training sites across the state. County DHR Multidisciplinary Teams on Child Abuse will be invited to attend the training sessions. The goals of the training are to strengthen the relationships among team members and increase the effectiveness of the teams. Former Alabama Governor, Robert Bentley, and the Department of Human Resources Commissioner, Nancy T. Buckner supported the development of a successful interactive online training for individuals who are Mandatory Reporters of Child Abuse and Neglect. The training is on the DHR website @www.dhr.alabama.gov. During fiscal year 2017, 44,366 individuals completed this training curriculum.

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

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

Alabama Judicial & Child Welfare Collaborative
The Alabama Judicial & Child Welfare Collaborative began the fiscal year with a statewide convening October 25-27, 2016, at Point Clear, AL. Twenty-four teams comprised of juvenile judges, local and state child welfare directors, supervisors, and attorneys attended. At this Summit the guardians ad litem who represent Alabama's dependent children as well as parent attorneys were invited to join their respective county teams. Over 186 attendees heard presentations on permanency, a youth panel comprised of foster care alumni as well as children currently in care, as well as child trauma and local team presentations. The session concluded with each team devising their respective team action plan. In 2017 two more collaborative meetings were held. On March 3, 2017, the first peer team collaborative was held in Montgomery with 19 teams participating. Several i-CAN Teams presented updated their local work and the tools implemented to safely remove children in care to forever families. Utilizing the most current child welfare data, each team was presented a cadence list of their children in care and targeted individual children on whom to focus their activities to locate a permanent plan. A second peer team collaborative was held August 3-4, 2017, at a retreat venue in Columbiana, AL.

Alabama currently has sixteen teams of child welfare and judicial members who are dedicated to the mission of this collaborative: to safely reduce the number of children in out of home care and place them in forever families. For the time frame of 9/30/16 to 9/30/17, the AL i-CAN Counties percentage of increase in the number of children in care was 6.4% while the non-i-CAN Counties rose by 13%. Statewide average increase was 11.1%.

Alabama Law Institute
A committee of the Alabama Law Institute has been established to review in detail, Alabama's Adoption Statutes and, where determined necessary, recommend changes. The committee met for the first time in May 2016. It is comprised of a number of attorneys and probate judges with personal adoption experience. Alabama DHR has four staff participating in the work of the committee. These staff include: State DHR legal counsel, a staff person from the Office of Child Welfare Policy, and two staff persons from the Office of Adoption. Working (topic-specific) committees were appointed to review sections of the Adoption Code and bring back suggestions to the overall Adoption Law Committee. This work took place in the summer of 2017 with recommendations due to the overall committee in the fall of 2017. The last meeting was in December 2017, and another meeting took place on April 6, 2018. There are several

sub-committees working on various sections including the transfer statute, implied consent, parent's notice to final adoption, pre-adoption form and Section 26-10A-11 – consent or relinquishment. There are plans to revise other sections of the Code as well.

Three – Branch Institute
In June, 2016, Alabama learned that we were one of eight states awarded a grant from the Three Branch Institute through the National Governors Association; the National Council of State Legislatures, and Casey Family Programs. This is a sweeping initiative involving many partners in service to children and families, including DHR, the Administrative Office of Courts, the Legislature of the State of Alabama, and state and local agencies including the State Department of Education; Alabama Law Enforcement Agency; the Department of Public Health; the Office of Governor Kay Ivey and others. Long-term goals outlined in Alabama's response to the grant application were:

- A reduction in the number of child fatalities due to child abuse or neglect.
- A drop in child maltreatment.
- Greater uses of preventive or immediate services, including in-home services, to help children safely remain at home.
- Greater clarity and consistency around child and family interview protocols used by law enforcement officers and social workers from DHR.
- Reduced numbers of children in foster care.

Alabama's team included a state Senator, state Legislator, Juvenile Court Judge, Child Death Prevention Coordinator from the Alabama Department of Public Health; Alabama's Court Improvement Program coordinator, and Family Services Director and Deputy Director. This group has worked well together toward goals, but there have been challenges around maintaining momentum and priority. The team attended a status meeting in Nashville, Tennessee in late June, 2017 and presented Alabama's progress and lessons learned to the other seven states and sponsoring agencies. While the grant concludes in December, 2017, we are confident that our experiences with stakeholders will only be strengthened to continue through then and beyond. Alabama is still pretty early in the development of our work around the Baby box initiative, and in revitalizing aspects of Kinship Care. Some framework has been put in place over the course of the last 6-7 months of the Baby Box program and the Department supported legislation that passed, to revamp kinship care. There would not likely be any noticeable differences yet and it may well be that it is not until the end of CY 2018, or actually into CY 2019 before we can expect to begin to see any differences.

Adoption Recruitment Partners – See also Permanency Outcomes 1 & 2 – Stakeholder Collaboration
The success in recruitment, matching and placement of children in permanent custody with a goal of Adoption No Identified Resource (ANIR) is greatly due to the high level of cooperation and collaboration among the recruitment partners that help us promote the need for more adoptive families. Quarterly a "partners" meeting is held that includes staff with recruitment responsibilities from the Office of Adoption, Heart Gallery Alabama, Children's Aid Society/APAC's pre-adoption program, and volunteers from the Alabama Foster & Adoptive Parent Association. During these meetings each agency/organization represented gives an update on the recruitment opportunities they have held over the past quarter and together these same agencies plan/coordinate date and locations for upcoming recruitment events. This is a quarterly meeting of staff from APAC, AFAPA, Heart Gallery and SDHR. Discussion is about activities that each organization has going on such as changes in staff, changes in services provided, training/workshops/seminars, NAM events, FCAM activities, etc. Purpose of the meeting is to prevent some duplication and to provide opportunities for the organizations to partner and help one another out. The location and host of the meeting rotates between APAC and HGA. There is an agenda and minutes are typically kept by which ever group was that quarter's host.

Recruitment and Retention of Resource Families Collaboration
Since completion of the market segmentation research work several years ago, information about the same has been shared utilizing county-specific information with several counties (upon request from the counties). Many counties have included foster and adoptive parents and other stakeholders in these working sessions alongside county staff that have resource development/resource worker responsibilities. Stakeholder participation has appeared to be more significant in smaller counties. From FY 2014 through the mid-point of FY 2017, a number of counties have held on-site diligent recruitment planning sessions that utilize market segmentation life style group information along with the counties' demographic information to develop diligent recruitment plans. The following 24 counties have completed a Market Segmentation Presentation/Planning session: Colbert, Lauderdale, Madison, Jackson, Cullman, Calhoun, Pickens, Tuscaloosa, Bibb, Shelby, Coosa, Chilton, Perry, Hale, Sumter, Marengo, Choctaw, Washington, Monroe, Covington, Coffee, Pike, Montgomery, and Barbour. The appendix section of this document contains a map that

illustrates which counties have completed this work along with the counties where working sessions are planned. The portions of the agency's round 2 CFSR PIP addressing recruitment & retention of foster/adoptive resource families was developed by a recruitment and retention task force. Many of the staff and foster parents that were involved in that task force are no longer in their positions or have retired. However, the recommendations in their plan are still used in shaping the interventions and strategies for recruiting and retaining foster/adoptive parents. Although the recruitment partners group mentioned earlier provides great insight and feedback into the recruitment needs and activities of the agency, a new recruitment task force/planning group is needed. In the past (2004/2005) the Department had a Recruitment Task Force that included stakeholders like APAC and AFAPA. The task force also included county DHR representatives from small, medium and large counties. That group helped develop recruitment plans, including "message development" (e.g., Open Your Heart and the poster "Your ordinary may be a foster child's extraordinary)… that led to some of our work with the NRC and helped us reach the point of being trained on market segmentation and using that data. The task force hasn't existed since. It is believed that "a new recruitment task force/planning group" that promotes county involvement in developing a statewide plan would increase county's participation.

We plan to explore this further in 2018. Membership should include stakeholders, including more foster family/adoptive resource families who are currently fostering our children or who have recently adopted children from foster care.

Stakeholder input indicates we need more homes wiling/able to care for children with special health care needs and developmental disabilities. Organizations that are currently providers of enhanced foster care homes are interested in partnering with us on developing plans for specialized foster care homes, therapeutic adoptive homes, etc. Alabama completed the following action steps as part of the Round 2 PIP, on-going activities are also listed:

- Through an inter-agency agreement with another state agency, we were able to access software to generate the market segmentation data on existing successful foster/adoptive parents.

- The NRC trained our staff on how to utilize the market segmentation information to develop diligent recruitment plans. Since that time our staff have worked with counties (see map submitted earlier) on using their county-specific market segmentation and county demographic information to develop diligent recruitment plans.

- Annually counties are asked to develop and implement a local recruitment plan.

- A policy and procedures manual was developed/finalized, and continues to be utilized today, for recruiting, training an approving foster family/adoptive resource homes. At the time the policy was initially approved/released the provider type was foster family homes, since that time one significant change is a dually-approved provider type known as foster family/adoptive resource home.

- The state QA on-site review process was revised to include an resource record review process. A review instrument was developed and finalized and continues to be used. The items on the review sheet are intended to measure compliance with Minimum Standards for Foster Family Homes.

- The foster parent mentoring recommendations and actions were carried over from the PIP to the CFSP. After NRC consultation provided by Sharri Black, Mike Grimes and Joe Kroll and review of another state's program, a draft foster parent mentoring program was developed and trained. The pilot was implemented in three pilots following training in October 2012. Four counties were selected, but the fourth county never actually implemented the pilot. The mentoring program as developed involved adding additional sessions on to the end of the already ten-week-long required pre-service training for new foster parents. Two of the original three counties actually implemented the curriculum two a second set of newly-trained foster parents. The counties reported the meetings were positive but they encountered barriers in recruiting and training additional mentors. The program was not carried over into the Plan for Improvement that was a part of the 2015-2019 CFSP. No further examination or revisions were made and the program is not currently being implemented.

Collaboration with Foster Parents – Conflict Resolution Team
The Out of Home Care Policies & Procedures Manual includes a section on Supports to Foster Parents. A process for dealing with conflicts that may occur between foster parents and the Department is outlined in this policy which was updated in May 2017. The state Conflict Resolution Team (CRT) is comprised of staff and foster/adoptive parent representatives. Thorough review of cases that are referred to the CRT are conducted; case-specific and systemic recommendations are sometimes made when indicated. This feedback will shape the retention work included in our CFSP over the next five years.

Foster Parent Advocates are available regionally to help foster parents at the time they file a complaint with their county office. Due to the advocates' involvement in the local process, many more complaints are resolved locally rather than referred to the State Team. One referral received by the state team in 2015, was intercepted by a foster parent liaison, as she felt she could help resolve the issues based on her relationship with the county. Feedback from the meeting indicated success with local resolution. There has been only one referral received thus far in 2016.

The state Conflict Resolution Team (CRT) is comprised of two county directors and two foster/adoptive parent representatives. There are two facilitators, one from the state office of foster care and one from the state foster parent association. Thorough review of cases that are referred to the CRT are conducted; case-specific and systemic recommendations are sometimes made when indicated. This feedback will shape the retention work included in our CFSP over the next five years. The State Conflict Resolution Team heard five complaints in FY 13 and FY 14 and two complaints in FY16 that either could not be resolved at the local county level or were regarding the closure of a foster home. For FY17, the state team heard six complaints.

Foster Parent Advocates are available regionally to help foster parents at the time they file a complaint with their county office. Due to the advocates' involvement in the local process, many more complaints are resolved locally rather than referred to the State Team. The county has thirty days to resolve the conflict and if that outcome is not acceptable to the foster parent than the conflict is moved on to the state level for review.

The Alabama Foster Adoptive Parent Association and office of foster care are available to provide county social workers and foster parents training on the Conflict Resolution Process and Alabama's "Foster Parent Bill of Rights''.   Several counties have invited the Alabama Foster Adoptive Parent Association to meet with their counties following a referral to the state team. Additionally, some counties have consulted with the State Liaison at a time of concern about a foster family hoping to work through issues before conflict arises between the county and foster parent.

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

The Alabama Child Welfare Collaborative Initiative and the State Quality Assurance Committee
In addition to the regular and in-depth involvement of internal and external parties in Quality Assurance, Family Services Division relies on a range of individuals and groups to assist in providing input into the ongoing planning and service delivery system. The two key stakeholder groups from the Department seeks input are the State QA Committee and the Child Welfare Collaborative Initiative (CWCI) Team. Information regarding the stakeholder membership in both groups is provided under their respective headings. Opportunities are provided to both groups to offer input to the APSR and CFSP. Each year at the joint planning visit with the Regional Office, the membership of both teams are invited to participate in a conference call, in order to discuss with the federal staff, their perspectives on the various child welfare areas. In preparation for the CFSR, the membership of both groups were invited to participate in a stakeholder focus group in November 2017, and the information from that meeting has already been incorporated into the Draft Statewide Assessment (SA) that was submitted to the Children's Bureau in January 2018.

Also, both groups have been given the information on how to access the statewide stakeholder/DHR staff survey. The results of the survey will be incorporated into the Statewide Assessment. Finally, the membership of both groups will be invited to participate (in person, or via conference call) in the stakeholder interviews that will be part of the (CFSR) onsite review in July 2018.

- **Alabama Child Welfare Collaborative Initiative (ACWCI)**
  The Alabama Child Welfare Collaborative Initiative (ACWCI) is a team of Department and other Agency staff that typically meet on a quarterly basis. In addition to Family Services staff and staff from other Divisions within SDHR, partner agencies that are represented in the membership include the Alabama Court Improvement Program staff, Department of Child Abuse/Neglect Prevention (includes CBCAP); the Department of Rehabilitation Services; the Alabama Foster and Adoptive Parent Association; the Alabama Network of Children's Advocacy Centers; the Poarch Band of Creek Indians; the Alabama Department of Public Health; Alabama Children First; VOICES for Alabama's Children; Children's Justice Task Force; and the Department of Youth Services.

  A useful outcome has been sharing across agencies information regarding current activities, upcoming training sessions, etc. This group also is a stakeholder group from which input has been sought for the APSR and current CFSP.   By design there is no youth representation on this team; youth representation is a part of the State QA Committee structure (see SQAC content immediately below). The CWCI Team is afforded opportunities for input into the APSR and was invited to participate in a stakeholder focus group in November, 2017, for purposes of providing input for the Statewide Assessment. The membership is invited to participate in a conference call with federal staff each year at the Joint Planning visit, and will be invited to participate in stakeholder interviews for the CFSR, Onsite Review (at our upcoming May meeting, this will be discussed). The membership was also provided with a copy of the initial draft of the Statewide Assessment and were invited to provide input. Additionally, the membership received information on how to access the statewide DHR staff / stakeholder survey as another means of providing input.

- **The State Quality Assurance Committee**
  The State Quality Assurance Committee (SQAC) is an independent body of statewide representatives of the child and family service delivery system whose functions include monitoring outcomes and Agency performance from a statewide perspective; serving as a link between the community and the State Department of Human Resources; promoting an effective child welfare system that supports positive outcomes for children and families served by the Department; and issuing reports as a part of its Citizen Review Panel responsibilities or for any other purpose. The SQAC is also a stakeholder group from which input has been sought for the APSR and current CFSP.

  The committee meets quarterly (March, June, September and December). Data information and updates from Family Services are provided at each meeting. More detailed information on the work of the SQAC can be located in the Alabama State Quality Assurance Committee Annual Report. The current SQAC consist of representation from: Department of Child Abuse and Neglect Prevention, a foster/adoptive parent, Department of Sociology and Social Work, APAC, a county QA committee member, Alabama Foster and Adoptive Parent Association, ADAP, Children First Foundation, Alabama Network of CAC, Alabama Early Intervention, Alabama/Guatemala Partners of Americas, West Alabama Mental Health, a traditional foster parent, Children's Aid Society, Poarch Band of Creek Indians, Alabama Child Death Review System, District Judge, VOICES of Alabama's Children, a youth representative, Department of Youth Services and a county director.

County QA Committee Input
Over much of the time frame of the 2015-2019 CFSP, and planned for upcoming years, surveys have been distributed to county offices to forward to the local QA committee. Typically, input will be sought on the outcome areas and the ISP process and some feedback on other areas is sought as well. For the 2018 APSR, results from approximately 106 completed surveys, representing 32 counties, are noted.   Each year the quantitative results are provided throughout the APSR, in the sections that are most appropriate for a given data element. In the 2018 APSR, these data can be found on the following pages: 29, 59, 83, 85, 87, 88, 89, 105, and 121.

Additionally, a meeting of county QA coordinators and county QA committee chairpersons (from across the state) took place in January 2017 which provided the opportunity for input from participants related to county committee functions as well as staff retention. The importance of participation from QA committees in the survey for the 2018 APSR was

stressed. They were encouraged to access the APSR from previous years on the website. County QA committee members were again provided with an opportunity to complete surveys that highlighted several key areas for input. .

Alabama Department of Child Abuse and Neglect Prevention)
The Alabama Department of Child Abuse and Neglect Prevention (ADCANP) secures resource to fund evidence-based community programs committed to the prevention of child maltreatment, and advocates for children and the strengthening of families. Two staff representatives from ADCANP serve as members of the Alabama Child Welfare Collaborative Initiative (see ACWCI), and ADCANP's Executive Director is a member of Alabama's State QA Committee.

The ADCANP continues to provide funds for the "Cribs for Kids" project in Jefferson, Mobile and Morgan Counties, which will enable new mothers to have safe sleeping surfaces for their infants. The Alabama ADCANP/Children's Trust Fund reported that over the life of the Jefferson County Cribs for Kids project, over 2,177 cribs have been provided to new mothers. Each new mother who receives a crib also receives training on safe sleep, abusive head trauma, child development, etc. The program has expanded to Tuscaloosa, Walker, Dallas, and Talladega Counties.

All ADCANP funded programs have updated their mandatory reporting policy and have trained all staff members on the new (Mandatory Reporter) legislation. All ADCANP grantees continue to be required to receive and incorporate the Protective Factors training into their community-based work. For the 2016-2017 program year, ADCANP (Children's Trust Fund) funded 115 programs for the maintenance expansion, and enhancement of at-risk youth and family support through the Children's Trust Fund for a total of $3,907,295. At-risk youth programs serve individuals age 8-17 who are experiencing factors that have brought them to the attention of school systems, courts and county facilitation teams. Family Support programs are used to continue or expand Family Resource Centers and programs. Also, the Alabama Department of Child Abuse and Neglect Prevention continues to work closely with Children's Policy Councils to examine the placement prevention programs in underserved areas and populations. We are working with Children's Policy Councils in the implementation of Erin's Law to prevent child sexual abuse.

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

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

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

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

Alabama Foster/Adoptive Parent Association
The Department continues with the strong partnership and contract with Alabama's Foster/Adoptive Parent Association to support improved outcomes for children through joint training sessions, regional meetings, and various recruitment

and fundraising activities. The association has Nine Regional Representatives who serve as trained advocates and liaisons with the Department. The AFAPA representative is a significant member of Conflict Resolution Teams statewide whenever foster parents have grievances or concerns regarding certain actions taken or not taken by the Department. The process utilizes various individuals and groups that can help the county and the foster parent(s) work through and resolve problems and conflicts. All of these will consider applicable policies related to the problem. They will offer guidance to all parties through a process in which they discuss the issues, options and design their own agreement to resolve the dispute. The intent of this process is not to remove the authority from the local DHR office to handle problems within the county or to be punitive in nature. This process gives foster parents and the local office an opportunity to be heard when problems arise and when all parties cannot come to an agreement or acceptable resolution to the problem. The AFAPA has a very comprehensive website with guidance around this and other areas of advocacy for foster/adoptive parents. The Foster Parent Bill of Rights is posted as well for convenience of our partners in caring for foster/adoptive children. See https://afapa.org/ for more information.

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

The State has hired two Youth Specialists who are Foster Care Alumni through a contract with Children's Aid Society. These young people act as liaisons to the youth in foster care. Current and alumni youth have been engaged to provide presentations locally, statewide and nationally on the issues identified in the PIP specific to strengthening the engagement of youth, identifying the needs of youth, and strategies to support positive outcomes for youth. The DREAM Ambassadors participated on several GPS Panels around the State. They served on Youth Panels at Judicial Summits and our annual meeting with the Managers of Region 4 of the Children's Bureau. The 6th Annual Celebration of Scholars Celebrating both the 150 foster youth who graduated from high school or received their GED was held in Montgomery on the campus of Troy University on May 6, 2017.

Our youth continued to provide training to their peers, judges, foster parent panels and stakeholders across the State. Unduplicated persons totaling 464 were served by the ILP Program in partnership with our CAS ILP Team and our DREAM Ambassadors. During State Onsite Reviews conducted by State QA, all ILP eligible youth are provided an older youth survey to complete prior to the onsite review. The outcomes of the survey are used in determining items as Strength or Area Needing Improvement. See also results from an older youth survey that are provided for various Systemic Factors in the Statewide Assessment.

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

The Department of Education was provided a list all DHR liaisons for ESSA collaborations and all contacts are available on both Departments' websites. Training material was developed and disseminated in partnership with the Department of Education. The Office of Foster Care Program Supervisor also co-trained at two Homeless Liaison/Foster Care training sessions provided by the Department of Education fall 2017. ESSA information was also shared at the Reasonable and Prudent Parenting Training sessions held throughout the state. There will also be ongoing trainings provided during summer, 2017, at Annual Supervisors Conferences, the Birmingham City Schools and at the Title I Summit. All 137 school systems have been trained in ESSA and have plans in place with the State

Board of Education federal programs office to monitor its implementation. All 67 DHR counties have a designated LEA/DHR point of contact identified. Each county has submitted their individualized plan to the State Office that covers best interest determination, immediate enrollment, transportation procedures and dispute resolution.

Alabama Opioid Overdose and Addiction Council
DHR is a member of the Alabama Opioid Overdose and Addiction Council, that is comprised of a number of subcommittees. One of which is the Data Subcommittee, which includes a staff member from the Family Services' Office of Data Analysis.

The Data Subcommittee meets once or twice a month to discuss the progress being made on the mass database. In early meetings a list of over 50 data metrics was created for various agencies (Public Health, Mental Health, Medicaid, ALEA DHR and many more), in order to provide information for the repository. These efforts have been designed to identify interested parties, the data that we want to track, develop data sharing agreements, and as of late, choose an IT company that will be able to bring all of the data in one location. The subcommittee members participated in a five part webinar series that all included testimony from former users, research, and reasonable efforts in different areas of the country to combat the opioid epidemic.

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

- There is consultation and collaboration occurring, though the frequency with which it occurs could be improved. Also, more attention can be given to multi-agency meetings and ensuring that all involved partners in a case, are included in the ISP process.

- The provider community does have ongoing coordination/collaboration that is working well; however, some input was provided regarding ensuring that greater attention is being given to utilizing the independent living resources/services available through community partners (via involvement in the ISP process).

- Although some improvements were noted, DHR staff (worker) turnover is still seen as a factor that hampers collaboration, particularly in regard to staff having child abuse/neglect assessment responsibilities.

Preliminary Determination: **Strength** ___   **Area Needing Improvement __X__**

Item 32: Coordination of CFSP Services With Other Federal Programs

Provide relevant quantitative/qualitative data or information that show the state's services under the CFSP are coordinated with services or benefits of other federal or federally assisted programs serving the same population.

State Response:

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

Children's Justice funds are awarded to counties applying for funds for Multi-disciplinary teams to attend the **International Symposium on Child Abuse** in Huntsville, AL. Some counties will instead arrange for and conduct regional conferences. The information provided for estimated total costs are the estimated compilations of both the counties sending participants to the International Symposium and those conducting regional conferences.

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

Multidisciplinary Team Building Training is a training that is being planned for FY 2018. It is a one-day training that is planned to be delivered at four (4) training sites across the state. County DHR Multidisciplinary Teams on Child Abuse will be invited to attend the training sessions. The goals of the training are to strengthen the relationships among team members and increase the effectiveness of the teams. Six regional sessions have occurred thus far in the PUR, as shown below:
- June 28, 2017:   38 participants
- July 19, 2017:   29 participants
- August 23, 2017:   51 participants
- September 26, 2017:   44 participants
- January 30, 2018:   36 participants
- February 21, 2018:   23 participants

Two additional session of MDT are planned for July and August 2018, which will complete a total of 10 sessions and the entire State will have been offered the MDT training. Former Alabama Governor, Robert Bentley, and the Department of Human Resources Commissioner, Nancy T. Buckner supported the development of a successful interactive online training for individuals who are Mandatory Reporters of Child Abuse and Neglect. The training is on the DHR website @www.dhr.alabama.gov.

Alabama Fatherhood Initiative
The Alabama Fatherhood Initiative (AFI) includes 20 projects statewide that are funded through a partnership with the Family Assistance and Child Support Divisions of State DHR and the Alabama Department of Child Abuse and Neglect Prevention/The Children's Trust Fund that provide a variety of services to noncustodial fathers.

The collaboration on the State level begins with funding recommendations being made by the Department of Human Resources and the Alabama Department of Child Abuse and Neglect Prevention. We work together to assess the needs of the Counties and make funding recommendations based on those needs (i.e. number of open child support cases). Together we host a mandatory annual training that provides the local projects with our requirements and expectations for the year. The Department of Child Abuse and Neglect Prevention provides oversight through a minimum of two site visits to each site to ensure programmatic compliance and monthly financial reviews. Major programmatic or financial issues are reported to DHR.

Locally, each program is required to form a network of public, private, non-profit, and faith-based organizations that work together to help non-custodial parents (mostly fathers), develop positive relationships with their children and to enhance their ability to support their children by providing counseling, education, and employment opportunities. Each program is required to maintain a positive partnership with their County DHR. Each group must meet quarterly with County DHR and representatives from child support court in the counties that receive services. Minutes from those meetings are sent to the Department of Child Abuse and Neglect Prevention for review. The local programs also report child support collection numbers and the number of individuals served monthly. All programs report monthly to Auburn University, as the evaluation component for programs funded by the Alabama Department of Child Abuse and Neglect Prevention, to ensure that outcomes are being met.

SDHR Family Assistance Division – TANF Families
The SDHR Family Assistance Division administers programs pursuant to the Temporary Assistance For Needy Families (TANF) Block Grant. Services and benefits are provided consistent with the four statutory purposes of the Block Grant and encourage the care and support of children in their own homes or in the homes of relatives by furnishing temporary financial assistance and other services to strengthen and maintain family life.

The Family Assistance (FA) Program
This is Alabama's time limited cash assistance program for needy low-income families with children. During fiscal year 2017, a monthly average of 9,746 families received assistance representing about 17,724 children and 4,448 adults. Adult recipients of FA and certain former recipients are also served by the JOBS Program which provides services and assistance with finding and retaining employment. Supportive services include assistance in overcoming barriers to employment, increasing marketable skills and employability, gaining and/or retaining employment so as to transition from welfare to work.

Teen Pregnancy Prevention Projects
The Department partners with the Alabama Department of Public Health and the Alabama Campaign to Prevent Teen Pregnancy (ACPTP) for pregnancy prevention efforts. The mission of the ACPTP is "to lead Alabama in adolescent reproductive health and teen pregnancy prevention with an emphasis on positive youth development." More information about the mission, vision, values as well as priorities of the ACPTP can be found on their website at www.acptp.org . JOBS Program case managers as part of their client assessment provide discussion and information about the impact of additional children as it pertains to the goals of personal responsibility ,parenting and family support. Based on data retrieved from the above website, the teen pregnancy rate for Alabama for females age 10-19, was 20.3 for 2016, which was the lowest since 2007 (39.7). Alabama's teen birth rate for females age 10-19, was 16.4 for 2014, which was the lowest since 2005 (25.8).

Domestic Violence Intervention - DHR contracts with the **Alabama Coalition Against Domestic Violence** to provide services to TANF-eligible clients who may be victims of domestic violence. Services are provided statewide under a program known as the Special Assessment, Intervention, and Liaison (SAIL) Project. The SAIL Program provides services to families involved with domestic violence to help them remove barriers to becoming self-sufficient in a safe manner. Services are provided through a Domestic Violence Specialist who conducts assessments, provides counseling, and assists with safety planning. Services are available as needed to all counties that do not have an on-site Domestic Violence Specialist. During FY 2016, the SAIL Project received 2,286 referrals. Those referrals came from every DHR program and from the community, with most DHR referrals coming from FA eligibility workers as a result of a domestic violence screening tool. The coalition worked with 776 SAIL participants, helped 110 participants acquire employment, and provided financial assistance to over 250 low-income individuals.

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

activity is among the Specialist activities now being tracked. On the next page, is information about the statewide registrations and searches conducted of this registry in FY 2017, and thus far (as of 3/28/18) in FY 2018.

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

Alabama National Guard

The Alabama Department of Human Resources entered into a Memorandum of Agreement with the Army National Guard in June 2016 establishing a partnership to improve outcomes for children in foster care, specifically helping youths aging out of care who have limited connections to their community and minimal job skills. The focus of the partnership involves working with the Alabama National Guard to share job and mentorship opportunities for our young people. The Alabama National Guard provides recruitment and retention personnel that provide marketing products, subject matter experts, client counseling and recruitment information to DHR representatives. DHR makes available opportunities for the Guard to attend, instruct and host events that will cultivate potential job opportunity training. On December 6, 2016, based on this partnership which demonstrated strong community relationships, the Alabama Department of Human Resources, was recognized at the Army Community Partnership Award ceremony in Washington DC.

Collaboration with other Private and Public Agencies

There have been several initiatives related to private and public agencies which will continue. The Independent Living Program works closely with **Children's Aid Society** to provide services and supports to older youth in foster care. We have developed great collaborations with the **Alabama National Guard, Alabama Adoptive and Foster Parent Association, Alabama Department of Education, Alabama Reach, the Alabama Medicaid Agency, Alabama Department of Youth Services,** the **Child Welfare Collaborative Initiative,** the **National Social Work Enrichment Program, Foster Care to Success, Alabama Department of Public Health, Casey Family Programs and NSORO.** These collaborations improved educational outcomes, college retention and matriculation, an improved knowledge of psychotropic medication use and trauma-informed practice, and a focus on ensuring that older youth re-enroll in the Medicaid program. There will be 170 young people across the state graduating from high school in 2018; representing a 12% increase from the two previous years. There will be 7 Fostering Hope Scholars graduating in 2018 as well. We have had the opportunity to coordinate services with **Department of Youth Services** crossover youth, provide training and education to our **Tribal partners** and **Court Improvement Program** staff regarding older youth issues. We have also had an opportunity to utilize a new permanency consultation model and prepare our young people for academic life beyond high school. We will be working to develop more comprehensive collaborations with **Job Corps,** the **United States Armed Forces,** the **Department of Mental Health** and the **Alabama Department of Labor.** A stronger and more defined partnership with **Alabama Department of Mental Health** regarding smooth transition would improve outcomes for our youth with serious mental health issues, reducing the numbers needing to be hospitalized and at risk of being homeless adults. Our work with the **Armed Forces, Job Corps** and the **Department of Labor** is meant to improve and provide improved options to a population of youth who may struggle with transitions post foster care.

We will also work to develop a partnership with **Housing and Urban Development** to decrease the number of homeless youth. There are several organizations around the state which focus on supporting youth as they exit foster care. **Kids to Love, Youth Towers, My Father's House, the BigHouse Foundation and Camp Hope** all seek to serve young people statewide, with job training and preparation, housing assistance, hard services and supports to improve older youth well-being and avoidance of homelessness. Focus in this area would target those teens who participate in our traditional Independent Living apartment settings and youth needing to move out independently to better maintain stable housing by taking advantage of opportunities and programs offered by **HUD.** This collaboration will focus on the access to and availability of funding needed for this unique population of young people. We began work with Mobile in June 2017 on a project they have started in hopes to replicate the proposed housing model in other areas of the state.

We have worked closely with our **Medicaid Agency** to ensure that young people who are eligible for the extension of Medicaid coverage to age 26 are made aware of this opportunity. The information regarding the expansion was provided to all Department staff and they were advised to share that information to all eligible youth. We have coordinated training for our staff and youth making them aware of their eligibility and directing them to Alabama's Medicaid website to re-enroll for insurance coverage. Training has been provided to caseworkers and youth, and will be presented to county supervisors at upcoming conferences in late June and mid-July, 2017. The information and link to the website is also on our Independent Living website. As of October 1, 2016, all young people who are eligible upon their exit from out of home care will be automatically converted to the Medicaid to 26 health insurance program. The Department has been working on an interface with the Alabama Medicaid Agency to ensure that all eligible young people will continue to receive this much needed service without interruption. The Department's continued work on the NYTD PIP includes an expansion of our electronic information sharing with the Alabama Medicaid Agency so that all youth over at 18 are identified and their FACTS files include as they exit care and work with that agency to ensure that the needed data is correct. There are also plans to update the Medicaid system by the end of the fiscal year to automatically end date of the Medicaid service for eligible youth on the date of their 26th birthday.

County Staff, young people, community partners and foster parents have received training regarding sex trafficking. We will continue to provide this training to all stakeholders to combat this issue. We are working with a local agency to develop a possible treatment/placement facility for young people in the state who have been identified as victims of human trafficking. Services, supports and trainings have been provided to ILP staff and young people to address homelessness. The Department works in partnership with the youth homelessness prevention programs provided through Children's Aid Society and Youth Towers. A partnership with Housing and Urban Development with the goal of securing a partnership to provide long-term, affordable housing for former foster youth across the state will be developed.

Court Improvement Program
DHR staff works closely with the AOC staff to address policies and practices of both the court system and the child welfare system. AOC was a key partner in the implementation of Alabama's CFSR, Round 2, PIP through assisting in identifying and implementing steps to improve dependency case flow management and educating judges and guardians-ad-Litem. Alabama DHR and AOC share data relevant to Administrative Review timeliness; TPR filing, hearing and disposition timeliness; Foster Care Entry, and Permanency Achievement. The data is beneficial in identifying areas where additional resources may be needed to ensure that appropriate services are provided within required timeframes. AOC staff provided input and assistance in drafting Alabama's Kinship Guardianship Subsidy Act which passed in the FY 2010 Legislative Session and assisted in organizing video conference training on several legal topics for attorneys, court employees, and child welfare staff. In addition, DHR staff continues to partner with AOC staff to monitor the timeliness of permanency hearings and other timeframes in the dependency and TPR case process through sharing of data which will be used to develop future trainings. Discussions have been held with AOC and internal Legal staff regarding training.

Local onsite trainings have occurred in some counties, and the State Legal Office has been closely involved with adoption cases throughout the state; conducting onsite reviews, and having discussions with local attorneys and with some judges. The Legal office has been a significant source of support and action for the counties around permanency in general, particularly adoption. DHR staff continues to represent the Department on the Probate/Juvenile Subcommittee on adoption issues of the Court Improvement Program, which was formed to bring juvenile and probate court judges together to discuss issues that may arise in processing adoption cases. With the assistance of Casey Family Programs, a decision was made to conduct Judicial Summits across the state. Four have already been hosted; one in October, 2014, the second in April, 2015, the third in November, 2015, and the most recent in October, 2016. Significant information about child development, child welfare Federal and state laws, the Department's Individualized Service Planning process, and a focus on permanency were highlighted. Judges, County Directors, and a representation of supervisors and line social workers attended, along with some parent's attorneys and Guardians-ad-litem. Casey Family Programs has been a generous partner in the development and success of these Summits.

Training initiatives provided/promoted by AOC include the following activities:

- Training sessions are conducted for <u>newly-appointed</u> or <u>elected</u> <u>juvenile court judges</u>, that typically will include a summary of subject-matter jurisdiction in Alabama juvenile courts, as well as an overview of the Juvenile

Dependency and Termination of Parental Rights (TPR) processes in Alabama (statutes, court rules, regulations, caselaw, etc.);

- Training events take place for <u>Guardian ad Litems</u> by means of certification courses (initial certification) and recertification courses (certification renewal). The 7-hour Certification course will generally include topics such as: dependency and TPR law, foster care placements, and the individualized service plans (ISP) process. The 3-hour Recertification) course commonly will consist of juvenile law updates and information on other pertinent child welfare issues (e.g. child abuse medical evaluations, interviewing children, human trafficking, etc.).

- In a project that has now ended, <u>Court Improvement Program</u> staff, with funding support and partnership from <u>Casey Family Programs</u>, were involved with the <u>Reimagining Dependency Courts Project</u> in Jefferson and Mobile Counties. In this initiative the <u>National Center for State Courts</u> worked with the <u>State of Alabama judicial branch of government</u> to strengthen the leadership and governance of dependency courts and improve case management of dependency cases, with the aim being to transform dependency courts into family-focused courts.

- Other training events give attention to <u>Parent's Attorney training</u>, <u>Family court Judges' s</u>eminars, and <u>Chief Juvenile Probation Officers'/Juvenile Court Administrators'</u> seminars.

CONSULTATION AND COORDINATION BETWEEN STATES AND TRIBES The Department's goals in regards to work with the Poarch Band of Creek Indian Tribe (PBCI) and other Federally recognized tribes located outside the state (<u>Indian Child Welfare Act</u>): As of June 2017, the one Federally recognized tribe in Alabama is the <u>Poarch Band of Creek Indians</u>, whose office is in Atmore, Alabama (Escambia County). Alabama's Indian Child Welfare Policy and Procedures has been in effect since September, 2007, with the latest revisions being made in September 2013. This is a substantive policy that provides counties with a knowledge base for working with Native Americans. While counties continue to contact the Office of Child Welfare Policy and the Office of QCWP for assistance, they do have policy that directs their work with Indian children and families. At the initial involvement with a child and family, the issue of whether the child has any Native American ancestry is to be addressed. To facilitate this, a "notification of involvement" should be sent to the Poarch Band of Creek Indians in Alabama during a child abuse/neglect investigation or prevention assessment. The "notification of involvement" process is used to consult with the PBCI Tribe and allows relevant information to be obtained from the Tribe. The process also provides an opportunity for the Tribe to be involved in case planning early in the investigation. It is considered best practice to notify the PBCI Tribe of Departmental involvement with an Indian child and family and seek Tribal involvement in case planning. Specifically, Amanda Montgomery, the Director of the Family Services Department of PBCI is notified. The "notification of involvement" is not the formal notification to a child's Tribe required by the Act itself. When County Departments are working with a child and family who fall under the ICWA requirements, Indian parents, Indian custodians and Tribes must be notified. In 2008, a revision was made to the Department's Out-of-Home Policies and Procedures to require child welfare workers to address, in removal situations, relative resources, and identify whether children and families are members or eligible to become members of certain Indian tribes, as well as identifying such tribes. Native American ancestry should have been established and formal notice given to the child's tribe before removal of an Indian child from their home. The only exception to this occurs when an Indian child is removed to prevent physical damage or harm to an Indian child. Child welfare staff shall provide protection and meet the immediate safety needs of Indian/Alaskan native children when emergency situations occur.

In April 2010, work was completed that allowed FACTS to generate the required notices to Indian parents, Indian custodians and Indian Tribes. When the system captures that a child is a member or eligible for membership in an identified, Federally recognized tribe, child welfare workers are prompted that notification procedures are necessary. 2018 APSR: Collaboration / Coordination between the State and the Tribe **Poarch Band of Creek Indians (PBCI) & Alabama Department of Human Resources (DHR):** 2017 Annual Meeting Summary Date of Meeting: May 3, 2017 - Location of Meeting: PBCI Office. The results of the annual meeting, held on May 3, 2017, are reflected in the content that follows.

<u>**NOTE:**</u> On April 27, 2018, the annual meeting for 2018 was held. There was mutuality in concurring that an effective collaborative is being maintained, and a summary of that meeting will be provided in the 2019 APSR, that will be submitted to the Children's Bureau on 06/29/18.

I.   Inter-agency Agreement (IA)
There was mutual agreement to proceed with finalizing the draft IA, and preparing it for signature. In order to ensure that PCI and DHR were working from the same document, PCI staff sent by email the current draft version to FSD for review. After that review was completed, the document was forwarded to SDHR Legal for final review. With concurrence from Tribal and DHR Legal staff, the IA has been prepared for signing by both the Chair of the Tribal Council and the DHR Commissioner. Effective October 10, 2017, the Tribal / State Agreement has been signed by Leadership from the two agencies. The Agreement includes content that addresses the following areas: Financial and Social Services; Confidentiality; Access to Records; Data Sharing Components or Activities; Adoption; DHR Participation in Tribal Proceedings; Full Faith and Credit Statement; Statement of compliance with the Adoption and Safe Families Act; Agreement relative to Violation or Interpretation of the Agreement; Modification of the Agreement; and, via appendices, Review of the Agreement and DHR ICWA Policies and Procedures.

II.   Round 3 (R3), Child and Family Services Review (CFSR)
The general plans for the R3, CFSR were provided. Family Services will definitely include PBCI in the focus group of stakeholders that are interviewed for the CFSR. Although it is too early to determine review team membership, PBCI staff may be included for this component of the review as well. **2017 UPDATE:** The Tribe remains a significant stakeholder in the work carried out by DHR staff, and will be involved in the CFSR process. Further conversation on the CFSR and the various components will occur as planning moves ahead. While PCI staff will have opportunities for CFSR discussion via participation in the CWCI Team and State QA Committee, discussions between staff from both agencies will also occur.

III.   Chafee Foster Care Independence Program (CFCIP)
An updating of ILP events and activities was provided. Additionally, an ILP staff member will be contacting PBCI to set up a date and time for members of the State's DREAM Team (older youth) to come to PBCI for a time of information sharing and discussion. **2017 UPDATE:** As a result of last year's meeting, the members from the IL DREAM Council did meet with PCI staff last year. The PCI staff expressed interest in this occurring again, and DHR IL staff will coordinate with PCI staff in setting up a date/time for this to occur again. At the meeting, information was also provided on various aspects of the Department's IL program.

IV.   Training Collaboration
Information on Trauma Informed Partnering for Permanency and Safety (TIPS), which is the Department's pre-service preparation curriculum for prospective foster parents (replacing GPS) was distributed. Also, progress on the new worker training that is being piloted, Striving Toward Excellent Practice (STEP), which will replace ACT as the new worker training curriculum, was also discussed.   The training schedule for March – July was also distributed. PBCI staff may sign-up for either training opportunity, and interest was expressed in participating in planned TIPS training sessions. The staff from PBCI re-iterated their willingness and desire to host training events for southern Alabama at their office. **2017 UPDATE:** Information was distributed on STEP, the new training curriculum for newly hired child welfare staff. Also, subsequent to the meeting, information regarding TIPS, the training for prospective foster and adoptive parents, was transmitted to PCI staff. Furthermore, PCI staff again made available the PCI Office for a training site for TIPS. Efforts were made this past year to convene a training session at PCI; however, due to conflicts it did not occur. The goal of using the PCI facilities for a training site will continue to be pursued.

Preliminary Determination: **Strength   X__**   **Area Needing Improvement _ __**

G. Foster and Adoptive Parent Licensing, Recruitment, and Retention

Item 33: Standards Applied Equally

Provide relevant quantitative/qualitative data or information that show the state's standards are applied equally to all licensed or approved foster family homes or child care institutions receiving title IV-B or IV-E funds.

State Response:

Child Placing Agencies (CPA) providing traditional family foster homes and adoption services must comply with Minimum Standards for Child Placing Agencies and Minimum Standards for Family Foster Homes. There are copies of the site visit reports in the provider's files to demonstrate the standards are applied equitably.

Child Placing Agencies (CPA) providing therapeutic foster homes services must comply with Minimum Standards for Child Placing Agencies, Minimum Standards for Family Foster Homes, and Alabama Therapeutic Foster Care Guide. There are copies of the site visit reports in the provider's files to demonstrate the standards are applied equitably.

Residential care facilities must comply with the Minimum Standards for Residential Child Care Facilities. There are copies of the site visit reports in the provider's files to demonstrate the standards are applied equitably.

If an inspection/evaluation indicates non-compliance with the minimum standards, or the situation warrants, a corrective action plan may be developed to allow the licensee to achieve compliance with the minimum standards while continuing to care for children. The corrective action plan shall include the following:
- A statement of each deficiency.
- A description of how the deficiency shall be corrected.
- The date by which corrections shall be completed.
- The signature of the Department's representative and the licensee/facility representative.

If the licensee fails or refuses to comply with the corrective action plan, the Department may initiate adverse action such as suspension or revocation of the license/permit/approval. SDHR tracks the violations.

Measurement Data
Of the counties reviewed in FY 2017, 69% were rated as having a Strength for Alabama's Best Practice Indicator #31 (Foster Homes in Compliance with Minimum Standards). Although there are some fields in FACTS that have data elements related to Minimum Standards which are entered, we do not currently have any good data on Minimum Standards Compliance. It is the responsibility of the county resource workers to ensure that minimum standards are met prior to approval and at each mid and annual approval.

Supervisors and Directors should also be ensuring compliance as the director's signature is required. The Department ran a query recently that reviewed ABI/FBI and CA/N Clearance completion dates. The numbers were not good at that time. However, it is not believed that the low numbers indicated that the clearances were not being completed, rather that they were not being entered into FACTS.

Data / Data Trend – Item Assessment
As part of the on-site reviews conducted by State QA, a percentage of foster family home records are reviewed utilizing a "Resource Record Review" tool. The review tool examines various aspects of the minimum standards requires, including but not limited to: training requirements, background checks & CA/N clearances, health & safety standards and care for children. The "Resource Record Review" tool has over forty items that each case record reviewer assigns a compliance or non-compliance check mark. All homes are reviewed without variance. This ensures that all homes reviewed are applied equitable standards.

When there is a negative result on a background check, suitability letters will be mailed to the individual. No suitability letters will be issued until both the ABI and FBI results have been received. Results will be one of the following categories:

- No Criminal History Activity - There is no criminal record of the applicant on file with either ABI or FBI.

- Criminal History Activity without disqualification indicates the applicant has a criminal history, but has not been charged with a crime that would make him/her ineligible for a suitable determination to work with children.

- Criminal History Activity with disqualifying Crime indicates the applicant has a criminal history and has been charged/convicted with a crime that could make the applicant ineligible to work with children.

  If additional information is needed, the applicant will be sent a letter by the criminal history worker through regular mail requesting the information. The applicant will have 45 days to return the information requested to the criminal history check worker. If the additional criminal history information is not received from the applicant within 45 days from the date of the requesting letter, the applicant may be considered unsuitable; the application may be denied and the resource case will be closed on FACTS. If a final decision on approving the home is delayed because of additional criminal history information the resource worker must document the reason for the delay.

Review sheets from on-site reviews for 11 counties reviewed in 2017 have been examined, with some of the findings being as follows:
- Families consistently complete required pre-service training and resource records contain the necessary documentation. When this documentation is missing, it is typically because it was an older home, trained and studied by a former contract provider such as Family Finders.

- Provisional foster family home approval is not always done in compliance with applicable policies.

- Resource records do not provide adequate information on the care of children being provided by foster family homes.

- The amount of documentation provided for foster parents' annual continuing education varies from county to county. Some counties do a very good job in tracking this and in some counties it is not adequately tracked.

Counties appear to struggle with minimum standards compliance include the following areas:
- Documentation of home/road work that is a part of the pre-service training component.
- Narrative or other documentation that shows when children move in/out of home and why.
- Narrative or other documentation that describes the quality of care foster parents provide to children in their home.

The department addresses the quality of care foster parents provides to children by ensuring all staff document their contacts on FACTS in the provider narrative. This is accomplished during semi-annual and annual visits by the county resource worker as well as monthly visits from the foster care worker assigned to the case. Specific recommendations are also made by State QA on specific case reviews.

The Department and contracted providers still train, assess and approve foster homes (traditional and therapeutic) according to the *Minimum Standards for Foster Family Homes.* All foster homes in the state are approved by any of three entities; The County DHR Office may approve traditional foster homes located in their specific county. Contract entities offering Therapeutic Foster Care (TFC) will approve all homes providing services under the agency's purview.

Private child-placing agencies (CPA) may approve foster homes for their own use or the use of the Department. In all cases, these homes must comply with the Minimum Standards for Foster Family Homes or the Alabama Therapeutic Foster Care Guide if the home is to serve TFC children. The specific process for approving a home including required materials, clearances, etc. can be found within those standards. In response to the passage of PL113-183 a sub-committee was formed to address normalcy in foster care to determine what changes need to be made to the Minimum Standards and other policy documents regarding the safe and prudent parenting standard.

As a result of the passage of Act 2016-19, revisions were made to the Foster Family /Adoptive Resource Home licensing polices that require successful completion of training in Reasonable and Prudent Parent Standard. The new pre-service training curriculum, TIPS, also includes a component on the RPPS. The RPPS training materials have been developed, including Power Point Slides, note pages, and handouts.

Foster/Adoptive parents, DHR staff and staff of child-placing agencies and residential facilities were trained during early FY 2017 according to the plans provided in the Plan for Improvement Document. Statewide training was

provided in six rotating sites (Madison, Baldwin, Jefferson, Montgomery, Tuscaloosa, and Coffee Counties). Training was conducted jointly by staff from the Office of Foster Care, Office of Resource Management and the leadership of the Alabama Foster & Adoptive Parent Association to all current foster/adoptive resource families. Training materials were supplied to staff that will be responsible for training incoming foster parents.

The RPPS training will be provided to new, incoming foster parents by adding an eleventh (11th) week to the pre-service training requirements. New staff will be trained through the Departments LETS system. Materials have been developed for LETS and at the time of this report are being testing.   Non-DHR staff without access to LETS will be able to access materials through the same site where TIPS materials are accessed. The Office of Child Welfare Training (in the Quality Assurance Division) will upload the materials to that site. The RPPS training will be provided to new child-placing agencies and residential child care facilities as needed by the Division of Resource Management/Office of Residential Licensing.

The Department of Human Resources approves all providers (contracted, non-contracted, and private) according to the *Minimum Standards for Residential Child Care Facilities, Minimum Standards for Child Placing Agencies, Minimum Standards for Foster Family Homes, and Therapeutic Foster Care Manual.*

The Office of Licensing will review and evaluate initial applications, and supporting documents for completeness of content and accuracy to insure compliance with standards. Site visits, announced and unannounced, are made to verify compliance with *Minimum Standard for Child Care Facilities, Minimum Standards for Child Placing Agencies, Minimum Standards for Foster Family Homes, and Therapeutic Foster Care Manual*. When *Minimum Standards* for the operation of a child care facility or a child placing agency have been met, a six month permit will be issued by the Department.

Within six months, the Department will re-examine and re-evaluate every area of the facility included in the initial application. A renewal of a license (2-years) will be issued, if, upon re-examination, the Department is satisfied that the provider continues to meet and maintain *Minimum Standards* prescribed and published by the Department.

The Office of Licensing utilizes internal worksheets utilize to review personnel records, children's records, foster parents and adoptive records of residential child care facilities and child placing agencies. Copies of the site visit reports are in the provider's files.

The Office of Licensing also provides support services, technical assistance, consultation, training, and interpretation of the *Minimum Standards* to prospective and existing child care providers. The Office of Contracts also make monitoring visits to contracted providers to make sure that are in compliance with their contracts with the Department.

Preliminary Determination: **Strength** ___   **Area Needing Improvement _ X _ _**

Item 34: Requirements for Criminal Background Checks

Provide relevant quantitative/qualitative data or information that shows how well the foster and adoptive parent licensing, recruitment, and retention system functioning statewide to ensure that the state complies with federal requirements for criminal background clearances as related to licensing or approving foster care and adoptive placements, and has in place a case planning process that includes provisions for addressing the safety of foster care and adoptive placements for children.

State Response:

Alabama Bureau of Investigation (ABI) and Federal Bureau of Investigation (FBI) criminal records checks and Child Central Registry child abuse neglect (CAN) clearance shall be completed for each foster parent, adoptive parent, and staff members of child placing agencies and residential child care facilities. The results of the criminal history checks must be received and deemed suitable prior to approval of foster care parents and adoptive parents.

All applicants and holders of a child care license or six-month permit, all applicants for employment in a paid or voluntary position, and all current employees in paid or voluntary positions must be suitable and of good moral character in order to operate or work in a child care facility and child placing agency. Because staff family members living in the home or visiting overnight in the children's living units (residential child care facilities) shall also be of good character and suitability, a criminal background check shall be obtained on these individuals.

The state ensures the safety of foster care and adoptive placements by working collaboratively with community partners. In addition to DHR, law enforcement, the courts, mental health agencies, physicians (especially pediatricians), schools, day care centers, medical facilities, and public health agencies will have occasions to observe the results of child abuse and neglect.

If safety issues are identified in a foster home they are assessed immediately and dispositions are made within 30 days. When children have been placed in an adoptive home and report that they were abused or neglected while in a previous placement or in their birth parents' home, the County Department receiving the report shall notify SDHR's Office of Adoption. Safety plans are separate documents from the individualized service plan.

Data / Data Trend – Item Assessment
A request was made to the ODA to see if the current FFH/AR Query could accommodate a question about whether or not approved FFH/AR registered in FACTS have Criminal History Checks marked in the system's checklist. This was attempted but the query could not accommodate this, so a separate query is being developed run to pull this information from the system.

As stated earlier State QA conduct resource record reviews when they complete on-site reviews in the counties. The Office of Child Welfare Practice Consultants monitors resource record reviews during their ongoing county consultations with resource staff and supervisors.

Review sheets from the on-site reviews conducted in 2017 have been gathered and reviewed to determine information about compliance with Criminal History Check Policies. Eleven Counties had on-site reviews that included resource record reviews. Resource record reviews are individual reviews of licensed foster homes that take place during State lead Q.A reviews.

A forty–one item check list is completed on each licensed foster family. Some of the areas included on the check list are: preparation assessment and continuing education requirements, yearly class supplemental hours, First Aid/CPR/Water safety certifications, indicators of quality care of concerns and documentation of provisionally approved homes. Criminal background checks are completed at the time of initial application. Applicants for a license and each adult household member shall submit to the Alabama Bureau of Investigation, Department of Public Safety, and a request for a criminal history background information check.

The individual review sheets from the Resource Record Review conducted in Jefferson County were not available. However, the summary document prepared the reviewers did not indicate there were any issues in the area of missing

criminal history checks. This information will be available and tracked in the future by the Office of Foster Care and Data Management.

In the remaining ten counties, 61 resource records were checked for compliance with standards, including Criminal History Checks. Of these, five counties were reviewed during the PUR, involving 27 resource records. Only one record was missing documentation of criminal history check completion, therefore, 98% of the records reviewed in FY 17 contained documentation of criminal history checks, with 96% of those reviewed during the PUR containing such documentation (see table below). Fingerprints, properly executed by a law enforcement agency or an individual properly trained in fingerprinting techniques are included.

COUNTY	DATE OF REVIEW	NUMBER OF HOMES REVIEWED	PERCENTAGE THAT HAD ABI/FBI SUITABILITY LETTERS IN RECORD
Washington	10/10 - 13/2016	5	100%
Clarke	12/5 - 8/2016	5	100%
Baldwin	1/23 - 26/2017	9	100%
Crenshaw	2/27 – 3/2/2017	5	100%
St. Clair	3/20 - 23/2017	10	100%
Cherokee	4/10 - 13/2017	5	80%
Jefferson	5/8 - 12/2017	TO BE PROVIDED	FOR FINAL SA
Lowndes	6/12 - 15/2017	2	100%
Chilton	7/10 - 13/2017	5	100%
Winston	7/31 – 8/3/2017	5	100%
Talladega	8/21 – 24/2017	10	100%

A system is in place for conducting criminal background checks in accordance with Federal Regulations.

Preliminary Determination: **Strength _X__**   **Area Needing Improvement _ __**

Item 35: Diligent Recruitment of Foster and Adoptive Homes

Provide relevant quantitative/qualitative data or information that show the state's process for ensuring the diligent recruitment of potential foster and adoptive families who reflect the ethnic and racial diversity of children in the state for whom foster and adoptive homes are needed is occurring statewide.

State Response:

The child register and the provider register provides race and ethnicity information on both the population of children in care as well as current approved foster homes. This information is on report on ERD that are available to counties. Counties are encouraged to consider any disparity in these numbers when developing recruitment strategies. The counties that participated in the market segmentation-driven recruitment planning sessions looked beyond race/ethnicity in their foster family and foster child population. Diligent Recruitment Planning was done utilizing countywide demographic information as well as Lifestyle Segmentation Information provided through Tapestry (a program of ESRI) and developed strategies that delivered the message about the need for more foster parents to groups of people more likely to say yes to fostering.

There are queries now running that include the demographic data of race and ethnicity of children in care and current foster and adoptive parents. In terms of recruitment events, Alabama DHR was a 2017 sponsor for the 76th Annual Magic City Classic. The largest historically black colleges and universities rival football game in the United States. The Office of FC/ILP had a grand presence at the FY17 MC Classic in Birmingham. Answering the call to find loving home as a recruitment activity. The department rented a large tent for DHR volunteers and staff to meet and greet game goers in an in-formal way to start conversations about fostering and/or adopting. The event yielded over 70 names of prospective parents. Information was mailed out to prospective individuals and families with contact information for their local DHR office attached. With the overwhelming success of this event, there are tentative talks on the way about making this an annual recruitment event. State office staff will continue to participate in recruitment efforts at sporting events, festivals and community events that families frequent. We will work in partnership with our county offices to support their efforts related to recruitment and retention, offering additional trainings, services and supports to our foster parents and encouraging the use of the Permanency Roundtable process to assist counties and the placement staff with recruiting for our older foster youth who are ANIR. Also, a county director provided training at our annual supervisors conferences regarding recruiting in your community.

Measurement Data - From Staff / Stakeholders Survey
Statewide and within the county, does the state diligently and successfully recruit a sufficient number of foster/adoptive homes that reflect the ethnic and racial diversity of the children being served?

# of Respondents	Never	Rarely	Occasionally	Often	Usually	Almost Always
405	1.23%	9.14%	15.31%	18.52%	32.10%	23.70%

Comments:
More foster homes are needed to reflect the racial and ethnic diversity of the children/families served, along with foster homes for adolescents and sibling groups in general. Targeted recruitment efforts (through further collaboration with community partners) and increased offerings of TIPS classes could be strengthened.

In 46% of the counties that experienced an on-site review by State QA in FY 2017 Best Practice Indicator 31 (Adequate number of approved foster family homes) was rated as a strength.

Data / Data Trend – Item Assessment
Counties are asked to self-report components of their diligent recruitment activities annually when they submit their recruitment plan. Information for the last two fiscal years are:

The data on the next page was obtained via "self-report" from the individual counties via "self-report". Counties were asked for the fiscal year to report how many inquiries they had responded to, how many folks went through GPS/TIPS and how many new homes the reported (because this information is not always entered into FACTS).

ACTIVITY	FY16	FY17
Inquiries received	1424	2110
GPS/TIPS	1033	920
New Homes Approved	522	532

Recruitment for private agencies: Recruiting viable homes to provide foster care services for children/youth is vital. State DHR encourages vigorous and innovative recruitment initiatives by Child Placing Agencies to maintain an adequate pool of foster parents to facilitate appropriate matching of children and foster homes. Advertisements, whether by television or radio announcements, by newspaper articles or by billboards or individual signs, should be focused on the services that a respective agency is providing to vulnerable children or youth in the State. To place a dollar amount for reimbursement for services or to imply that a provider earns a wage for providing a home for a child does not appear to exhibit sensitivity for the children and families that DHR and the provider community serve. It is certainly permissible to discuss the payment with the prospective foster parents. It is not appropriate to openly advertise rates to entice recruits. Recruitment of the foster parents of another licensing agency or a representative of that agency is unethical and is prohibited. If a provider engages in such activity, they will be placed on a corrective action plan to cease the activity and to monitor any staff who may be involved in it. If there are two additional verifiable accounts of such activity after the agency has been warned and placed on corrective action.

Alabama DHR continues to utilize the RRT model for responding to families requesting more information about becoming a foster/adoptive parent. The RRT is provided through contract with CAS/APAC, but their staff do not have access to FACTS. Therefore, they continue to record family Intakes into the RRT database created by AdoptUsKids. That database underwent changes a few years ago and is now known as FITT (Family Intake Tracking Tool**).** The Recruitment Response Team entered contact with families into the RRT database. For the reporting period 10/1/2014 through 9/30/2015 the RRT has entered 1484 new family Intakes into the FITT database. For the period 10/1/2015 through 9/30/2016, 1,124 new family Intakes were entered into FITT. For FY2017 881 new families were entered in FITT. The RRT coordinator reports revisions to FITT have made it possible to more easily detect duplicate families and she suspects this accounts for the decrease in new families reported in 2017. New family Intakes entered into FITT represent families who are not already approved to foster or adopt. The RRT provides information about how to become foster/adoptive parents and then routes the potential family's contact information to county DHR resource staff for follow-up, pre-service training, etc.

DHR doesn't have a "diligent recruitment plan" developed by SDHR. We have some activities implemented by SDHR (ABA's PEP program, Alabama & Auburn advertising, etc.) Because of the county-driven nature of our work, each county is instructed to develop a plan. All the plans are copied/pasted into one document that is attached to the APSR (see attachment to the 2018 APSR). In the area of recruitment and retention of foster family/adoptive resource homes, it is believed that timeliness of response is a key component to retaining families. Families who contact the recruitment response team reach the team either by calling our toll free recruitment hotline (1-866-4AL-Kids – 1-866-425-5437) or by submitting an inquiry form through the DHR web site (www.dhr.alabama.gov). It is our expectation that a member of the Recruitment Response Team will respond to the family asking for general information about fostering/adopting within five business days. The RRT is part of a contract with Children's Aid Society for pre-adoption services. If the primary responder is out on leave for an extended period of time, other staff at CAS/APAC are trained to respond.

The Office of Adoption has an Administrative Assistant who has the responsibility for responding to child-specific inquiries on the following sites: www.dhr.alabama.gov (partner page with AdoptUsKids); www.adoptuskids.org and www.adoption.com. She is required to respond to child-specific inquiries within two weeks.

Our partnership with Heart Gallery Alabama has been very beneficial in raising overall awareness of the need for more adoptive families but more specifically in providing another avenue for families to submit child-specific inquiries for children featured on this site. Heart Gallery utilizes donated time and talent from photographers around the state to capture the likeness of children waiting for forever families; they also raise funds from a variety of sources (grants, fund raising, etc.) to fund the service they provide to Alabama DHR. For three years now, Alabama DHR has had a contract with Heart Gallery Alabama that primarily funds staff to provide timely response and accurate information to families who inquire about children on their web sites or featured in on-site exhibits.

Input Received from Initial Stakeholder Focus Group
On November 7, 2017, an initial focus group was convened of stakeholders from Alabama's State QA Committee, and Alabama's Child Welfare Collaborative Team. Additionally, opportunity was provided to the members of both groups to provide feedback after the meeting. While the information obtained is considered preliminary at the time of the draft Statewide Assessment, the input from stakeholders, relative to the foster/adoptive parent licensing, recruitment and retention is hereby provided:

- Although there was not time to explore this systemic factor, concern was raised regarding statewide foster home capacity. Although many resource families are completing training, the overall number of foster homes has remained about the same.

COMMENTS & CONTRIBUTING FACTORS

1. Although counties report 522 and 532 new FFH were approved in FY's 2016 and 2017. Diligent recruitment of FFH/AR is still an area needing improvement. Although 22 county DHR offices have gone through training on utilizing market segmentation data as a basis for diligent recruitment plan, the only data included in this training is demographic data of the county and life style group information of those that currently foster. No information on the behaviors and special needs of the children entering care is considered in development of these recruitment plans.

2. Counties report challenges in placing sibling groups and even very young children when they enter care. A statewide e-mail distribution list of resource workers is maintained and counties access this statewide alert system with a degree of regularity to request help in placing children upon entry into care as well as times of placement disruption.

3. High staff turnover has an impact on consistent implementation of recruitment plans or even the full utilization of the resource (licensing staff) allotted to each county.

4. Information about diagnoses and medication of children in care is captured if/when it is entered into FACTS. The Office of Data Analysis has an Open Home Removal query and the FC055 report. Our agency would benefit from accessing assistance from the Capacity Building Center for States' Diligent Recruitment and Market Segmentation Constituency Groups to learn how to utilize the data on children to develop more effective and meaningful diligent recruitment plans.

5. Prior to a transfer, the previous Program Manager with the Office of Adoption continued to have primary responsibility for diligent recruitment activities. The PM participated in the previous peer-to-peer calls with the NRCRRFAP and in listserves and phone calls for both of the constituency groups mentioned already. On a prior diligent recruitment constituency call, the state of North Carolina shared information about how they utilized data on children entering care to shape their recruitment activities. Alabama requested a copy of their plans.

Preliminary Determination: **Strength** ___   **Area Needing Improvement X__**

Item 36: State Use of Cross-Jurisdictional Resources for Permanent Placements
Provide relevant quantitative/qualitative data or information that show the state's process for ensuring the effective use of cross-jurisdictional resources to facilitate timely adoptive or permanent placements for waiting children is occurring statewide. Include quantitative data that specify what percentage of all home studies received from another state to facilitate a permanent foster or adoptive care placement is completed within 60 days.

State Response:
Home study requests received from another state for an adoptive placement in Alabama are not completed within 60 days, with one primary reason being the completion of TIPS typically takes 10 weeks. However, a status preliminary report typically would be provided within 60 days. Currently there is no way of tracking in FACTS the percentage of preliminary reports that are received.

Data / Data Trend – Item Assessment
Geography is not a barrier to achieving permanency for children in the custody of the Department. The Department could look at the location for those children receiving permanency over the past year. The children with TPR and a goal of ANIR (Adoption No Identified Resource) are included in photo listing web sites and we receive and respond. Inquiry data from Heart Gallery Alabama is already reported earlier. The inquiries on that site are a good mix of both in-state and out-of-state families. The inquiries received and responded to through www.adoptuskids.org are primarily from out –of-state families. According to the Agency data tracker available through that site, 1,000 inquiries were received on children in active status from 10/1/2013 through 09/30/2014.

From October 1, 2014 through September 30, 2015, 805 child inquiries were received and responded to. For FY 2016 445 child inquiries were received. In FY 2017 there was 792 inquiries from families through www.adoptuskids.org. We have one Administrative Assistant who has responsibility for responding to all families who inquire about specific children or sibling groups on the web sites. In her response to their inquiry she provides instructions on how to submit a home study to our Office so that the family may be considered for the specific child or sibling group. This same staff person receives all of the out-of-state studies, records receipt on a home study log, sends a courtesy acknowledgement to the Agency or social worker that sends us the study and then routes the study on to the Program Specialist assigned to the specified child/sibling group for the purposes of matching and placing.

According to this home study log, from October 1, 2014 through September 30, 2015, we received home studies from 546 out-of-state families. From 10/01/2015 to 9/30/2016 we received 580 out of state studies and during FY 2017 we received 581 out of state studies were received. The expeditious processing of these referrals will allow permanency for children in a timely manner and reduce delays which are a barrier to permanent placement of children. We will continue to monitor workflow of staff. The expeditious processing of the referrals will allow permanency for children in a timely manner and reduce delays which are a barrier to permanent placement of children. Tracking is accomplished through internal spreadsheets that are maintained. Barriers to processing include case crisis; worker absence and increased workload.

Continue to provide ICPC training and case consultation to county staff.
Staff across the state have been very receptive and indicated that their knowledge and skills around ICPC policy and practice were improved upon receiving the training. Maintain interagency collaboration with American Public Human Services Association (APHSA) and other states. Continue to request permission for attendance at the Annual ICPC Conference. The AAICPCPC 2017 Conference was not attended by Alabama this year. A new Program Manager has been hired as of June 1, 2017, and a renewed focus on these kinds of opportunities is occurring.

Inter-jurisdictional Placements
Placements are made across county lines within the state as well as inter-jurisdictional placements through Interstate Compact on the Placement of Children (ICPC). Adoption studies on out-of-state families continue to be received for families who see our children on www.AdoptUSKids.org, www.heartgalleryalabama.com, www.adoption.com and www.dhr.alabama.gov sites, resulting in a number of out-of-state placements.

The Office of Adoption reported that in terms of state-placed adoptions (adoptions done by consultants in the Office of Adoption, which may not include all out-of-state adoptions), of the 76 state office placements made in FY 17, 31 (40%) were made with out-of-state families. With increased recruitment efforts and matching to Alabama families, a higher percentage of placements are being made in the state as well. When a child is potentially matched with an out-of-state family, placements are made through the public or private adoption agency working with the family. When a resource

is identified, in an effort to facilitate a successful placement, the Specialist and the child's planning team determine the number of pre-placement visits necessary for the child and the out-of-state resource to feel comfortable in making the transition to a successful placement. If the visits go well, a placement date is scheduled on which the Specialist travels with the child to make the placement. The Office of Adoption has increased efforts to identify and develop in-state resources for placement of waiting children to assist in expediting permanency for these children. The state is aware of interjurisdictional resources are being utilized and are occurring statewide through the use of internal spreadsheets, FACTS, and the Office of Adoption reporting forms.

Preliminary Determination: **Strength _X__**   **Area Needing Improvement ___**